

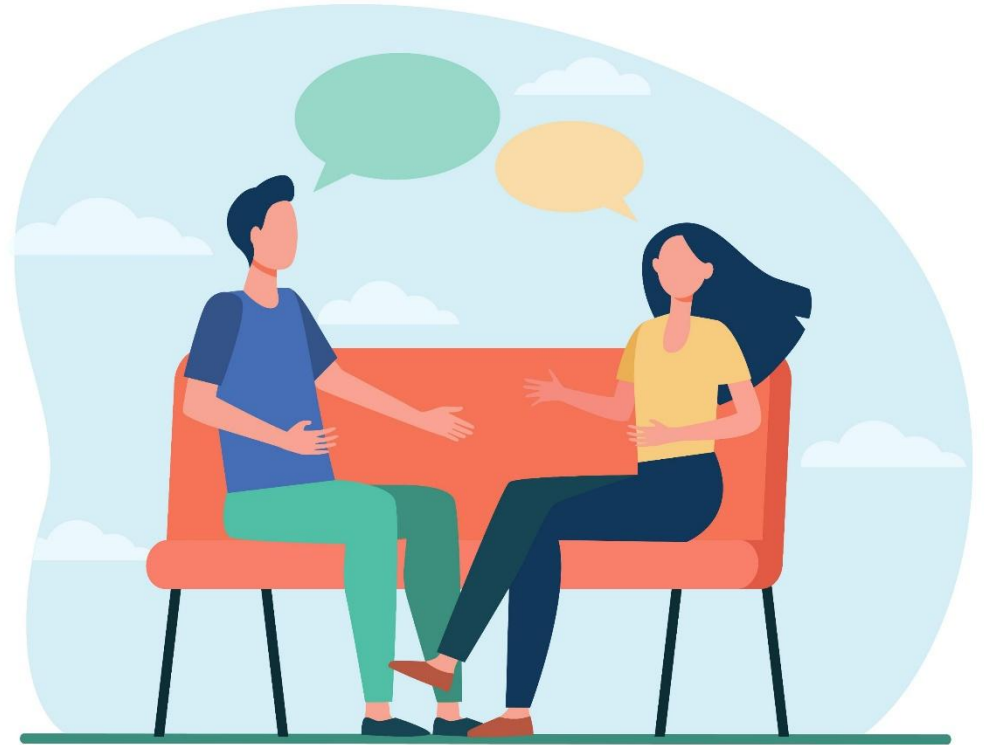
Session Outline

- Introduction to Making Every Contact Count (MECC)
- Optometry Contract Reform
- Cwm Taf Morgannwg Offer
- Behavioural Underpinning of Training
- Impact of Training
- Summary

Making Every Contact Count

"Making Every Contact Count is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing."

MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations".



[Public Health Wales](https://www.wales.nhs.uk/)

Optometry Contract Reform



- ❖ October 2023 – Wales General Ophthalmic Service enhanced their service pathway
- ❖ New regulations introduced with an increased focus on the prevention agenda and person centred approach
- ❖ MECC identified as an enabling function to support health behaviour change conversations with patients
- ❖ Level 1 MECC introduced as mandatory for all patient facing staff
- ❖ Requirement for Optometrists to ask and record patient's smoking status



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Cwm Taf Morgannwg Offer

➤ Outcomes:

- To increase staff confidence in holding a health-based conversation
- To increase staff knowledge of local services to signpost to in CTM
- To increase the number of referrals made to HMQ by optometry staff

➤ Objectives:

- To offer all Optometry practices within CTM UHB the opportunity to undertake Level 2 MECC training
- To deliver an enhanced Level 2 MECC training session (including a HMQ bolt-on session) to Optometry practices who accepted the training offer
- To support Optometry practices to identify embedding actions for MECC within their practice
- To collate and analyse data from the following: Post training evaluation forms, pre and post training questions, HMQ pre and post training referral data from each trained optometry practice, and case studies of impact



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Dyddiad/Date: 29/01/2024

Dear colleague,

As you will be aware, as part of the new Optometry contract reform, there is a requirement for all patient facing staff working within Optometry practices to undertake the Level 1 Making Every Contact Count (MECC) training. MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

If you have any queries relating to accessing the Level 1 MECC training for new staff, please contact Health Education and Improvement Wales (HEIW) at HEIW.Optometry@wales.nhs.uk.

To further facilitate and embed behaviour change conversations, we would like to offer you and your practice staff the opportunity to undertake Level 2 MECC training (there is no cost for this training). This training builds on the Level 1 e-learning, and will provide practical skills to hold behaviour change conversations. Please contact the MECC team (PHW-MECC_CTM@wales.nhs.uk) by the 9th February 2024 to book your training session. Please note, this is only available for staff working in a practice in Cwm Taf Morgannwg University Health Board.

As part of your contract reform, smoking status has been identified as a key area to target behaviour change conversations. With this in mind, we will be including an enhanced section within the Level 2 MECC training to explain the Help Me Quit Service offer, and referral process. In the meantime, you can refer patients to the Help Me Quit team via CTM.HelpMeQuit.Community@wales.nhs.uk. Please also find enclosed resources that can be displayed within your Practice.

If you would like to order further resources, or have any queries regarding the service, please contact the Cwm Taf Morgannwg Help Me Quit team on CTM.HelpMeQuit.Community@wales.nhs.uk

Yours sincerely,

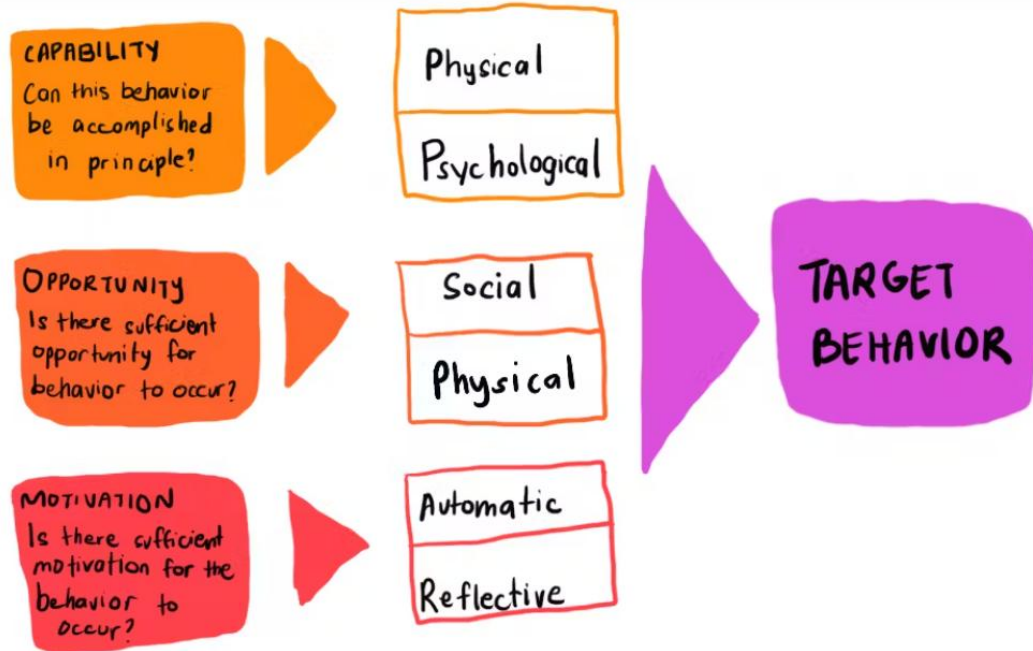
Sara Thomas, Consultant Public Health, Cwm Taf Morgannwg University Health Board
Cerys Parker-Williams, Welsh Clinical Leadership Fellow (Optometry), HEIW

Chair: Jonathan Morgan **Chief Executive:** Paul Mears
Chair / chi: Jonathan Morgan **Chief Executive:** Paul Mears
You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.
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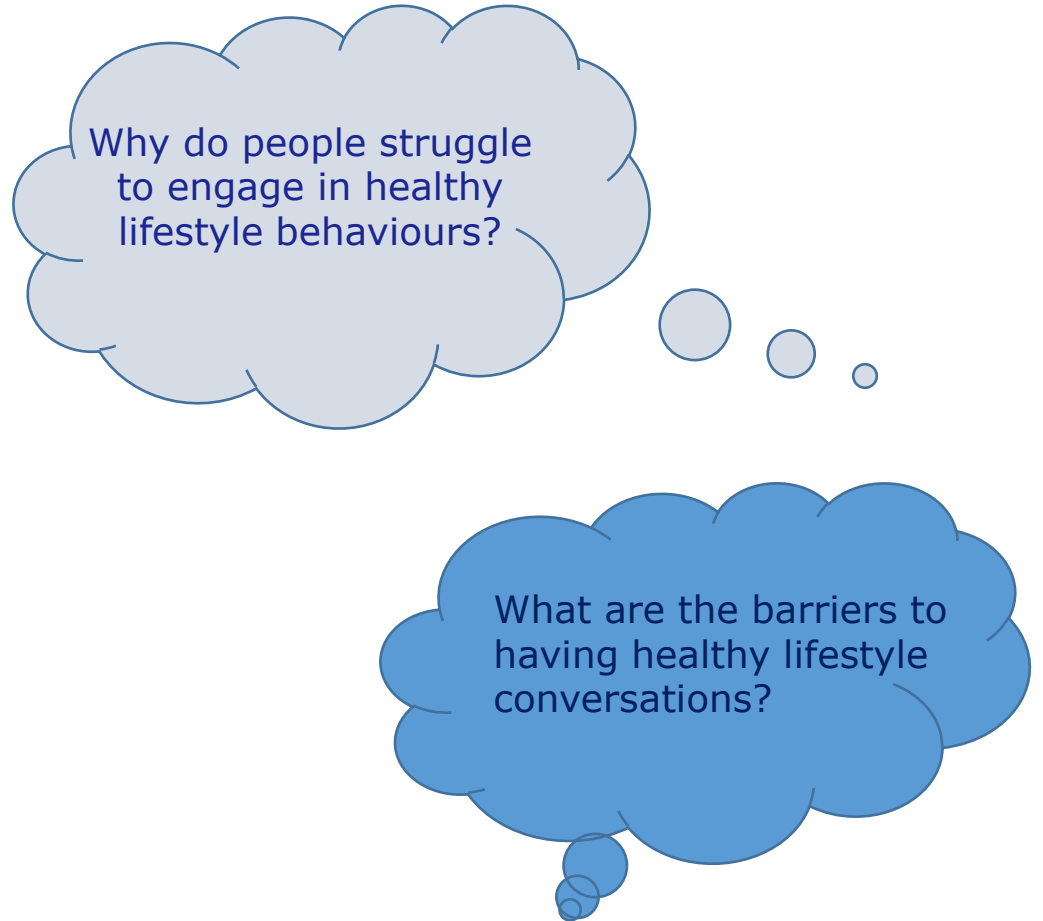


Behavioural Underpinning of Training

COM-B Model



The Decision Lab



Brief Intervention

- A **Brief Intervention** is a short structured conversation that offers **opportunistic** advice, discussion, or negotiation that aims to strengthen a person's commitment for behaviour change (NICE 2006)
- The **way** in which you have the conversation **is** the intervention



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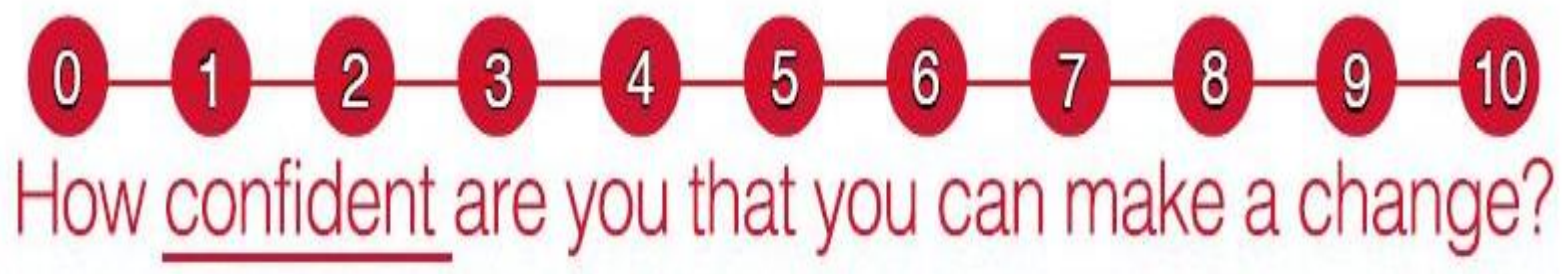
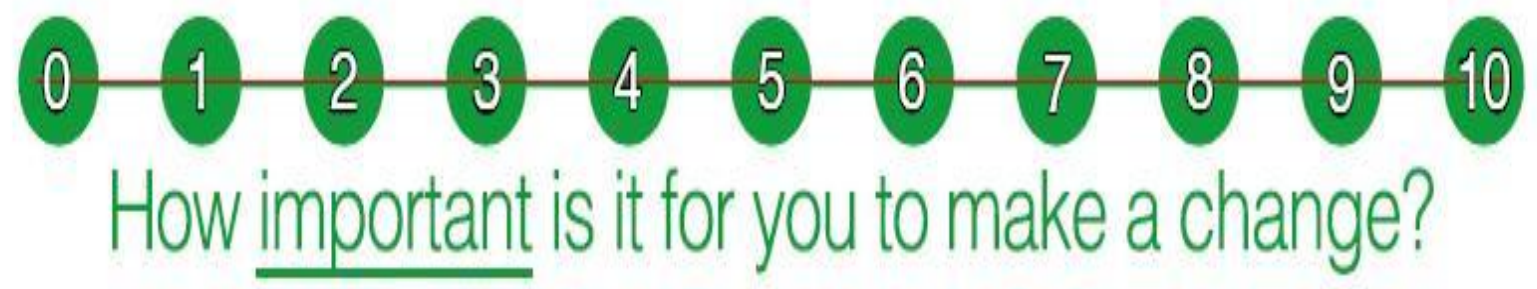
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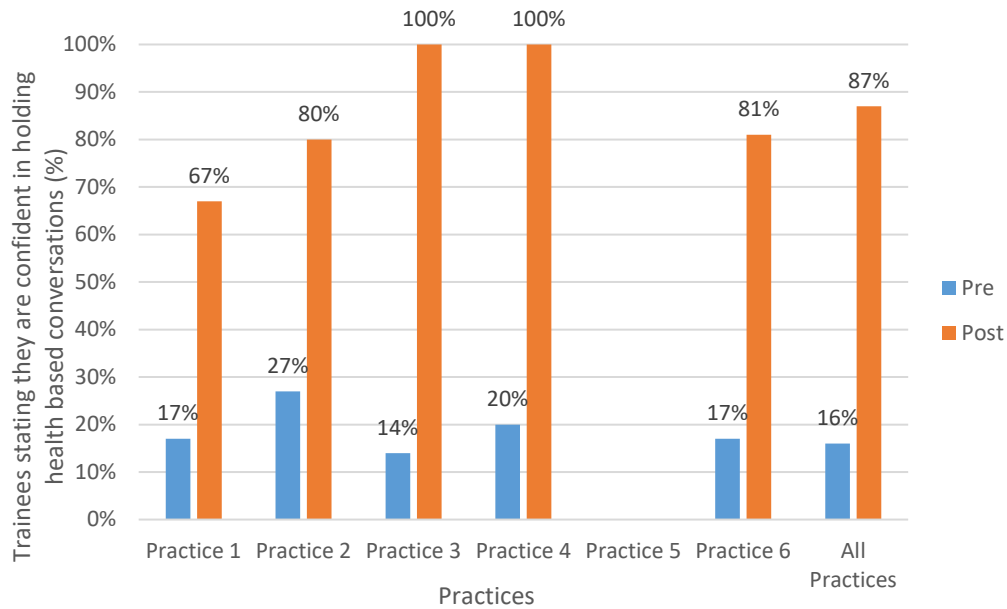
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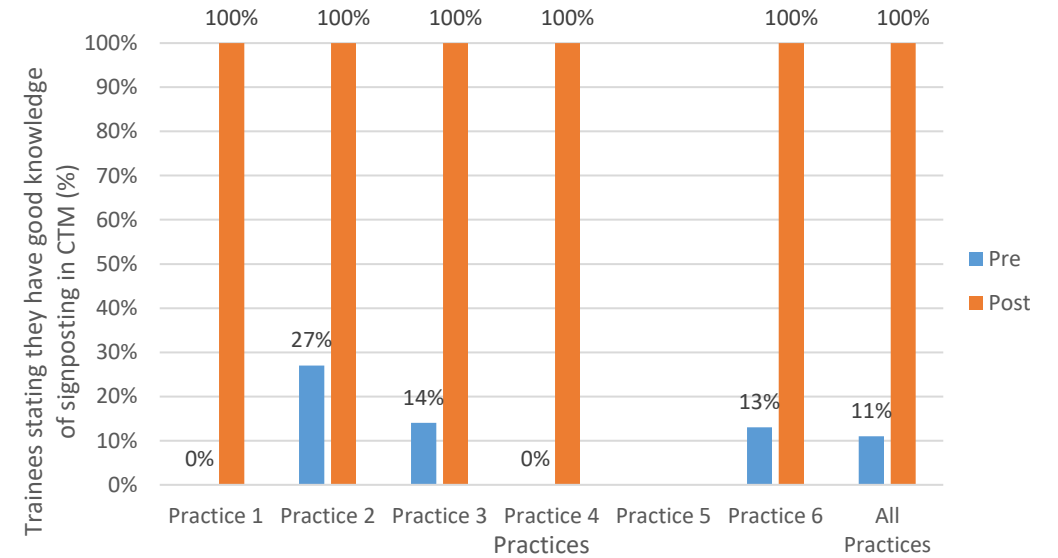
Scales – Motivational Interviewing (MI) Tool



Impact of Training



Confidence in holding behaviour change conversations



Knowledge of signposting



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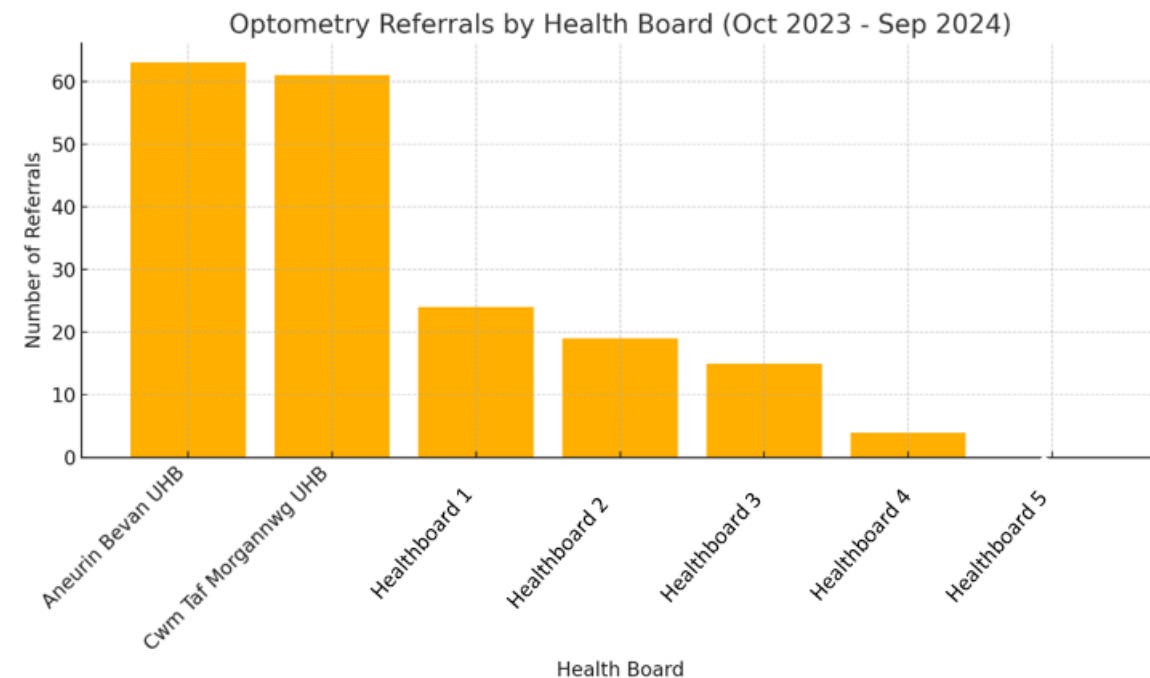
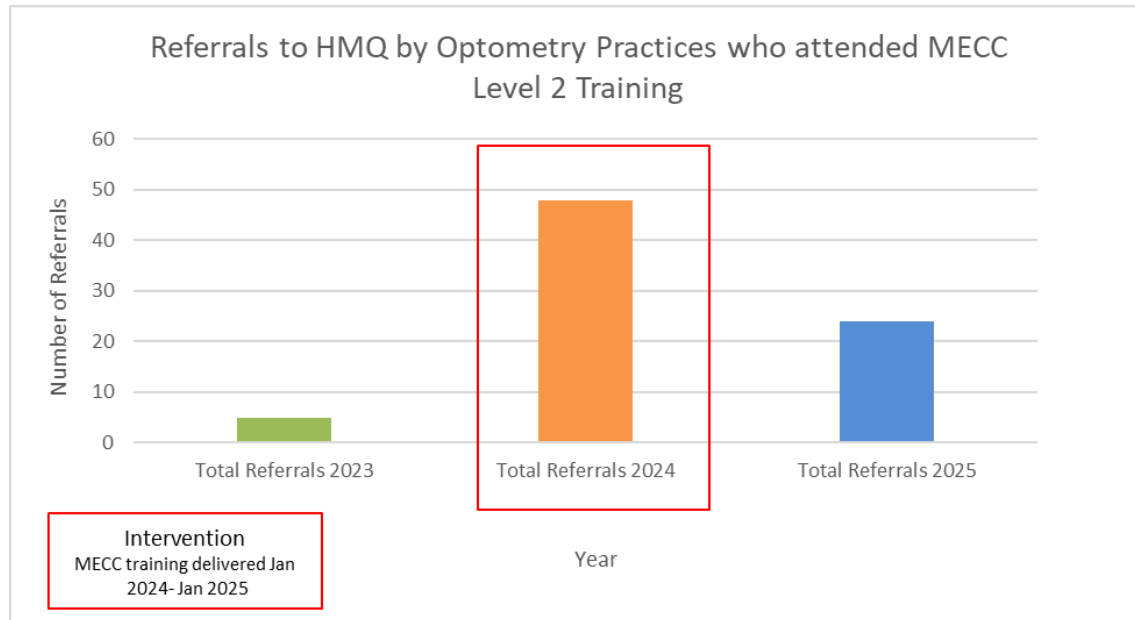


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Help Me Quit (HMQ) Referrals



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Case Studies



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Email: PHW-MECC.CTM@wales.nhs.uk



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MECC Case Study of Impact

Specsavers Pontypridd

Case Study: 'Implementing MECC Training to the Pontypridd Practice'

1. What have you implemented within your team since MECC Training?

Our goal since the MECC training was to implement another opportunity for all members of the practice to be able to gain information about our patient's health habits and wellbeing. We decided to implement all staff to ask patient's about their smoking habits when 'booking in' a patient at the beginning of their journey through the practice. When confirming the patient's details, we were to ask the patient whether they were a smoker. The information is relayed to the optometrist via the staff writing on the pre-test forms whether they were a smoker or not.

We conducted this for 2 weeks, with success but felt that at times when we were busy, that these questions were a bit too personal to ask out on the practice floor. We felt that although we were asking every patient the optometrist was repeating the conversation in the room and therefore felt that by containing it to the sight test with the optometrist to ask was the better outcome.

2. How are you recording/capturing MECC related activities?

Every optometrist is recording smoking habits from the age of 16+ as required by the NHS. Since the training, optometrists are asking patients about health and wellbeing which is then recorded on the sight test records.

3. How has this information be used?

This information will be needed for the NHS audits as well as to check in future to see if the patients have taken the optometrists advice to see if their lifestyle has changed.

4. How is this going to inform future practice/ implications?


By ensuring that the practice states about smoking practices in their notes this will help us pass our NHS audit. By implementing this we will also be able to keep track of whether patients are quitting smoking and using the quitting pathway.

Outcome questions completed by 11 trainees before and after MECC Training showed...


Pre-MECC Training: 3/11
Post-MECC Training: 8/10

Question 1 - feeling confident or very confident to hold a 'healthy conversation': 3/11
Question 2 - feeling knowledgeable or very knowledgeable of local services for signposting: 10/10

Specsavers



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MECC Case Study of Impact

Merthyr Optical Centre and Mountain Ash Optical

We are asking all patients 16 years and older whether they are smokers. If they say yes then we ask if they smoke cigarettes or vape.

This information is recorded on the patient clinical records, including if the patient reports that they were previously a smoker but have now stopped smoking, although this isn't a direct question.

This information is then used, later in their examination, to ask if they are interested in trying to give up smoking.

Advice regarding the health benefits of giving up smoking as well as advice regarding the possible impact on their eye health is also discussed.

If the patients indicate a willingness/ desire to stop smoking we then discuss referral to the Help Me Quit service.

Regarding feedback from staff around the number of referrals:

"No referrals, lots of conversations but they are either (1) not interested in stopping, (2) already aware of help available, (3) self-stopping"

"I've given the cards to approximately 4 patients"

"I've done 2 referrals, and had many conversations, I'd say only a few didn't want to discuss it so then you just move on. In the main it's been well received; I've had quite a few patients who've said that are going to quit themselves and don't want any help currently but will contact us if they decide they want some help. I've only had one patient who has actually used the Help Me Quit service and he said it was great and effective but he also said he had recently started smoking again".


Since the training all the Optometrists are more confident in having these conversations with patients.

Since the training all the Optometrists are more confident in referring patients to the Help Me Quit service.


The difficulty for non-clinical staff remains because they are not in a private area with patients and therefore are not likely to be able to initiate these conversations.

They are also not seen as 'clinical' from the patient's perspective and therefore any such conversations will not be seen in the same manner as in a private room with an Optometrist, with more likelihood that they'll be seen as being intrusive/ rude etc.

The non-clinical staff can carry on conversations initiated by the Optometrist and in that scenario the process will flow much more smoothly.



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MECC Case Study of Impact

Optometry – Gwynnys Aberdare

Background: As part of the new Optometry contract reform, there is a requirement for all patient facing staff working within Optometry practices to undertake the Level 1 Making Every Contact Count (MECC) training. In addition, to further help facilitate behaviour change conversations, we were offered Level 2 MECC training. This training builds on the Level 1 e-learning, and provides practical skills to hold behaviour change conversations. Furthermore, as part of the contract reform, smoking status has been identified as a key area to target behaviour change conversations.

Implementation: My team have identified and worked on implementing two MECC activities within the practice. These activities were centred on supporting staff to have MECC conversations.

1) Display visual prompts in every room of the practice, such as MECC posters, leaflets, and signposting information. This would be beneficial to help remind staff to utilise their skillset in behaviour change conversations with patients and equally nudge patients to enquire about the healthy lifestyle information.

2) A stamp resource has been developed with 'MECC Conversation' included in the print, this has been used by staff to demonstrate when a MECC conversation has taken place and it is recorded on patient's notes.

Recording/ Capturing of MECC Activities:

1) Receptionists and other staff members record written information using a simple tick box document which is kept behind the desk. Whenever a patient has enquired about the MECC resources on display, this data is captured.

2) MECC conversations are recorded in the patients notes, this is particularly helpful for staff members in preparation ahead of their patients appointment, as they can review patients notes which will provide background information on smoking status and also on whether a MECC conversation e.g. around stop smoking has previously occurred or not. This information can provide clarity on whether a follow conversation is required during the appointment.

Utilisation of information: MECC conversations with patients have been primarily focused on stop smoking support, it's been encouraging to see how patients have been open to discuss this further which has resulted in referrals being made to Help Me Quit. For signposting, it was particularly helpful to use HMC resource wallet cards with them being small enough to be handed out to patients discretely. The receptionists also hand out MECC leaflets to patients when required.

Informing future practice: Following the Level 2 MECC training, as a team we have been able to implement the MECC approach into our daily working practice. This in turn has facilitated us being better equipped to support our patients in healthy lifestyle behaviour change. We will continue to review and audit the data that we capture to help inform our MECC practice.

Reflections: My team have found the Level 2 MECC training to be valuable and it's enabled us to consider how we can approach our patients in a supportive and helpful way using a brief intervention - 3As framework where we feel it's appropriate.

Outcome questions completed by 11 trainees before and after MECC Training showed...

Pre-MECC Training: 1/6
Post-MECC Training: 4/6

Question 1 - feeling confident or very confident to hold a 'healthy conversation': 1/6
Question 2 - feeling knowledgeable or very knowledgeable of local services for signposting: 0/6



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Summary

- ❖ Optometry contract reform (2023)
- ❖ CTM Level 2 MECC training offer with Help Me Quit bolt on
- ❖ Training underpinned by COM-B model, a brief intervention framework, and MI based scales
- ❖ Increased confidence in holding behaviour change conversations, increased knowledge of signposting services, and increased referrals to HMQ



Any questions?

