

Making Every Contact Count



Prevention and Lifestyle Behaviour Change A Competence Framework[©]

Making Every Contact Count NHS Hull



Kate Birkenhead, Health Improvement Manager, NHS Hull

Graeme Dixon, Service Manager, Action For Change

Making Every Contact Count (MECC) is an initiative to provide frontline health staff with the knowledge and skills to enable them to support patients with making healthier lifestyle choices. There is substantial evidence that 'brief interventions' are a cost effective way of raising lifestyle issues with patients and supporting them to adopt healthy behaviours

NHS Hull is one of 10 PCTs putting the **Prevention and Lifestyle Behaviour Change Competency Framework** into action. In Hull it was agreed to use this approach to help tackle coronary heart disease (CHD) - the biggest cause of premature death in the area.

Initially working with the Director of Nursing at Hull & East Yorkshire Hospitals NHS Trust, it was agreed to focus the pilot on the cardiac and respiratory wards at Castle Hill Hospital. It was planned to train some of their cardiac nurses and nursing assistants to the first level of **the competence framework**, giving them the basic skills to introduce **lifestyle behaviour change** into the conversations with patients. The lifestyle issues that the hospital staff will be focusing on is smoking cessation, weight management and reducing alcohol harm.

Our aim was to get more out of the contact these teams already have with patients suffering from CHD and respiratory illness- whether that is encouraging someone to attend a smoking cessation programme, supporting them in meeting a weight loss target or reducing their alcohol intake.

Ideally the learning from the training would equip hospital ward staff with the knowledge and skills to ensure that every contact with patients on the wards has a positive impact on their overall health and lifestyle, a greater awareness of the possibilities to promote change and the knowledge to signpost patients to relevant support services.

Action for Change, a registered charity which specialises in working with individuals and organisations to reduce the harm caused by lifestyle choices, particularly alcohol misuse, were awarded the contract to deliver the training programme and in addition to design a tool to evaluate the success of the interventions.

The training programme consisted of:

- Pre- training needs assessment
- Design and implementation of the training package for the defined staff group
- Provision of a follow up package

The training package provided:

- Information on the **Prevention and Lifestyle Behaviour Change Competence Framework**
- Generic public health skills and knowledge to enable staff to undertake brief interventions/ motivational interviewing to support behaviour change
- Information of specialist topics for behaviour change including physical activity, healthy eating, smoking and alcohol
- An overview of local public health services and type of support available
- An understanding of referral routes for specific lifestyle services and support

However one of the biggest challenges is measuring the impact of this project. To do this Action for Change worked with the Hospital Trust to develop a performance management framework which included measures such as the number of referrals to local Stop Smoking Services, referrals to the weight management services and referrals to alcohol services. In addition, referral pathways were established with services in the East Riding, North and North East Lincolnshire and North Yorkshire to provide additional support.

The Prevention and Lifestyle Behaviour Change: A Competence Framework can be found at:

www.yorksandhumber.nhs.uk/what_we_do/improving_the_health_of_the_population/making_every_contact_count

The Making Every Contact Assessment Tool can be found at: www.nwylearning.nhs.uk/MECCATool

For more information contact karen.payne@yorksandhumber.nhs.uk

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The pre-training needs assessment consisted of a questionnaire combined with on-site interviews with members of the Trust management team and staff on the wards. The on-site sessions highlighted one of the key issues that had to be addressed to make the project successful. For example, during the interview stage, more than half the staff consulted in a ward setting, 7 from 12, had to leave the interview to deal with an incident or problem and this occurred even though the interviews were scheduled at relatively quiet times.

The training sessions were carried out over a full day in a dedicated training room. The initial session focused on the information that staff had identified as being key in the training needs assessment such as more information about smoking cessation, alcohol harm reduction and weight management as well as providing basic information about the cycle of change, motivational interviewing techniques and an introduction to the www.healthyhull.co.uk elearning package. Because of the complexity involved in referring people to multiple agencies, a single referral form was designed and introduced with Action for Change then taking responsibility for passing on referrals to the appropriate support agencies.

Feedback from the first session led to some changes being made to the delivery method into a much more interactive and discursive approach with a greater focus on building staff confidence to raise well-being issues. 26 people were trained in 6 sessions and all reported that they felt the training was valuable and would recommend it to others, many stating that this should be mandatory. It was also very clear that many of the staff were relating the information directly to their own lifestyle choices or to those of their close family and friends. The potential for this spreading of knowledge to have benefits for general staff well-being should not be under-estimated although it is difficult to formally evaluate. Because of the nature of the subjects discussed, the confidentiality of the session was stressed and one attendee stated that she felt 'I have just been in group therapy'.

We were fortunate in being able to build on the work and experience of the existing smoking cessation team at the hospital and they were able to attend the majority of the training sessions to introduce their service. This relationship continues to develop as we 'cross-refer' between the services.

The training was open to registered nurses, unregistered staff and those in an administrative role. This mix of staff proved very valuable in enabling us to identify which staff were the most appropriate to move a conversation about lifestyle forward. It was clear that individuals providing more personal care tended to have more contact time with patients. All the attendees left the sessions enthused with the MECC concept although there were some doubts about the additional work burden.

Since providing the initial training, smoking cessation reported an immediate upsurge in referrals into their existing service from the wards who had undertaken training. Over the 3 months since the training was provided there has been a 30% increase in referrals to the smoking cessation service from 64 to 98. From a base of zero, we have also had 5 alcohol referrals and 6 weight management referrals in the first month where the referral system was in place for these services.

There has also been a very positive reaction within the hospital to the project. Other wards such as Head and Neck which have a significant number of patients with alcohol issues and departments such as Physiotherapy have asked to be involved in the process. We have also been asked to provide MECC training at Hull Royal Infirmary. This growth in demand is through the commitment of the hospital senior staff from the beginning of the programme, enthusiasm from staff who have attended training and from Action For Change staff promoting the programme through team and management meetings.

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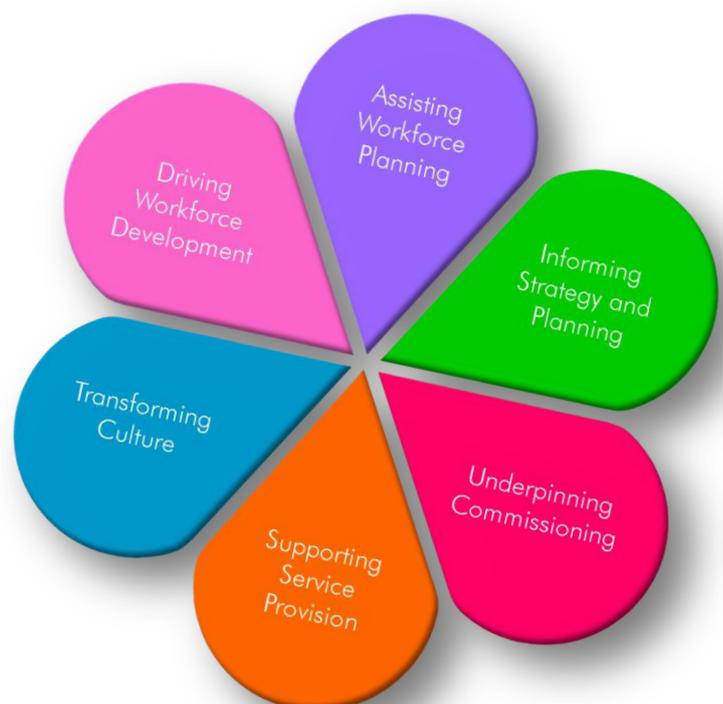
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Conclusion and Learning Points from the MECC in Castle Hill Hospital:

- It is not enough simply to provide the training. The ward management teams have to be fully involved and initial doubts and concern about new initiatives have to be overcome. This re-assurance and involvement in the process has to be ongoing.
- Staff really appreciate the training and seem to relate the knowledge provided closely to their personal circumstances
- The time available for staff is very limited; any referral systems have to be very straightforward and simple. Ideally the referrals should go directly to a single point of contact within the hospital for onward transmission.
- We are moving towards providing short **MECC** sessions on the wards, the initial session went very well with 19 staff attending over an afternoon. All said they felt confident to provide an intervention at the end of the 15 minute sessions.
- The training on the wards is the best way to reach large numbers of staff with minimum disruption. However, the benefits to the individual staff members of being able to discuss lifestyle and well-being issues, in a safe and confidential session should not be under-estimated. In a time of increasing workloads and pressures, this has real value.

This is an ongoing process, almost a movement, and it has achieved buy-in at all levels in Castle Hill Hospital. The **MECC** concept works best when it is integrated fully into the day-to-day routine of the hospital, it is also clear that having some form of support in place to remove responsibility for managing onward referrals is essential to keep the staff motivated to support the project without creating too much additional work.



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