Literature Search results

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| **Research question or topic:**  Making Every Contact Count – Culture Change |
| **Name of person/ team requesting search:**  Alison Farrar, Public Health |
| **Completed by:** HEE Knowledge Management Team |
| **Date:** January 2019 |

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# Comments from Knowledge Management team

*The articles are presented from page 3 onwards in this document, and numbers referred to below related to the number in the left hand column.*

There are numerous evaluations of Making Every Contact Count, and its implementation by various providers. However, many papers suggested that evaluation of the programmes overall was still in relatively early stages and evaluations showed that they were still in relatively early stages of change, so there were no in-depth studies looking at the cultural elements of the programme.

Items 1-4 in particular evaluate the implementation of MECC and some of the culture change aspects, although often in the context of being a potential barrier MECC has tried to overcome, rather than reporting on any cultural change within an organisation. Item 1 looks at how normalisation theory can help overcome this, with other papers (2) looking at the role of champions in spreading change, and note that the differences in approach are due to a variety of factors, from organisation to system-level (3), and a “critical mass” of staff being reached (4) as well as management factors such as CQUINs (4).

Engagement with staff at different levels (5,6) was also a key factor, and organisations that had successfully implemented it (7,8,9,10,11) cited a variety of factors from staff training and champions, to approaching the programme as a culture change initiative in its own right.

## Other documents of interest

The Public Health England/ HEE MECC Practical Resources:

*These documents support the local implementation and evaluation of MECC activity and the development of training resources.*

<https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>

Wessex School of Public Health Public Health Training, Education and Workforce Development Report (HEE, 2016)

*Includes a brief overview of MECC in the region, see page 11 onwards*

<http://www.wessexdeanery.nhs.uk/pdf/HEW_PH_EdandWorkforce_Sept2015_Mar2016.pdf>

# Results

## MECC Interventions – Evaluations

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| **No** | **Item Details** | **Abstract** | **Key points relating to culture change or organisational aspects** |
| **1** | **Are healthcare professionals delivering opportunistic behaviour change interventions? A multi-professional survey of engagement with public health policy**  Chris Keyworth, Tracy Epton, Joanna Goldthorpe, Rachel Calam and Christopher J. Armitage  Implementation Science 2018 13:122  <https://doi.org/10.1186/s13012-018-0814-x> | “Making Every Contact Count” (MECC), a public health policy in the UK, compels healthcare professionals to deliver opportunistic health behaviour change interventions to patients during routine medical consultations. Professionals’ awareness of, and engagement with, the policy is unclear. This study examined (1) awareness of the MECC policy, and (2) the prevalence of MECC-related practice in relation to (a) perceived patient benefit, (b) how often healthcare professionals deliver interventions during routine consultations, and (c) the time spent on this activity.  Policy makers must address the gap between the proportion of patients that healthcare professionals perceive would benefit from opportunistic behaviour change interventions and those receiving them (an estimated 50.0%; 16,473 additional patients could have benefited). Future research should consider how healthcare professionals identify patients who might benefit from opportunistic behaviour change interventions and developing training for efficient delivery of interventions. | Organisations face a number of barriers to implementing public health policy in relation to clinical practice … a lack of clinician engagement and lack of clarity of the personal relevance of the policy, perceived lack of time and resources to implement policy and a lack of managerial support and complex guidelines leading to poor implementation.  Such barriers are consistent with both traditional and more recent theoretical approaches to understanding implementation.  **Normalization Process Theory** can be used to understand how policy becomes embedded in practice, outlining the importance of engaging with public health policies (cognitive participation) and understanding how healthcare professionals make sense of the policy in question (coherence).  This is the first study to examine the extent to which healthcare professionals working in direct contact with patients reported delivering opportunistic behaviour change interventions consistent with a national public health policy. There were two important findings. First, awareness of the MECC policy for delivering brief behaviour change interventions was low; approximately one third of our sample reported having heard of the policy. Second, even when healthcare professionals perceived that patients would benefit from an opportunistic behaviour change intervention |
| **2** | **‘Making every contact count’: evaluation of the impact of an intervention to train health and social care practitioners in skills to support health behaviour change**  [Wendy Lawrence](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lawrence%20W%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1 [Christina Black](https://www.ncbi.nlm.nih.gov/pubmed/?term=Black%20C%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1,2 [Tannaze Tinati](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tinati%20T%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1 [Sue Cradock](https://www.ncbi.nlm.nih.gov/pubmed/?term=Cradock%20S%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),3 [Rufia Begum](https://www.ncbi.nlm.nih.gov/pubmed/?term=Begum%20R%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1,2 [Megan Jarman](https://www.ncbi.nlm.nih.gov/pubmed/?term=Jarman%20M%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1,2 [Anna Pease](https://www.ncbi.nlm.nih.gov/pubmed/?term=Pease%20A%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),4 [Barrie Margetts](https://www.ncbi.nlm.nih.gov/pubmed/?term=Margetts%20B%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),5 [Jenny Davies](https://www.ncbi.nlm.nih.gov/pubmed/?term=Davies%20J%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),6 [Hazel Inskip](https://www.ncbi.nlm.nih.gov/pubmed/?term=Inskip%20H%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1 [Cyrus Cooper](https://www.ncbi.nlm.nih.gov/pubmed/?term=Cooper%20C%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1,2 [Janis Baird](https://www.ncbi.nlm.nih.gov/pubmed/?term=Baird%20J%5BAuthor%5D&cauthor=true&cauthor_uid=24713156),1 and [Mary Barker](https://www.ncbi.nlm.nih.gov/pubmed/?term=Barker%20M%5BAuthor%5D&cauthor=true&cauthor_uid=24713156)1  [https://journals.sagepub.com /doi/abs/10.1177/1359105314523304](https://journals.sagepub.com/doi/abs/10.1177/1359105314523304) | A total of 148 health and social care practitioners were trained in skills to support behaviour change: creating opportunities to discuss health behaviours, using open discovery questions, listening, reflecting and goal-setting. At three time points post-training, use of the skills was evaluated and compared with use of skills by untrained practitioners. Trained practitioners demonstrated significantly greater use of these client-centred skills to support behaviour change compared to their untrained peers up to one-year post-training. Because it uses existing services to deliver support for behaviour change, this training intervention has the potential to improve public health at relatively low cost.  Keywords: Behaviour change, Evaluation, Health and social care practitioners, Healthy Conversation Skills, Intervention, Public health, Training | Training was designed to be accessible to practitioners from a range of backgrounds, many with limited counselling experience, to equip them to support clients in an opportunistic way.  Allows trainees to practise the skills between sessions, and offers on-going support using a variety of methods including self-reflection tools, the follow-up phone call and the workshop.  … have also encouraged the Centres to identify champions and where this has been successful there is a clearer workplace support mechanism in place … for instance a requirement for evidence of use of the skills in staff appraisals.  The style adopted for the delivery of Healthy Conversation Skills training may also have enhanced take-up of skills and increased trainees’ self-efficacy for supporting behaviour change. The trainers modelled the non-didactic, counselling, facilitative style they wished to promote in their trainees. Trainers used open discovery questions nearly a third of the time when they were talking, and trainees spent most of the training time talking and participating in activities. These findings indicate a more interactive, less didactic training style than traditional training methods... This participatory style of interaction has shown to be more effective than traditional approaches … partly because they increase self-efficacy  The process of learning and using these skills is somewhat circular; practitioners trained in Healthy Conversation Skills were more likely to feel they were able to use them with clients and hence more likely to see the benefits of using them... It is therefore crucial to provide opportunities to practise new skills when attempting to change staff practice.  One reason that the training reached a high proportion of practitioners was that it was developed and implemented in close collaboration with local commissioners and service providers who had identified a need for their practitioners to receive training. Discussions with service providers influenced the content and mode of delivery of the training. In some cases, commissioners made the training a requirement of their service providers, therefore mandatory for all front-line staff. |
| **3** | **Public health practitioners’ views of the ‘Making Every Contact Count’ initiative and standards for its evaluation**  A Chisholm P Ang-Chen S Peters J Hart J Beenstock  Journal of Public Health, May 2018  [Abstract and details on publisher's website](https://academic.oup.com/jpubhealth/advance-article-abstract/doi/10.1093/pubmed/fdy094/5025582?redirectedFrom=fulltext) | **Background** NHS England encourages staff to use everyday interactions with patients to discuss healthy lifestyle changes as part of the ‘Making Every Contact Count’ (MECC) approach. Although healthcare, government and public health organisations are now expected to adopt this approach, evidence is lacking about how MECC is currently implemented in practice. This study explored the views and experiences of those involved in designing, delivering and evaluating MECC.  **Methods** We conducted a qualitative study using semi-structured interviews…  **Results** Four key themes emerged identifying factors accounting for variations in MECC implementation: (i) ‘design, quality and breadth of training’, (ii) ‘outcomes attended to and measured’, (iii) ‘engagement levels of trainees and trainers’ and (iv) ‘system-level influences’. | Evidence is lacking about how MECC is currently implemented in practice  Four key themes emerged identifying factors accounting for variations in MECC implementation:   1. ‘design, quality and breadth of training’, 2. ‘outcomes attended to and measured’, 3. ‘engagement levels of trainees and trainers’ and 4. ‘system-level influences’   Because organisations interpret MECC differently, staff training varies in nature.  MECC is considered a valuable public health approach but because organisations interpret MECC differently, staff training varies in nature. Practitioners believe that implementation can be improved, and an evidence-base underpinning MECC developed, by sharing experiences more widely, introducing standardization to staff training and finding better methods for assessing meaningful outcomes. |
| **4** | **Making Every Contact Count: an evaluation**  A. Nelson, C. de Normanville, K. Payne, M.P. Kelly  Public Health  Volume 127, Issue 7, July 2013, Pages 653-660  DOI: 10.1016/j.puhe.2013.04.013  [https://www.sciencedirect.com/science /article/pii/S0033350613001285](https://www.sciencedirect.com/science/article/pii/S0033350613001285) | Objectives: To conduct an initial evaluation of a behaviour change programme called ‘Making Every Contact Count’ (MECC).  Study design: Retrospective interview study.  Methods: In depth qualitative interviews with key stakeholders engaged in the delivery of  MECC which were digitally recorded, transcribed and analysed thematically using frame-  work analysis.  Results: The responses of those involved were generally favourable and although the ‘intuitive’ nature of the idea of Making Every Contact Count clearly resonated with interviewees, the take up was variable across different organisations.  Conclusions: The approach to MECC described here was based on some of the principles  outlined in the NICE Guidance on behaviour change published in 2007. The report shows  that MECC has considerable potential for changing staff behaviour in relation promoting  health enhancing behaviour among members of the general public coming into contact  with services | “Although the use of contract levers such as CQUINs can be advantageous and has been applied in a number of cases it was felt by some respondents that in itself wouldn’t lead to  the sort of long term culture change required to truly embed MECC in the core practice of organisations and to make it sustainable.”  … What were the keys to successfully embedding and sustaining MECC within those organisations the which had adopted it…  One factor identified in the potential sustainability of MECC within such a variety of different services was the need to create a ‘critical mass’ of staff who were competent and capable of delivering MECC to the public:  saturate it so that we have enough people locally to absorb the effect of people moving on so we should have some sustainability  …while another emphasised its inherent simplicity: MECC is about ’People’ not facts or knowledge so as long as you keep those people enthused and confident that’s what will make it sustainable.  A consistent view was that MECC and the PLBC framework needed to be aligned to the organisations’ wider workforce strategies so as not to be seen as another ‘project’ and therefore peripheral. Another health practitioner cited the potential value of developing a ‘network’ with the aim of sharing good practice in if we really want this to work, how do you embed that so that it is part of your workforce strategy… |

## Evaluations of specific organisations or programmes – UK, Ireland

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|  | **Item Details** | **Abstract** | **Key points relating to culture change or organisational aspects** |
| **5** | **A Workforce for Prevention: Making every contact count (MECC) in Camden and Islington**  An interim evaluation report February 2018  [Full text](https://data.gov.uk/dataset/d1d7dcaa-e962-4afa-89e9-3fb3733fb801/making-every-contact-count-camden-and-islington-evaluation-report-2018) | The Camden and Islington Programme is a three-tiered training programme focussing on health, wellbeing, housing, employment and income. It has a high degree of flexibility and is aimed at all frontline staff, including council, NHS, emergency services and community and voluntary sector staff. | * Extensive pre-engagement with management * Core component of corporate induction * Included housing/ adult social services staff * Included in PDRs, introduced at annual appraisal time * Included in service contracts (smoking cessation and weight management) * Procurement team looking at including in standard contracts * Resources with MECC brand distributed |
| **6** | **Developing an Implementation Plan for the Health Behaviour Change Framework - Making Every Contact Count**  Authors: Aileen Mary Scott, Maria O'Brien,  Mairead Gleeson, Orlaith O'Reilly  [https://www.ijic.org/articles /abstract/10.5334/ijic.3457/](https://www.ijic.org/articles/abstract/10.5334/ijic.3457/)  See also  [https://www.ijic.org/articles /abstract/10.5334/ijic.3467/](https://www.ijic.org/articles/abstract/10.5334/ijic.3467/) | **Introduction**: Ireland, in common with other developed countries, is reforming its health services to meet the challenge of tackling the cost of chronic diseases. An essential element in addressing this is engaging health professionals in preventative activities as part of their routine clinical consultations.  **Description of practice change implemented**: The Making Every Contact Count Framework is a National Framework for health behaviour change in the health service, which sets out how interventions to support lifestyle behaviour change need to be integrated into our health service. The adoption of this approach by clinicians, frontline staff and leadership teams will result in the people who access the health service on a daily basis being supported in their efforts to make lifestyle behaviour changes in order to reduce their risk of developing chronic disease.  **Aim and theory of change**: The aim of Making Every Contact Count is to improve the health of each person accessing the health service on a daily basis. Successful implementation will result in patients, expecting their health professional to ask them about their lifestyle behaviour and feeling genuinely supported by him/her to make changes that will improve their health. | “Engagement with staff regarding the concept of Making Every Contact Count is crucial  Provision of innovative training for staff that is appropriate and accessible for them is a key part of engaging with staff.”  “Implementation of this plan will involve a culture change within our health system and a move from solely a focus on training of staff in behaviour change techniques to a more integrated approach” |
| **7** | **Developing a National Undergraduate Curriculum for Health Professionals in Ireland on health behaviour change** (Making Every Contact Count)  17th International Conference on Integrated Care, Dublin, 08-10 May 2017  Maria O' Brien, et al  [Full text](https://www.ijic.org/articles/10.5334/ijic.3468/galley/4244/download/) |  | “Changing this culture and practice to Make Every Contact Count will require upskilling of our existing healthcare staff and teaching the skills and knowledge required in undergraduate training programmes for all health professionals as outlined in the National Implementation plan for Healthy Ireland in the Health Services (2015-2017). |
| **8** | **Milton Keynes**  **Making Every Contact Count**  **Evaluation Report 2014-2015**  [Full text](http://www.makingeverycontactcount.co.uk/media/1072/milton-keynes-making-every-contact-count-report-2015.pdf) |  | The role of public health in Milton Keynes is to act as the coordinators for driving MECC forward, historically with the leadership of a local ‘implementation group’.  It is hoped that the group should in the future aim to:  • champion and support the embedding of MECC systematically within organisations  • provide a culture which encourages and promotes prevention and health improvement  For MECC to truly become part of an organisations culture it needs to be embedded into either induction or mandatory training. |
| **9** | **Understanding the wider public health workforce**  CfWI/ RSPH  July 2015  [Full text](https://www.rsph.org.uk/resourceLibrary/cfwi-understanding-the-wider-public-health-workforce.html)  See also:  [https://www.local.gov.uk/sites/default /files/documents/making-every-contact-coun-e23.pdf](https://www.local.gov.uk/sites/default/files/documents/making-every-contact-coun-e23.pdf) |  | Wider workforce case study: Wigan Council  Following the transition of public health to the local authority in 2013, Wigan Council seized the opportunity to introduce a whole-system approach in line with the Marmot vision (see Section 2.2 for an explanation of the Marmot report: Fair Society Healthy Lives). This approach has entailed the integration of the public health team throughout the council rather than as a standalone team, and also basing two senior public health analysts in the Joint Intelligence Unit.  Wigan has an extensive array of initiatives to improve the health and wellbeing of the local population, including a network of over 1,655 health champions, the introduction of Making Every Contact Count in several key organisations such as Bridgewater Community Healthcare Trust and Children’s centres and a growing network of Healthy Living Pharmacies.  Since the transition of public health, there has been an acceleration in improvements in a number of major health indicators, which is partly attributed to this whole-system approach. Improvements include Wigan moving from 34th to 11th out of 39 in the North West for obesity rates and a significant decrease in the gap in life expectancy for men from 11.1 years in 2013 to 9.4 years in 2014. |
| 10 | **The Case for Health Coaching**  **Lessons learned from implementing a training and development intervention for clinicians across the East of England**  Carter A, Tamkin P, Wilson S, Miller L  [https://eoeleadership.hee.nhs.uk/ sites/default/files/The%20Case%20for %20Health%20Coaching%20-%20Main%20Report.pdf](https://eoeleadership.hee.nhs.uk/sites/default/files/The%20Case%20for%20Health%20Coaching%20-%20Main%20Report.pdf) | The subject of this report is the IES evaluation of an education initiative/ development intervention consisting of a two-day health coaching programme for 777 clinicians and a further four-day programme for 25 of the clinicians to become in-house NHS clinician trainers in health coaching for skills transfer and sustainability. The intervention was commissioned by Health Education East of England during 2013/2014.  The aims of the evaluation were:  • To explore views on whether health coaching has been a useful approach for clinicians and their patients; and whether it has resulted in any changes to their thinking and practice.  • To describe the health coaching intervention within each pilot organisation; contextualise it within local strategies on long term conditions (LTC), engagement and patient experience, and the process of implementation.  • To liaise and support local representatives in identifying outcome data relevant to their unique context and examine evidence of impact. | Community Services  Managed as an organisation-wide long-term  ‘culture change’ initiative  • A health coaching-friendly organisation culture  was an enabling factor for success.  • Concept sold successfully as a new way of  relating to old problems.  • A group of internal clinician-trainers provided  opportunities for mutual support and momentum  to inform further roll-out.  • A cadre of internal trainers requires ongoing  investment of local resources to release clinicians  to deliver training and ongoing support/CPD.  • Engaging the Chief Executive and other leaders  early proved extremely helpful in making the  necessary resources available for roll-out. |
| 11 | **A Whole System Approach to MECC – Planning and Evaluation Tool**  **Healthy London Partnership**  <https://www.healthylondon.org/wp-content/uploads/2018/05/Whole-System-Approach-to-MECC-Final.pdf> | The Whole System Approach to MECC is designed to provide an easy to follow guide to carefully thinking through the design and most importantly suggested evaluation criteria at each stage of evaluation. Thinking carefully through what you are trying to achieve through implementation of MECC right from the beginning of your programme, and hence what your evaluation criteria will be, will ensure that funding is used effectively, training is tailored and targeted appropriately, and methods for data capture and evaluation are built into the design of your programme. | “In order to embed MECC within the routine working of the organisation, it is essential to achieve a cultural shift so healthy lifestyle behaviours are considered the norm and endorsed and aspired to by all levels of staff. This will require engagement at board level, with support at all levels of management. This is important both in terms of prioritising the MECC activity and in management facilitating staff time to undertake and record MECC interventions. It will also require an environment conducive to the delivery of MECC and health behaviour change interventions. (see Barriers and Enablers.)” Page 5 |

## Motivational Interviewing and MECC in Occupational Health settings

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|  | **Item Details** | **Abstract** | **Key points relating to culture change or organisational aspects** |
| 12 | Understanding motivational interviewing for occupational health nurses  Wills, Jane; Harriss, Anne. Occupational Health & Wellbeing; Sutton Vol. 70, Iss. 3, (Mar 2018): 27-29. | The World Health Organization (2001) recognises OH as being a specialist branch of public health, and occupational health nurses (OHNs) are integral to promoting and supporting the health and wellbeing of workforces in a variety of settings. The Council for Work and Health (2010) emphasises that OH practitioners should take every opportunity to promote employee health, and this approach is integral to Public Health England and Health Education England's "Making Every Contact Count" initiative. The Harrison report for the Council for Work and Health (Council for Work and Health, 2014), while reporting on the rise of long-term conditions and that workplaces are places where lifestyle factors that contribute to the future burden of public health can be addressed to keep people economically active, did not identify these skills in its examination of future training needs. "Individuals may indicate a lack of confidence in their u coping mechanisms relating to an effective return to work" "The OHN has an important role in supporting people with health issues to make health-related behaviour changes" |  |

# Appendix

## Sources and Databases Searched

AMED, BNI, CINAHL, EMBASE, HBE, HMIC, Medline, PsycINFO, PubMed

Google nhs.uk / gov.uk site search

# Help accessing articles or papers

Where a report/ journal article or resource is freely available the link or PDF has been provided. If an NHS OpenAthens account is required this has been indicated. If you do not have an OpenAthens account you can [self-register here](https://openathens.nice.org.uk/). If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support (see below).

You can contact the HEE Knowledge Management team on [KnowledgeManagement@hee.nhs.uk](mailto:KnowledgeManagement@hee.nhs.uk)