What is the impact of online Making Every Contact Count (eMECC) training on the wider Public Health workforce?

Abstract

Despite much being written about Making Every Contact Count (MECC), little is known about the efficacity of the online training modality in comparison to face-to-face training or its value to the wider public health workforce.

Aim: This study explores this through the lens of the wider public health workforce, looking specifically at online MECC training, as developed by the Wessex region, also referred to as eMECC.

Methods: uses a focus group of people from a range of roles, who have undertaken the training. Collected data was interrogated through a process of reflexive thematic analysis.

Results: The four themes identified were: the importance of being person-centred, practical application of the training, importance, and opportunity to reflect on one's practice and conversations and the challenges of the online training vs face-to-face. While some challenges remain with the online training modality, there were positive findings including putting the service user at the centre of conversations, immediate implementation of skills and the importance of having time and space to reflect on conversations.

Conclusions: To our knowledge this research is the first time eMECC training delivered to the wider public health workforce has been appraised and scrutinised through reflexive thematic analysis approaches and theory. It provides some novel insights into the training programme being delivered online in Wessex and how it can be used in a variety of settings to upskill the wider public health work force and potentially improve health inequalities by tackling the wider determinants of health. Whilst providing flexible training opportunities which aim to minimise environmental impact.

Background

Making Every Contact Count (MECC) is a long-term national strategy launched in 2010, it is a communication method to support behaviour change, using the everyday interactions between NHS staff and service users, to support changes in individual health choices (Public Health England and Health Education England 2020, PHE 2016). These conversations seek to provide opportunities to improve behaviours around smoking, obesity, and alcohol, and those important to the service user. Conversations are classified as brief or very brief, typically lasting 30 seconds to 2 minutes (PHE 2019). Research has shown that if such conversations are delivered consistently and at scale, there is a high likelihood of service users showing improvements in health-related behaviours such as diet (Lawrence et al. 2009). In support Directors of Public Health's policy document acknowledges the impact of the social determinants on health and recommends the use of MECC to help address health inequalities at a local level, it also calls on all four nation governments to develop a national policy which adopts a whole systems approach to addressing health inequalities (The Association of Directors of Public Health 2019).

To ensure that MECC is delivered within the health and care system, many workforces in England offer MECC training. The MECC training in Wessex is based on and utilises an existing training course called Healthy Conversation Skills (HCS) (Parchment et al. 2021). HCS training originated from the University of Southampton's Medical Research Unit, as a precursor to MECC, it focussed on tackling health inequalities in women by supporting them to make healthier dietary choices (Lawrence et al. 2009). It uses an empowerment approach (Rappaport, 2002) whereby service users' sense of self-efficacy is targeted, a concept from Bandura's Social Cognitive Theory (1997), which recognises the significance of personal agency in regulating goal directed behaviour, whilst acknowledging the importance of people's belief in their own abilities and skills to enable behaviour change. Person centred conversations seek to develop self-efficacy, and through this self-control, both are key facets of self-management. The aim is to encourage people to manage their own health by identifying their own solutions, set their own goals and reflect on their own progress. For people to change their habits they themselves need to recognise they can change and see the potential value of changing, rather than practitioners merely providing information or seeking to impose their views (Parchment et al 2021 Hollis et al 2021). This training modality will be the focus of this paper.

Underpinning Skills and Philosophy

The training develops four key skills and is based upon the following philosophy to achieve its objectives.

1. *Open Discovery Questions, which aim to explore and understand an issue important to the service user, encouraging the service user to share their stories and identify what's important to them. Open Discovery Questions start with 'what?' or 'how?').*
2. *Provides opportunities for the trainee to reflect on practice and conversations.*
3. *Activities are organised to help trainees spend more time listening rather than giving information or making suggestions.*
4. *The trainee learns the use of Open Discovery Questions to support a service user make SMARTER (specific, measurable, action-orientated, realistic, timed, evaluated and reviewed) behavioural health gaols with timelines for action.*
5. *Philosophy*

The four tenets which make up the philosophy are:

I. *Practitioners are not responsible for the choices people make.*
II. *Giving people information alone does not make people change.*
III. *People come to health and social care settings/ practitioners with solutions.*
IV. *It is not possible to persuade people to change their habits views*

(Lawrence et al. 2019, p.4).

The underpinning philosophy of the training challenges the established model of healthcare professionals' advice-giving and making-suggestions to support someone to make a positive behavioural change, to a more person-centred approach by empowering the service user to make a change through an increased sense of self-efficacy (Hollis et al. 2021). However, it is important to acknowledge that MECC is seen by some as a privileged approach to behaviour change due to its potential limited awareness of the wider health influences, such as culture and income (Harrison et al 2020). Ensuring that all public facing health and social staff are appropriately skilled and can effectively signpost to other services, has the potential to improve its acceptability.

While the philosophical approach, advised earlier, is underpinned with research to facilitate the potential for positive behavioural impact, there is little evidence of the efficacy of the online version of this training, branded locally in Wessex as eMECC Lite.

The first instance of MECC training being delivered online is described by Watson et al. (2020). Known as Supportive Conversations, this training was developed and delivered by a team. It

was a precursor to eMECC Lite and was delivered nationally, and at scale, during the COVID-19 pandemic. This came about due to the extremely high levels of volunteers called upon when the UK Government launched its “plan to tackle loneliness during coronavirus lockdown” (UK Gov 2020). Watson et. al (2020) describe the process of rolling this training out, as well as its outputs and found that trainees had increased confidence when supporting people to make positive health- and/or wellbeing-related changes. Chisholm et al. (2020) also considered online MECC training and concluded that a short (40 minute) online MECC training programme did appear to increase NHS staff likelihood of engaging in health-related conversations, and suggested online MECC training could be effective, although there were some implementation barriers. However, due to very large demands for the training, and therefore large group sizes, MECC training was altered and delivered by trainers using a more didactic style, which contradicts the essence of MECC. Although some challenges to the adaptation to online delivery were noted, evaluations showed promise. The team who developed this training adapted the Wessex MECC model to an online version, ensuring the centrality of its interactive nature and style of teaching. This was achieved by facilitating whole group activities with the frequent use of breakout rooms, for quiet space debate, reflection and opportunities to practice skills.

The Wider Workforce Context

> *“In order to support the radical upgrade in public health, it is the time for us to look for others beyond this core workforce who are able to encourage people to lead healthier lives and support behaviour change” (Royal Society for Public Health (RSPH) 2015)*

RSPH (2015, p.3) report “Rethinking the Public Health Workforce” refer to the wider Public Health workforce as “anyone who is not a public health specialist or practitioner but has the opportunity or ability to improve the public’s health.”. This may include, but is not limited to, teachers; those working in caring services; childcare and related; Allied Health, welfare and housing professionals. People working in these roles have opportunities to impact on local communities and to work towards supporting the prevention agenda. MECC skills provide opportunities to address and reduce health inequalities. Given this context, and the emerging challenges faced by new ways of working since the COVID-19 pandemic, and the cost-of-living crisis, it is important that any changes are rigorously evaluated for relevance and effectiveness. In addition the NHS Long Term Workforce Plan aims to equip the NHS workforce with the appropriate skills and knowledge to move care towards a service of prevention and early intervention (NHS England 2023). To achieve this, e learning modules in MECC, and other brief interventions, will be rolled out to frontline NHS workforce.

Consequently, a thorough review of the effectiveness and value to practitioners of the eMECC training package is required.

The research question for this study is:

What is the impact of eMECC training on practice?

Methodology and methods

This study adopted a qualitative approach which aimed to illuminate the participants' experience of eMECC, the gained skills, its value and impact.

Methods of data collection

An online focus group using Zoom sought to explore participants' experiences. Focus groups have been suggested as a suitable approach to exploring perceptions about services and subjective opinions, perceptions, and feelings about a topic (Wilson 2012). The interactive nature of focus groups provides valuable in-depth insights as respondents explain the meanings behind their opinions and challenge one another (Oates and Aleizou 2018). Using focus groups can mean that some group members or majority views dominate the discussion (Nuyumba et al 2018). However, the group setting also has the potential advantage of reducing any perceived power imbalance between researcher and participant thus facilitating more open discussion and can allow group members to prompt or remind one another of issues within the topic area (Nuyumba et al 2018).

The focus group was convened online, as this was the means by which the course was delivered and was the most practical approach to facilitating discussion. Whilst Nuyumba et al (2108) identify that such groups are only accessible to people who have internet access, all potential participants had attended an online course, and whilst technical issues and loss of nonverbal data were potential problems (Flayelle et al 2022, Nuyumba et al 2108) this was weighed against the ability of participants to attend. Flayelle et al (2022) maintains that online forums facilitate access, are cost effective for an unfunded evaluation, and environmentally friendly. The focus group discussion lasted approximately 45 minutes and followed a semi structured format. Focus groups were recorded using Open Broadcaster Software (OBS) on a computer.

Reflexivity

Braun and Clarke (2021) state the importance of transparency in positioning the researcher in the study. The researcher works for Health Education England (now NHS England) with the responsibility of coordinating the regional MECC programme, the effect of which was considered throughout the research process with steps to identify whether personal

experiences, and views influenced interactions with the group, interpretation of data and development of conclusions.

Sample

All individuals who had participated in the course (n=90) were invited to participate, and from this a total of six participants were available and joined the group on the day. Consideration was given to ways in which more participants might be recruited, including offering alternative dates and times. However, it appeared that the key reasons for non-participation was due to busy service schedules. Several reminders were sent to all participants of the training, with the aim of achieving a range of perspectives.

Whilst one to one interviews might have resulted in more participants, the suggestion was that the time available, rather than the specific timing of the focus group, was the issue. In addition, the intention was to use the group setting of a focus group to reduce any power imbalance and to facilitate sharing of views.

Gill and Baillie (2018) recommend six to eight participants whilst Wilson (2012) recommends six to ten. Having too few participants can negatively impact group dynamics (Cohen et al. 2018, p.533). However, recruitment was challenging and therefore the lower end of the recommended number was deemed acceptable and falls within the recommendations from Nyumba et al's (2018).

Data analysis

A reflexive thematic analysis approach was adopted, using Braun and Clarke's practical guide (2022), it seeks to discover patterns and themes behind these patterns which describe the phenomenon being studied (Fereday and Muir-Cochrane 2006, p.82). Data were first coded to identify topics, issues, similarities, and then themes were developed from these codes by drawing together codes with similar meaning (Sutton 2015). Within this, the researcher was careful to note his own perceptions and perspectives, and reflexively noted any influences on the interpretations.

Ethics

Approval to conduct the study was obtained from the university ethics group. An email was sent to all potential participants by the organisation delivering the training. A participant information sheet was sent to interested individuals. Those who wanted to participate then provided their contact details and were contacted directly by the researcher regarding the practicalities of the focus group, and to gain informed consent.

Findings

The following themes emerged and were developed:

- The importance of being person-centred,
- The practical application of training,
- The opportunity to reflect on one's practice and the challenges and benefits of online learning.

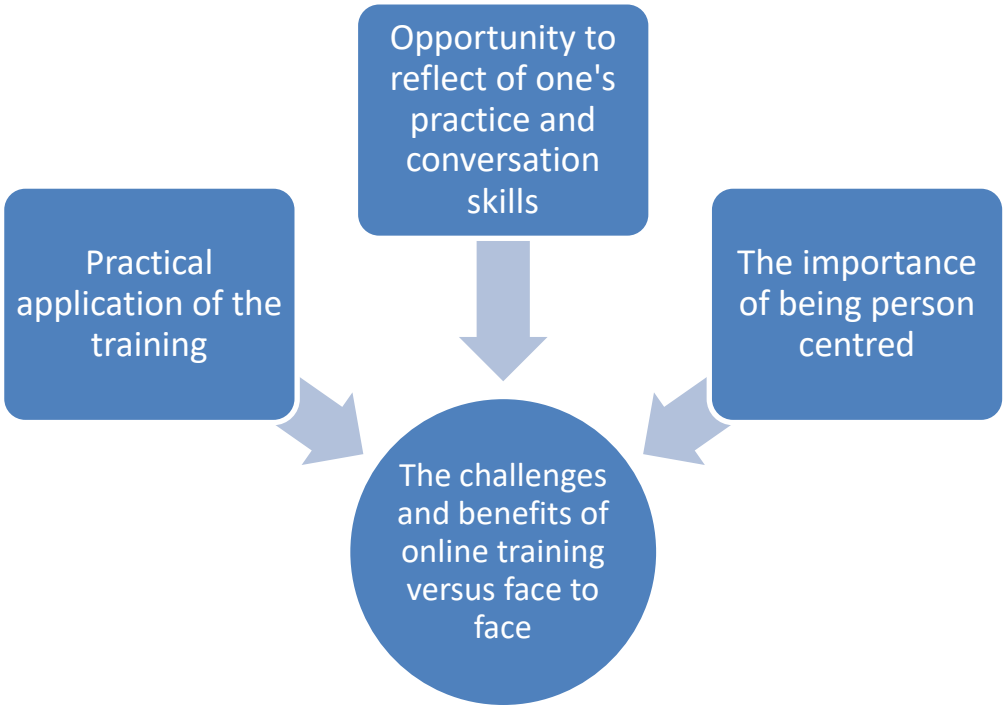

Fig 1 – Research themes.

Theme 1: The importance of being person-centred.

A key recurring theme was the emphasis on a person-centred approach, always ensuring the focus of conversations was on the service-user, rather than the practitioner.

> *"It demonstrated the importance of opening up to them and letting them come up with the ideas for how they're going to achieve their goal."*

One participant identified that this focus on the person meant a focus on listening to that person, hearing their story without any other intention:

“Not listening with the intent to respond but listening with the intent to listen.”

The theme resonated even among those who did not have service-user facing roles. One person working in such a role commented:

“I’m now thinking about spending time listening; engaging in someone's response and thinking about what they need to get out of this session and allowing them their time in the space to do that.”

Theme 2: The practical application of the training

Participants found that the training was focused on things that they were able to apply and put into practice:

“What we were trained on was very useful, especially to put into practise.”

One particular skill of using open discovery questions, was cited on multiple occasions in the focus group, for example:

“I had a one-to-one mentoring session last week. I tried to use as many open discovery questions as I could. Within an hour I found that I got double the amount of information than that, I thought I would. That information has then allowed me to deliver and go forward and offer much more support”

Another participant recalled using the skills they learned related to open and discovery questions in a phone call to investigate a neighbour dispute:

“I tried really hard to use open discovery questions as much as I could. And that, I mean, I've seen a massive difference. I think the service user can get a lot more out of it as well as myself.”

One participant who had limited interaction with service users mentioned the impact that the training had in a different area of their work:

“The way that I've implemented it is through the training that we then provide. We don't know where to go at the start, but it’s helped me explore with them and we can't be making assumptions about what they want.”

A change in practice for this practitioner is through increased confidence to actually have the conversations:

“That boost of confidence in sort of. The speaking to my co-workers and colleagues, and just interacting with, with people that I wouldn't otherwise interact with.”

The prevailing opinion in the focus group was that the training had had an impact on their practice and the conduct conversations, particularly in using open and discovery questions.

Theme 3: The opportunity to reflect on one’s practice and conversations.

Practitioners reported that the course had allowed them to become more mindful about their conversations, for example:

“[it made me think] about how you phrase questions and you listen, you actually listen and reflect back about what they've said.”

“I remember reflecting that, you know, we can get very much into habits and when we're working with people”

These reflections also indicated that through reflection alongside the course content, individuals were able to adapt their practice.

“I remember reflecting on this in the course, and I've started to put this into practise, saying to them “right, how are you going to do that”?

Two other participants reflected on the nature of how to have conversations and indicated that the course had encouraged them to consider developing their practice in this respect:

“I think it's very easy to get into a habit of asking closed questions”

“it's really interesting to remind myself to stop talking. Which doesn't come easy to me because I am a talker”

This final quote demonstrates the practical application of the training, the individual reminds themselves they are reflecting on practice, changing their behaviour and giving the service-user more opportunities to express themselves.

Theme 4: The challenges of the online training vs face-to-face

The final theme relates to the change in training modality to a predominantly online training delivery post COVID-19 pandemic, an important indicator for exploring modality effectiveness. Some challenges were identified, particularly around groupwork:

> *"there were a couple of awkward moments where maybe the person I was working with wasn't as enthusiastic and you'd have to wait for the breakout room to end and, you know, I was kind of sat there trying to carry a conversation on."*

> *"Going into breakout room to experience a breakout room with somebody else, it depends on their enthusiasm as well."*

One participant preferred face-to-face to online training:

> *"I do think it's difficult to do that sort of training online and I think had there been the opportunity to face to face version. That would have been great."*

In contrast, one participant indicated a preference to online training rather than face-to-face:

> *"Although I do sometimes miss the physical interactions between people, I do enjoy online training as it's much easier than travelling, parking up etc. And the trainers I had were excellent with keeping things interactive and keeping people engaged."*

Another participant noted that online delivery can be affected by technical difficulties:

> *"There's a lot of benefits and delivering online as well and it did run quite smoothly but you can't help anything that happens with tech and connections."*

Discussion

Previous MECC research has considered the value and acceptability of MECC to staff and service users and the barriers and enablers for implementation. Some of the outcomes relating to the efficacity of the face to face(f2f) training are provided in Parchment et al. (2023) and Lawrence et al. (2016). This research adds strength to previous studies, while also considering it specifically as an online training medium. This is important in this current post pandemic situation where homeworking is three times more likely, a trend that seems to show no sign of reversing (ONS 2023). It also complements the NHS sustainability work which seeks to reduce the carbon emissions generated by the healthcare service (NHS Confederation 2021), online training offers opportunities to decrease transportation costs and the physical challenges of

getting to a specific location and provide more flexibility for staff and organisations (Clarijs et al 2023). Whilst there is limited research currently comparing f2f with online learning in many spheres, the studies suggest the important role of online facilitators, well organised, engaging, scaffolded learning activities and the value of small group discussion (Stevens et al 2021, Clarijs et al 2023). Much of this resonates with this research, which records participants engaging with the activities and utilising the skills and knowledge they acquired during the training. However, the research also recognises that small group discussion in break out rooms is very dependent on the enthusiasm and skills of the other participants.

The technological issues related to online learning is recognised in the research, with its reliance on internet provision and wifi connectivity. Other key factors include the requirement for trainees to be technologically literate to access and benefit from such training, whilst also avoiding screen fatigue from long sessions online (Stevens et al 2021, Clarijs et al 2023).

The training appears successful in implementing skills into practice; reflecting on conversations and spending more time listening. However HCS Skill 4 *"Use Open Discovery Questions to support someone to make a SMARTER plan"* was not mentioned during the focus group, which may indicate that this activity did not make an impact on trainees. This may be due to the fact that SMARTER activities are looked at in more detail in the full MECC training; therefore the shorter activity on SMARTER in eMECC may be insufficient for practice impact. Extending and further developing this aspect of the online training may therefore be beneficial. However the training was successful in developing knowledge and practice. These learnt skills are key to successfully delivering current policy drivers, including the NHS England Long Term Workforce Plan (2023).

Although six participants were present at the focus group, two had technical issues and arrived late, therefore the initial stages of the discussion only had four participants, which may limit rich discussion. The participants' technical issues could be seen as symptomatic of some of the issues of online training and is useful to link back to theme 4: the challenges of the online training vs face-to-face.

Although the participants numbers in this research are low, the main strengths of this study are the viewpoints provided by frontline staff in the wider public health workforce, on the value and use in practice of MECC, MECC training and the modality of eMECC. The findings indicate that MECC has value and is an acceptable mode of communication for staff in the wider public health workforce and that eMECC, which has incorporated the key elements of MECC, is a useful training mode to facilitate the development of staff knowledge and skills. Equipping staff with the skills to formulate and use open questions, whilst moving away from

advice delivery are key components essential in person centred conversations which seek to empower service users.

In the interests of transparency, the researcher and lead author is the coordinator of the Wessex MECC Programme, a position known to some of the focus group participants. The impact was minimised by expressly stating immediately before the focus group the importance of hearing negative as well as positive examples and experiences. However, negative experiences may have been more pronounced should the focus group facilitator not held central role in delivering the course. It may also have been useful to utilise the qualitative knowledge gained to develop a questionnaire, which may have increased the number of participants and reduced author bias.

Conclusions

eMECC offers an opportunity to upskill the wider public health workforce and foster a safe and empowering environment for service users. In contrast to f2f delivery it has the ability to reduce the impact of travel to training on the environment, reduce transport costs, time and carbon emissions. eMECC provides more flexibility for both staff and the health and social care organisations they work in. The key challenges for the online training were around the facilitation of discussions in break out rooms and some individual technical difficulties. Although these challenges did not appear to detract from the course meeting its aims.

This study found that the training delivered had an impact on practice by emphasising the importance of conversations being focused on the service user not the practitioner, having a clear application to practice, and for allowing participants time to reflect on their practice. The application to practice was clear and it was a useful part of preparation for practice, both in terms of the content but also the encouragement of reflection in and on practice.

Recommendations

A continued focus on training which emphasises person centeredness, facilitated reflection, and practical application should be included in any course developments. Future research would benefit from assessing the impact of eMECC on practice.

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