

# **MAKING EVERY CONTACT COUNT** **WORKBOOK**



*Start the conversation.....in  
healthcare settings*

**Providers of NHS-funded care should build the prevention of poor health and promotion of healthy living into their day-to-day business, to help healthcare professionals make every contact count.**

*Deryn Bishop*



**The Training Tree**  
health behaviour specialists

**If you work in health, then you can Make Every Contact Count.**

**This workbook is for you if you are a Doctor, Nurse, Ambulance Staff, Physiotherapist, Dentist, Podiatrist, Optician, Occupational Therapist, Pharmacist.....whatever your role you can start the conversation about having a healthier lifestyle**

**"Millions of people talk with a member of NHS staff every day, spanning a diverse range of professions: from doctors and nurses to pharmacists and midwives, from optometrists and dentists to physiotherapists and health visitors – and far beyond.**

**Each day, GPs and practice nurses see over 800,000 people and dentists see over 250,000 NHS patients. There are 31,000 NHS sight tests, while approximately 1.6 million people visit a pharmacy. We can encounter healthcare professionals in our schools, at home and in practices, surgeries and hospitals.**

**Outreach activities by many also means we can meet the NHS in less traditional locations: on high streets, at sports grounds and at Supermarkets.**

**Every healthcare professional should “make every contact count”: use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible, whatever their specialty or the purpose of the contact."** NHS

**Future Forum**

# MAKING EVERY CONTACT COUNT

## What is Making Every Contact Count (MECC)?

Making Every Contact Count means that all staff, when the opportunity arises, are confident and competent in starting a very brief conversation which will help the person involved to consider change, feel encouraged and supported to change, and know where to go for further support if they feel ready to change.

MECC conversations are very brief: usually just 30 seconds -5 minutes. They are sometimes called "Chats for Change" or "Health Chats"

A MECC chat is **NOT** focused on helping people to change their behaviour, as it is too short an interaction to do that. It **IS** focused on helping people to think about changing **by raising their awareness of issues, being encouraging and supportive of change, and signposting to further supporting agencies**

Most commonly a MECC chat will be about a health behaviour, such as Smoking, Alcohol, Physical Activity and Healthy Eating.

However, you will also discover that the skills needed to have an effective chat for change are **TRANSFERABLE**. This means that you will be encouraged to think of other opportunities you may have to encourage and support people to make changes, access services or seek further information about issues which are important and relevant to them. So a chat about support for a Carer; signposting someone to a GP to get an assessment for memory problems or to advice and support regarding sexual health.....

...all of these and more can be examples of a MECC chat



MECC is the first level of a behaviour change conversation. Delivered to anyone when appropriate opportunity arises. Aims to raise awareness, encourage, support and signpost.

Some staff may also wish to be trained in Level 2 Brief Interventions. These are delivered to people in "at risk" groups. Includes assessment and feedback of risk.

## MECC COMPETENCIES

### Skills Base:

- 1.1: Ability to work and communicate effectively with individuals
- 1.2: Ability to develop rapport
- 1.3: Support and enable individuals to access appropriate information to manage their self-care needs
- 1.4: Ensure individuals are able to make informed choices to manage their self-care needs
- 1.5: Communicate with individuals about promoting their health and well-being
- 1.6: Ability to deliver information in a way that can be understood by the individual
- 1.7: Ability to manage endings
- 1.8: Ability to recognise barriers and facilitators of conversations about health behaviours including own beliefs and attitudes.

### Knowledge Base:

- 1.9: Knowledge of the determinants of health and well-being
- 1.10: Knowledge of key health messages
- 1.11: Knowledge of local support services and routes of access

**A MECC chat for change is very brief.**

**30 seconds to 5 minutes maximum**

**Delivered by everyone to everyone**

**Can be about health behaviours or other pertinent issues**

***Whatever your role...start the conversation!***

### MECC Principles:

MECC is a person centred approach. It utilises effective communication skills within an Ask, Advise, Assist structure to have a conversation which is based on the person's needs, goals, concerns and strengths.

## MECC PRINCIPLES

MECC is person-centred

Treat the person with dignity and respect

Value their experience. Be sensitive and responsive to their needs They are the expert on themselves. Only they know what really interests, motivates or is important to them

### Benefits of MECC

MECC helps people to access better quality of care and can help staff to meet some of the outcomes as defined in Outcome Frameworks. Here are some examples:

Public Health Outcomes Framework	Improving the wider determinants of health Health Improvement Health Protection Preventing premature mortality	Encourage use of local green gyms and outside activities which support good mental health Encourage people to adopt healthier lifestyle behaviours Signpost people to local services and support networks
Adult Social Care Outcomes Framework	Ensuring quality of life for people with care and support needs Delay and reduce the need for care and support Ensure people have a positive experience of care and support Safeguard vulnerable adults and protect them from avoidable harms	Support people to get timely health and social care Enable easier access to services Support people holistically
NHS Outcomes Framework	Prevent people from dying prematurely Enhance quality of life for people with long term conditions Help people to recover from ill-health Ensure people have a positive experience of care Treat and care for people and protect from avoidable harms	Encourage people to adopt healthier lifestyle behaviours to prevent ill-health and to manage their medical conditions more effectively

What other benefits can you think of?

**For the public:**

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**For you:**

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**A little background about health behaviours:**

We are lucky enough to live at a time when we are living longer than ever before. Yet there are still significant discrepancies across the country in terms of our relative chances of living a long life, as well as our relative chances of living with a good quality of health and well-being. Lifestyle factors, particularly smoking, are some of the biggest contributors to health inequalities in England.

Over the past 10 years the need to improve the health of our population has been highlighted in a series of reports. The Wanless report (2004) Securing Good Health for the Whole Population set out the need for individuals to be fully engaged in their own health and health care. The Darzi Review (2008), High Quality Care for All set out the need to put prevention first and the Marmot Review on Health Inequalities in England post 2010, set out six objectives to tackle health inequalities, one of which was to strengthen the role and impact of ill health prevention.

In the Nice Public Health Guidance 49 Behaviour Change: Individual Approaches, it is recommended that commissioners and providers of behaviour change services should

***"Encourage health, wellbeing and social care staff in direct contact with the general public to use a very brief intervention to motivate people to change behaviours that may damage their health. The interventions should also be used to inform people about services or interventions that can help them improve their general health and wellbeing".***

### **The national picture:**

In England, a lot of people are **overweight or obese**. This includes 61.3% of adults and 30% of children aged between 2 and 15. People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers. Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health.

Even after the success of the Olympics and Paralympics only a third of the adult population is doing the recommended amount of **physical activity**, and worryingly more than a quarter are not doing even 30 minutes a week and putting their health at risk. Yet exercise can be as good a medicine as pills for people with conditions such as heart disease, a study has found. (BMJ <http://www.bmj.com/content/347/bmj.f5577>).

Only a third of boys and a quarter of girls meet the recommendation for at least 60 minutes of physical activity a day and latest statistics also show that almost 30 per cent of adults are active for less than 30 minutes per week.

**Smoking** causes more preventable deaths than anything else - nearly 80,000 in England during 2011. There's also an impact on smokers' families: each year, UK hospitals see around 9,500 admissions of children with illnesses caused by second-hand smoke. There are still more than 8 million smokers in England. Although there is a downward trend in smoking prevalence there is no room for complacency.

**Alcohol** is one of the biggest behavioural risks for disease and death. In 2010 to 2011 there were 1.2 million alcohol-related hospital admissions and around 15,000 deaths caused by alcohol. Every year, alcohol-related harm costs society £21 billion.

### **The costs to the NHS of lifestyle behaviours are enormous:**

- \* £50 billion cost of obesity by 2015
- \* £5bn per annum cost of smoking
- \* £3.5 billion cost per annum of alcohol use

### **Health inequalities:**

Health behaviours have a big role in health inequalities too. Put simply, if you come from a poorer background, are unemployed or from a vulnerable group, you are more likely to have unhealthy lifestyle behaviours, suffer more from them, and find it harder to access support when you feel ready to change.

### **Will it make a difference?**

80% of heart disease, stroke and type 2 diabetes cases and 33% of cancers could be prevented by following a healthy lifestyle. The benefits of following a healthy lifestyle are demonstrated by the EPIC study, carried out in Norfolk (1993 to 2006), which looked at survival according to healthy lifestyle behaviours. The overall impact was a 14 year

difference in life expectancy between those undertaking all four healthy lifestyle behaviours (not smoking, eating a healthy diet, drinking alcohol within the recommended limits and undertaking the recommended amount of physical activity) and those not following any. But it's not just about physical health. Lifestyle behaviours may impact on our relationships with family and friends, mental health and well-being, work performance, neighbourhood relationships and even criminal behaviour.

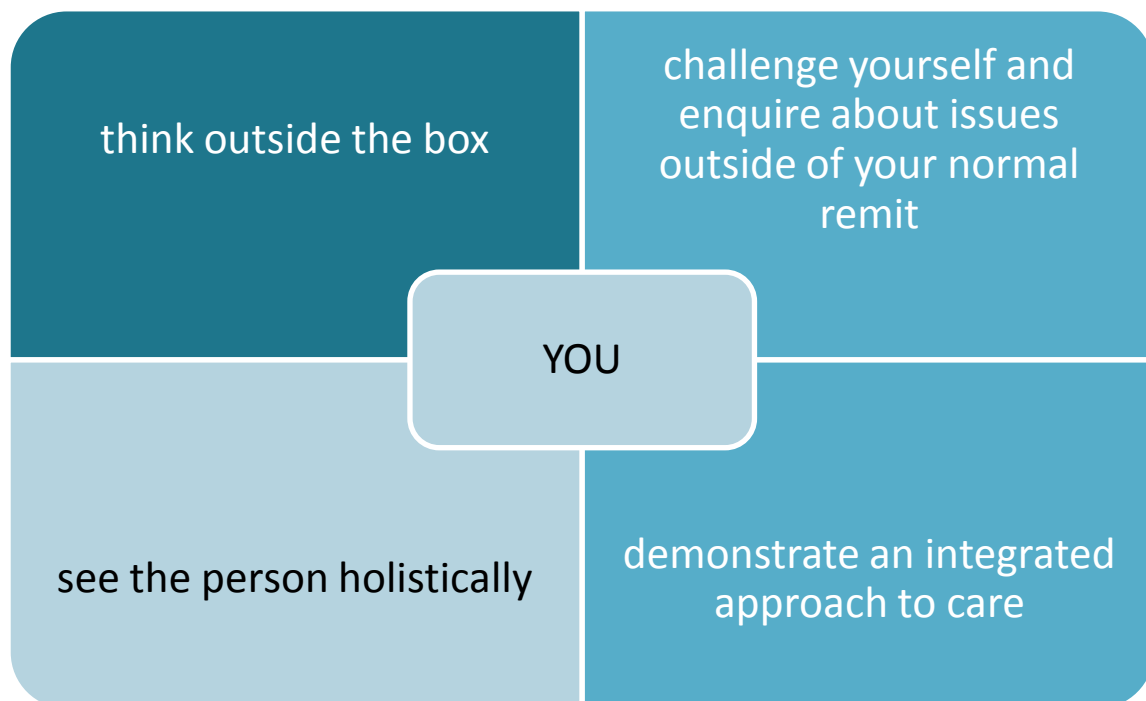
**Staff health and well-being can be improved too, by thinking MECC**

**MECC is not just about health behaviours:**

MECC is also about staff looking for opportunities to support people whom they meet, whatever their needs. For example, if you are speaking to someone whom you discover is caring for someone at home, then take the opportunity to raise the issue of their needs as a carer, and signpost them to support locally.

Or maybe you are talking to someone about what your service offers and you become aware that they are struggling with financial problems too. This can be an opportunity to signpost to support with money management, support to access benefits etc

It's about taking a different approach:



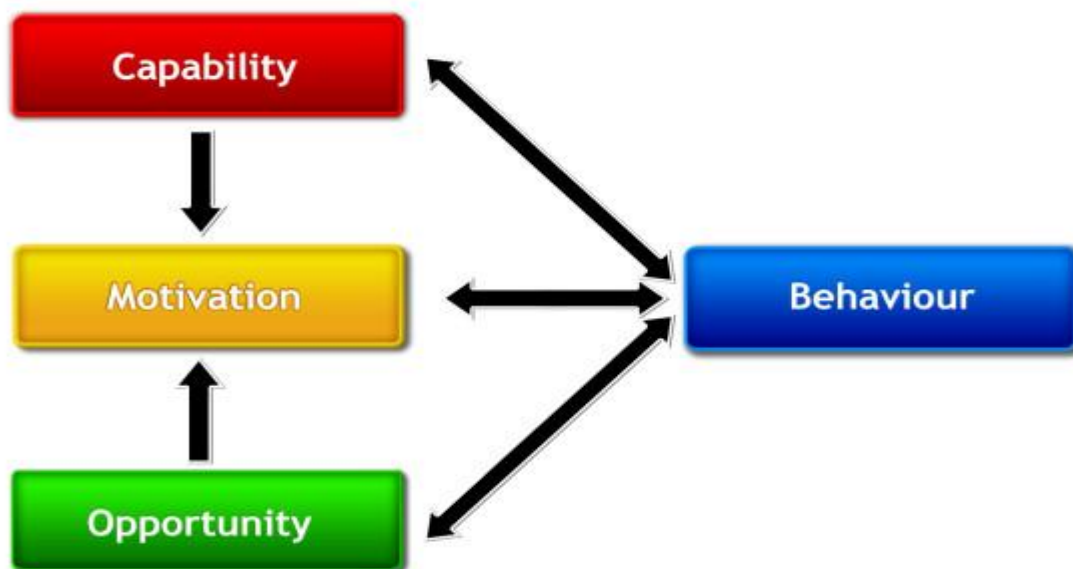
## A MODEL FOR BEHAVIOUR CHANGE

There are 3 key ingredients necessary for successful behaviour change: the person needs to feel **CAPABLE** of changing; needs to have the **OPPORTUNITY** to change, and of course needs to feel **MOTIVATED** to do so.

In fact, these 3 ingredients are important at a national, local and individual level. Think about smoking as an example. We've known for a few decades that smoking is bad for our health. It wasn't that people didn't *feel motivated* to quit, but that people often didn't *feel capable* of quitting that seemed to be an issue. Nicotine is highly addictive after all. So what important changes were made to increase people's chances of quitting successfully? People were offered specific support to feel more *capable* of quitting and medications to help deal with the addiction. These extra services also helped people to access more *opportunities* to quit, through events like National No Smoking Day, local Stop Smoking Services etc

The same principles apply to all sorts of behaviour. "Changing the incidence of any behaviour of an individual or population involves changing one or more of the following: capability, opportunity and motivation, relating to the behaviour itself or to behaviours that compete or support it. Michie et al The Behaviour Change Wheel (2014)

### COM-B model of behaviour change



**CAPABILITY:** the physical strength, knowledge, skills etc needed to perform the behaviour; the ability to overcome barriers to performance

**OPPORTUNITY:** there must be the opportunity for the behaviour to occur eg it is accessible? affordable? sufficient time to do it? prompts to do it?

**MOTIVATION:** the person must be more highly motivated to do the behaviour at the relevant time than not to do the behaviour, or to engage in some competing behaviour. Do I want to do it? Is it important to me to do it?

**Of course, behaviour change doesn't occur in a vacuum, and other influences play a part: price, availability, social norms, legislation etc We can, however use the behaviour change model to guide us. So let's consider HOW we help people to become more motivated, capable of change, and have the opportunities to do so. Good communication skills are the key.**

### **COMMUNICATION SKILLS:**

It may sound obvious to say that "It's how you say it that's important" but it is so true. However, it's easy to forget that communication skills, like any other skill such as learning to drive a car, can take time to learn, take constant practice to improve, and we can get a bit rusty if we don't keep our skills refreshed.

**Every time you have a MECC conversation, strive to do it well. It's about "being you...on a good day!"**



#### **Sending Signals**

All levels of intervention need good COMMUNICATION skills to be effective. Start by thinking about the SIGNALS that you give out when you approach a person, even before you start your chat for change. The person will be subconsciously picking up signals from you and this will influence whether they feel they want to chat with you or not

#### ***WHAT SIGNALS ARE YOU SENDING OUT?***

Are you smiling?

Are you adopting an open stance (arms relaxed by your side, or lightly resting your hands in your lap, legs uncrossed)?

Are you keeping good eye contact?

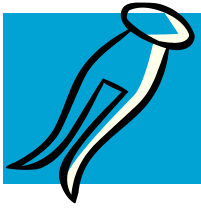
Are you using a gentle tone of voice?

Are you at about arms length from the person?

Are you at the same level as the person (ie sitting, standing)

Be approachable, curious, interested and helpful.

Working in a health role, you are a **CREDIBLE MESSENGER**



Think **PEGS!**

**P**osture....lean forwards gently, keep an open body posture

**E**xpression....smile and show you are interested

**G**estures....avoid finger pointing or being too demonstrative

**S**peech....speak clearly and check that you have been understood

Communication skills also include good listening, of course. So use your **EARS!**



**E**xplore: be curious about the person

**A**ffirm: Show that you have heard them and understand their view

**R**eflect your understanding

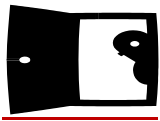
**S**ilence: do some more listening!

*Are you able to have a MECC conversation so you won't be overheard?*

*Can you provide some privacy?*

*Are you able to respond with sensitivity?*

## **DOOR OPENERS:**



### **Set the scene:**

Sometimes you may have the opportunity to set the scene for MECC. This can be by putting up posters in your waiting rooms which invite people to think about adopting healthier lifestyle behaviours, or by showcasing a national campaign eg

*"This week we are raising awareness about diabetes....I'm not sure if you are aware of how our lifestyles can affect our risk of becoming diabetic....."*

**Look for "door openers" to a quick chat for change . A door opener may be a news item, a national campaign, something you have noticed about the person, something they mention to you....it may be ANYTHING that presents you with an opportunity to have a chat for change**

**eg: something that's been in the news that week about health behaviours**

*"Did you hear on the radio last week about the dangers of eating too much sugar? Sometimes it's hard to know what's healthy to eat and what's not!"*

**eg: a national campaign**

*"It's National No Smoking Day next week. Were you aware of that?"*

*"Have you seen the information about Dementia Awareness?"*

*"Did you know that it is National Breastfeeding Awareness week soon?"*

**eg: something you have observed**

*"I can see it's a struggle for you to walk very far today because of that chesty cough."*

**eg: something they have mentioned in conversation**

*"You said you were interested in getting some books on how to get healthier. Is that something that particularly interests you?"*

**Sometimes a "door opener" can be making a LINK between a behaviour and the goal/aspiration /concerns of the person**

*"You said you wanted to save up to have a holiday next year to help you to recover... You mentioned that you want to keep active so that you can enjoy your holidays with the grandchildren."*

This might open a door to a quick chat about lifestyle changes they might make or to signpost for further support: *"Would you like some help with getting more physically active?"*

**Sometimes a "door opener" can be an issue that you have noticed is coming into the foreground, or is a barrier to the person achieving what they want:**

*"You said you were worried that your mum is leaving hospital and as she has a long road ahead of her until she is fully recovered, you are worried about having to take time off work to look after her. Would you like to know about some support for you and your mum?"*

*"You realise that if you want to take that holiday at the end of August then you need to have this wound healed. Are you aware of how smoking can affect wound healing?"*

**Sometimes "door openers" are routine:**

*"We are asking everyone in A and E about their alcohol use as it may impact on any treatment or medications that you may need. May I just ask a couple of routine questions?"*

*"When people pop into Pharmacy for a medicines review we like to make sure that we can address any issues that might impact on your treatment. May I just ask a few quick questions about lifestyle behaviours?"*

**WHAT ARE YOUR POTENTIAL DOOR OPENERS?**

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**TOP TIP:****CHALLENGE YOURSELF!**

Think of door openers to different health behaviours or other issues than you usually deal with. So if you work to help people to quit smoking, think of a door opener to ask about healthy eating and weight management. Think of door openers which invite the person to tell you about what they would be interested to change. Remember, we want the person to be the centre of the conversation....their thoughts, their motives, and not whatever issues we think would be best for them to consider. They are the expert on themselves.

**FOLLOW THE 3 STEPS TO MECC: ASK, ADVISE, ASSIST****ASK**

Your "door opener" has opened the door to a potential conversation. Now you need to step through the door and ASK, preferably using **OPEN QUESTIONS**

*"What are your thoughts about having a healthier lifestyle?"*

*"How important is it for you to get support for XXX right now?"*

*"There are a number of issues which bother you. Which issue would you wish to change first?"*

**ADVISE**

**Keep the advice brief and pertinent to the person. Be encouraging and supportive of the person thinking about change, intending to change or actually making a change**

*"Even small steps of change can make a big difference"*

*"So you've already started going to the gym? Fantastic! Keep it up, as I'm sure you will really feel some benefits if you do"*

*"Start with small steps to make a change. Keep that small step going until you feel the change has now become usual behaviour and then go onto make another step when you are ready"*

*"It's great that you are thinking about making a change. "*

Keep your **Prompt Cards** handy, as a reminder of some of the topic-specific advice that you can give if the opportunity arises.

*"Stopping smoking is the best thing you can do to improve your health, so it's great that you are thinking about doing that. Getting help from Stop Smoking Services can make it more likely that you successfully quit. What about giving them a ring?"*

*"Keeping physically active has so many benefits. it helps you feel better physically and mentally, and helps people to maintain a healthy weight too"*

**Make that LINK really work:**

eg *"Have you worked out how much money you would save if you quit smoking? There's a Smoking Wheel here that might help you do that"*

*"You said you wanted to get back to work soon, and keeping fit and healthy can be an important part of that. What do you think?"*

**TOP TIP**

**DON'T MISS OUT STEP 2!**

Whereas it is useful to raise awareness and give information, the real difference is made when you encourage change and invite the person to consider the benefits that are pertinent to them..right here and right now..

*"How will keeping active help you to enjoy your life more?"*

*"What do you think about how much money you could save if you quit smoking?"*

*"What do you feel the benefits of getting support for this issue?"*

*"It's great to hear you say you want to change"*

**TOP TIP:**

**DON'T ASSUME!**

Don't assume that people want to change for the same reasons that we do. People can have very different experiences, motivations and goals. So why not ask?

*"What would motivate you to change ?"*

*"What benefits can you think of for you if you made a change?"*

## **ASSIST**

Signpost the person to further information and support. (including APPs like Change4Life)

*"Have you heard about our local Lifestyle Services?"*

*"Have a look at the Change4Life website..."*

*"Here is the information number for support with your benefits"*

### **Here are some more examples of MECC:**

**eg a Student Nurse notices a patient is looking at some health-related books and asks if she would be interested in knowing about how local services could help with lifestyle changes.**

**ASK:** *"Hello. I notice that you are looking for health-related literature. We have lots of information which you might also find helpful about local services that support people to make changes to their health behaviours. Would you be interested in some information about them?"*

*"May I ask which particular health behaviour topics are you interested in?"*

**ADVISE:** *"It's often easier to make changes to health behaviours with some support. Here in XXXX we have a lot of agencies who support people to make changes to all sorts of health behaviours....stopping smoking, drinking sensibly, keeping active, losing weight or whatever"*

**ASSIST:** *"We have a One-Stop-Shop number now for advice and support in our area"*

*"Have a look at the Change4Life website for some top tips about change"*

**eg: A Community Nurse visiting an elderly man to dress his wounds. She sees that the man is looking worried and tired.**

**ASK:** *"How are you coping at the moment?"*

**Person:** *"I'm finding it hard to get to sleep as I'm feeling anxious. I've got some pills from the doctor but they don't really help"*

**ADVISE:** *"It's been a difficult time for you. May I ask, are you still smoking?"*

**Person :** *"Yes, it supposed to help you relax isn't it?"*

**Worker:** "OK. People often believe that smoking helps them to relax but in fact the opposite is true. I'm concerned that your wound is taking longer to heal than it should, and smoking may be playing a part. Would you like to know how smoking affects your healing process?"

**Person:** "Well, OK then

**Worker:** "Smoking affects the oxygen levels in your body...the more you smoke the more your body will have a depletion of oxygen, and oxygen is exactly what your tissues need more of to heal properly. What are your thoughts about giving up and giving your body a chance to heal properly?"

**Person:** "I've tried before but it's no good."

**Worker:** "Well, the fact that you have tried means that you are motivated to quit, at least a bit. What are the other benefits for you that you have thought of about quitting?"

**Person:** "Well it's my chest too, but also I might save a bit of money as it's getting expensive"

**Worker:** "So you can see why it's important to quit, but maybe some help in quitting would be a good idea?"

**Person:** "I guess. I've tried patches before though, and they worked for a while but then I started smoking again. I got them myself from the chemist"

**ASSIST: Worker:** "Maybe this time we can help you to get the support tailored to suit your needs. How do you feel about finding out a little more by having a chat with our local Stop Smoking Advisor?"

### **MECC conversations: a little more in-depth**

All of the conversations covered so far were very brief. Some of them, however, could possibly have developed into slightly lengthier chats. Sometimes you can use a tool (like a Smoking Wheel or a Self-Assessment Tool ) to help with your MECC chat.

**This will really depend on your role and whether you feel you already have the skills and knowledge to take a MECC conversation a little further**

**eg a Learning Disabilities worker has a chat for change with the carer/family member of a person with a Learning Disability. They are able to discuss the benefits of providing a healthy diet and regular exercise when the person with Learning Disabilities is at home.**

**ASK:** " I wanted to have a chat with you about Benny before he goes home for the weekend with you. We've been trying really hard to help Benny be as healthy as possible by paying attention to his diet and the amount of physical activity that he does each day. He really

*seems to be benefitting too. Can I spend a few minutes sharing with you what we have done, because I think there's a great opportunity for you to help too when Benny's at home by helping him to keep up the changes he has made"*

**ADVISE:** *" We encourage Benny to have a good walk every day., and he is really loving it...once he gets outside! Sometimes it can be a challenge to get going though. Can you be of help when Benny is at home with you this weekend by encouraging him to go for a walk with you?"*

*"I know it can be a challenge sometimes, and it's easy to get stuck with old habits. The key to change is making a small step...doing something different...and then sticking to it for at least 60 days. That's why it is so important that you help to reinforce these changes that Benny has started on"*

*"One of the things that's really helping Benny as well is having a healthier diet and having water to drink every day instead of Coke. This is helping Benny to feel better, both in the long-term because it will reduce his risks of ill-health, but also right now in the present because he has discovered lots of tasty fruit and vegetables that he enjoys. It's going to help Benny to reach a healthier weight too, if we help and encourage him to eat healthily and keep us regular exercise. What can you do to support this when Benny is at home with you?"*

*"I guess there will be benefits for you as Benny's carer when Benny has achieved these goals of getting fitter and healthier. He may be more independent.....what do you think?"*

**ASSIST:** *"Here's a great leaflet from Change4Life that's got lots of tips on healthy diet and physical activity suggestions. Take it with you and let me know how you got on next week"*

**In a health setting you have lots of opportunities to link healthy lifestyles with the person's management of their condition, management of their recovery and prevention of any further problems where lifestyle factors make an impact**

**Nurse:***"It's important that you understand the things that you can do to help lower your blood pressure, as well as take your medications. May I just explain how lifestyle behaviours can affect your blood pressure...?"*



## Receiving Signals:

*Just as it is important to be aware of the signals that you are giving out about being an approachable person, it is also important for you to be noticing the signals that the person is sending back to you.*

*Are they listening to you? Do they look interested in what you are saying?*



Do they look annoyed? stressed?

Are they fidgeting, foot tapping or checking their watch?

Do they avoid eye contact with you?

Being mindful of signals like these (and others) can help you to judge whether it is an appropriate time to approach the person in the first place, and certainly to help you to swiftly judge if you need to use an **exit strategy**.

### **TOP TIP: ACT ON RESPONSE**

**If you get a positive response once you've raised an issue then that's great. However sometimes the response is a "red flag" and you need to act accordingly. Notice the response of the person by the signals they send out to you**

**Use an exit strategy to end the conversation and yet leave the door ajar if the person changes their mind about getting some help**

## Exit strategies

It's important to always "act on response" when delivering MECC. An encouraging response should be like a green flag to take the chat a stage further. A discouraging response should act as a red flag for you to exit out of that particular part of the conversation.

**eg: After a positive chat about recovery, a nurse decided to raise the issue of Susie's smoking.**

**ASK:** *"Whilst I'm here, I noticed that you smoke and I was wondering whether you had thought of quitting?"*

**Response:** *"Look, I like smoking, and I don't see the harm in it. So there's no point trying to twist my arm to quit!"*

### Exit strategy:

*"OK. It wasn't my intention to come on strong about your smoking. I do have quite a lot of new leaflets about smoking recovery from illness, so I will leave a couple for you to read, and if you do want support to quit then just ask"*

The Nurse can gently exit from the conversation, and where possible leave the door ajar for a future time.

Here are some more top tips for having effective brief chats which are encouraging and supportive of change



### Are your words a "POEM"?

You may find it helpful to remember the acronym **POEM** to help you to deliver MECC

**Permission:** Ask permission and make it *personal*

People often don't link up what they do (behaviour) with the consequences (health /their goals in life). This can also be a way to **make a link** for the person between their health behaviours and their health /goals in life:

**eg: Joe may want to live long and be healthy so he can be a great grand-dad. He may not have made a conscious link between his weight and his ability to play with his grandchildren.**

*"Would you like some information about how keeping physically active and having a healthy weight can help you stay active and independent as you get older?"*

*"May I ask you about...?"*

**TOP TIP** Permission is a good start to MECC. For a start it is courteous. It gives the person the option to say No! However, if people say Yes, they are more likely to accept the information you give them

**Open questions:** You don't get a Yes or No answer with an open questions, and you do get the conversation moving. Open questions also draw out the person's motivations, their thoughts and their feelings about their behaviours.

*"What would be the benefits for you of losing a little weight?"*

*"What are your thoughts about quitting smoking?"*

**TOP TIP:** Use plenty of Open Questions to keep the conversation going and to discover what really interests the person. They will be more motivated to change issues that are important to them, rather than what we think they should change.

**Evoking style:** An evoking style means using open questions to draw out the person's ideas; to help them to develop beliefs in their ability to succeed; to help them feel more capable of changing successfully. It is an **enabling** way of communicating. It helps build **self-efficacy**.

*"What could you do as your first step to making this change?"*

*"What would help you to make that appointment with the Stop Smoking Services?"*

**TOP TIP:** Asking "what works for you?" helps the person build self-efficacy. They are also more likely to try out options they have thought out themselves than ones which we suggest

**Motivate:** Be encouraging and supportive of change. Encourage the person to verbalise the potential benefits for them and for others of them making a change.

*"It's great that you are thinking about quitting smoking"*

*"What do you think will be the top 2 benefits for you of being more active?"*

*"Tell me why it is so important for you to change..."*

**TOP TIP:** If a person hears themselves state the benefits for change out loud, it is more persuasive than if they hear you tell them what you think the benefits for them might be

**motivation first**, before going on to discuss whether they feel capable to change and have the opportunities to seek support. Asking people to think HOW they will change before whether they even WANT to change can be a bit like putting the cart before the horse!

**TOP TIP:**

**"Am I bothered?"**

People need to "be bothered" or motivated to do something before they actually change

Encouraging a person to think of **HOW** to change can be ineffective if the person doesn't think it is **IMPORTANT** to change

So think about asking...

**"How important is it for you to change XX right now?"**

If the answer is "Not very" then signpost to some information, or simply leave the door ajar

**"If you do change your mind then there is lots of support out there for you"**

If the answer is "Very!" then ask

**"What sort of support do you need to take the first step?"** and signpost accordingly

You might even consider asking a scaling question:

**"On a scale of 0 to 10 where 0 is not at all and 10 is absolutely, how motivated do you feel to change XXX?"**

If the answer is a low number, then you and respond in a number of ways

**"I noticed you picked a 2 and not a 0, so there is some concern on your part about this...what is that?"**

**"What would have to happen for you to pick a higher number?"**

If the answer is a higher number, you could respond with something like:

**"Great, it seems that it is important for you to change XXX. What would be your first step? What support do you think you need to get going with the first steps?" (capability)**

Look back over the workbook and **REFLECT:**

*What can you say or do to influence motivation?*

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*What can you say or do to help people feel more capable of change?*

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*What can you say or do to help people to be aware of their opportunities to change?*

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**SIGNPOSTING**



**Change4Life website**

**Health Trainer Services**

**Local GPs and pharmacies**

**Council Services and Support numbers**

**Domestic Abuse support**

**CAB /AGE UK**

**WHAT ARE YOUR LOCAL SUPPORT SERVICES?**

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## POTENTIAL BARRIERS to MECC DELIVERY

### **BARRIER 1: It's their coping strategy! Who am I to take it away from them?**

Sometimes workers feel that lifestyle behaviours are the coping mechanisms for the person, so who are they to tell them to change? However, these coping mechanisms often are no real help at all. For instance, many people believe that smoking or having an alcoholic drink is a good way to reduce stress. It may feel like that, at least for a short while. What we now know is that using these coping mechanisms exclusively actually will lead to the person feeling MORE anxious and stressed.

So whilst MECC is NOT about telling people what to do, it is about ENCOURAGING people to include some healthier coping strategies in their armoury. This can be a first step to making some changes that will really make a difference in the longer term. Action to change a behaviour can also result in a person feeling more capable of change and having a more positive attitude to change

*eg: "I know it's a difficult time for you, and that smoking and having a nightly drink before you go to bed feels to you like it's the only way you get to feel less stressed. However, the more you smoke, and the more you use alcohol to sleep, the more stressed you will get in the longer term. What else could you do that would help you to relax do you think?"*

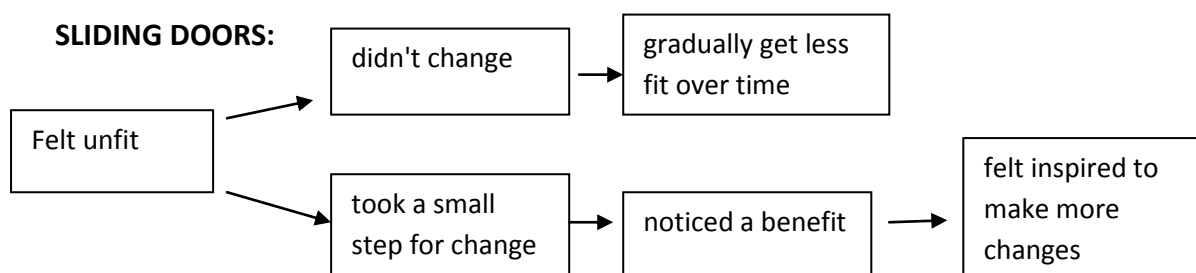
### **BARRIER 2: Who am I to preach? I'm not exactly fit myself!**

Most of us are not perfect and don't lead perfect lives. Hopefully learning about MECC will help you to consider making changes for yourself. However, in the meantime, it still is important to support others to think about change if an opportunity arises. If you worry about getting challenged, than think in advance how you would handle this

*eg: Person: "Do you eat healthily then?"*

*You: "I'm certainly trying to now I've learned about the difference it can make. I used to feel terribly unfit, so I started to cook healthier foods and go for regular walks. It's all about starting by making some small steps. I've started to feel better already, just after a few weeks of eating healthier. Now, back to you..."*

This scenario has given you an opportunity to give a "Sliding Doors" example. You have shown that making a change can lead to stepping down the path of a healthier life. This can be an encouraging example for the person who hasn't started on making changes yet.



**BARRIER 3: They will be annoyed at me preaching at them!**

Remember, a quick chat for change is NOT about preaching or telling people what to do. It's just about making an offer to the person....*"are you interested..?"* If they are not interested, have an exit strategy worked out

eg: *"OK, I can see it's not the right time for you to think about that right now. If you change your mind then just ask"*

**BARRIER 4: I won't be able to answer any questions about these issues as I'm not an expert!**

It's OK to deliver a brief chat for change, even if you are not an expert in the area that concerns them. Your role is simply to raise the issue, be supportive if someone is thinking about making a change, and signposting on to further resources. Be open and up front if you are asked a question that you can't answer.

eg: *"I really don't know the answer to that. However, if you ring our local XXX service, they will be more than pleased to help you."*

**BARRIER 5: People don't want to change do they? If they did, they would have changed already.**

Actually most people want to make positive changes to their health, well-being, and personal circumstances....they are just not sure how to do it. Research tells us, for instance, that up to 73% of smokers want to quit. It's just that they don't have the confidence to give it a go, or don't believe that it's possible for them to quit. You can help make a real difference. Many people would like to change their circumstances, they just don't know how to ask for support, feel embarrassed or ashamed, or maybe they fear that they won't succeed. This is where MECC is really helpful as it will encourage and support people into the services that will be of help to them....whatever their issues.

*health behaviours?*

*care and support?*

*recovery? prevention? medicines management?*

**Make a difference**

**Make Every Contact Count**

*Start the conversation.....*

**What are your personal barriers?**

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**How will you overcome them?**

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**Consider "what if" you started to deliver MECC.**

-What opportunities do you think you will have to deliver MECC?

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-What further learning would you need to support you to feel motivated and confident to deliver MECC?

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-What resources would you need to help you to deliver MECC?

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-How could you capture MECC activity?

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-What else would help in your opinion?

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**LEARNING LOG**

**Opportunities (door openers) that I have had to deliver MECC**

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**What I felt I did well**

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**What I could have done differently**

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**My further learning and support needs**

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**My current rating of how important I think it is to deliver MECC**

**1.....10**

**My current rating of how confident I feel to deliver MECC**

**1.....10**

**(where 1 is NOT AT ALL and 10 is VERY MUCH)**

**ACTION PLAN FOR TEAM LEADERS and MANAGERS**

**What can I do to assess learning needs of team members to deliver MECC?**

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**How can I keep MECC alive? (Team meetings, Supervision, Mentoring, Placement support, etc)**

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**How do I ensure the fidelity of MECC delivery? (refresh training etc)**

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**What resources do we need?**

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**ORGANISATIONAL SUPPORT FOR MECC**

**Is the organisation fully signed up to MECC?**

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**How do we plan for systematic training of staff in MECC?**

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**How do we arrange and organise sufficient resources to aid MECC delivery?**

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**In what ways can MECC delivery help the organisation regarding the promotion of staff health and well-being?**

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## MECC TRAINING OPTIONS

**MECC:** Completion of E Learning tool Making Every Contact Count

<http://education.wm.hee.nhs.uk/> NHS focused tool

<http://warwickshire.learningpool.com/> Local Authority focused tool

**MECC+:** Completion of E Learning tools and Face-to-Face workshop which focuses on personal and team implementation of MECC

### **Contents of MECC E-Tool**

What, Why, How and What If of MECC; awareness of underpinning theory (COM-B); basic principles of a motivational chat; basic knowledge base on health inequalities and how lifestyle behaviours impact on them; door openers to starting conversations about MECC; communication skills, barriers and facilitators to delivery, current recommendations regarding health behaviours; signposting

**Face -to Face Learning:** Checking out the MECC basics. Implementing MECC in your role. Learning Logs and further learning and resources A chance to practice delivering MECC and get feedback on how you do.

### **Resources for Commissioners, Organisational Leads etc:**

#### **Implementation Toolkit:**

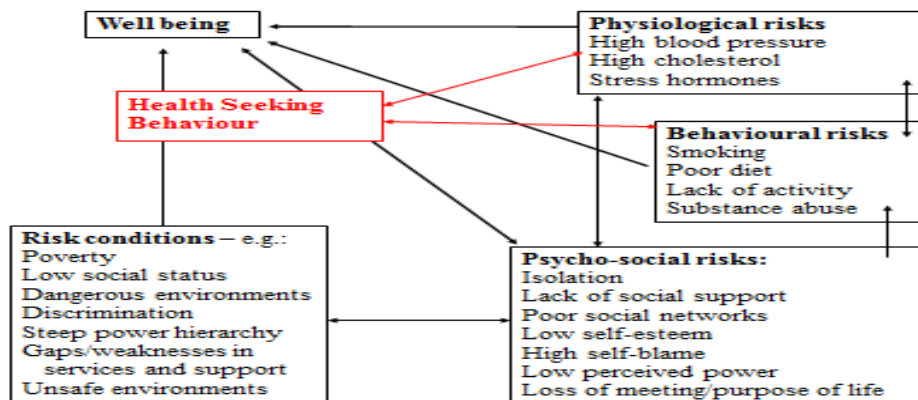
<http://learning.wm.hee.nhs.uk/resource/implementation-resources>

#### **Measuring success**

<http://learning.wm.hee.nhs.uk/resource/measuring-success>



**FURTHER INFORMATION**



**Evidence base for very brief interventions:**

There is an evidence base for the benefits of adopting healthier lifestyle behaviours, as the EPIC study demonstrated. The overall impact was a 14 year difference in life expectancy between those undertaking all four healthy lifestyle behaviours (not smoking, eating a healthy diet, drinking alcohol within the recommended limits and undertaking the recommended amount of physical activity) and those not following any.

Is there an evidence base for the effectiveness of a brief encounter? Yes there is. In typical "brief advice" or "brief intervention", a well-structured "chat for change" can have the following benefits:

- Reduces alcohol consumption by 20% in higher risk drinkers
- Reduces alcohol consumption in 1 in 8 lower risk drinkers
- Encourages take up of Stop Smoking Services. You are 4 times more likely to successfully quit smoking if you get support from Stop Smoking Services than using willpower alone.
- A 10% weight loss for obese individuals equals: Reduction in cholesterol; Reduction in blood pressure; 20-25% reduction in mortality; 40-50% reduction in cancers

These interventions (brief interventions) typically take about 5-15 minutes and follow a structure.

### Does MECC change health behaviours?

The aim of a MECC chat is to raise awareness about health behaviours and the local services that can support people. As a MECC chat typically lasts 30 seconds to 5 minutes, it is **NOT** aimed at changing people's behaviour.

It **IS** aiming to raise awareness and be encouraging and supportive of change by signposting people to sources of further information and support.

In practice, there is an emerging bank of evidence to show that MECC does result in more people accessing local services. This will be their first step on their journey to change.

### Determinants of health



The Determinants of Health (1992) Dahlgren and Whitehead

Hereditary factors, gender factors, our cultural background, our age, our peers, our access to services: all can affect our health and well-being. Some of these issues are hard or even impossible to change as an the individual.

However our lifestyle can have a huge impact on our length of life and our quality of life: and this is something that we can be in control of. MECC is about encouraging people to be

responsible for their health and well-being through adopting healthier lifestyle behaviours for themselves and their families; it's about accessing support for issues that affect our living conditions and our quality of life, and about taking those first important steps to building resilience. MECC can support people who are vulnerable, who find it hard to know where to turn to for information, support and care.

MECC is about enabling people and communities to change the things that can be changed

### **PRACTICE MAKES PERFECT!**

Any new skill, any change in behaviour, takes weeks of practice before it becomes part of our everyday skill-set. You may have heard of the 21 day rule? Well, recent research from UCL Behaviour Change Unit suggests that it's likely to take much longer than that. 66 days is now predicted as the time needed to ingrain a new habit.

**Think about how you can practice MECC until it becomes part of your everyday armoury of skills. Get refreshed! Keep up to date with information. Do the E training once a year as a reminder. Connect with MECC support in your area and become part of a community of workers who want to make a real difference.**

### **Some health benefits of lifestyle behaviours**

21st May 2014 – New UK research suggests adults who lose weight at any age, even if they put it back on, can achieve life-long benefits for their heart and blood vessels. The findings are from a study examining the impact of lifelong patterns of weight change on cardiovascular risk factors in a group of British men and women followed since their birth in March 1946. They showed that the longer the exposure to excess body fat (adiposity) in adulthood, the greater the cardiovascular-related problems in later life, including increased thickness of the carotid (neck) artery walls, raised blood pressure and increased risk of diabetes. However, for the first time, the findings also indicate that those same health risks can be reduced in adults who drop a BMI (body mass index) category, from obese to overweight, or from overweight to normal, at any time during adult life, even if they later regain weight.

Stopping smoking can lower your risk of heart disease, respiratory diseases, stroke and some cancers. Smoking adversely affects wound healing and is a risk factor for age related macular degeneration and cataracts. Second hand and third hand smoke affect family members too.

Alcohol drunk excessively is implicated in up to 60 medical conditions, and may lead to liver disease, breast cancer, peripheral neuropathy and depression

High blood pressure (hypertension) is a risk factor that can increase your chance of developing heart disease, a stroke, and other serious conditions. As a rule, the higher the blood pressure, the greater the risk. Treatment includes a change in lifestyle risk factors where these can be improved. For example, losing weight if you are overweight, regular physical activity, a healthy diet, cutting back if you drink a lot of alcohol, stopping smoking, and a low salt and caffeine intake.

Physical activity can increase bone mineral density in children and help to maintain strong bones in adolescents. It also slows down bone degeneration later in life. This can help to prevent osteoporosis – when your bones become brittle and more prone to breaking. High-impact exercise, such as running and skipping, puts weight on your bones and increases bone density in younger people. Physical activity improves mood and well-being, and helps you to remain independent in later life

## **REFERENCES**

**National Institute for Health and Clinical Excellence (NICE) Guidance (2007) Behaviour Change at Population, Community and Individual Levels.** The guidance highlights the multiple benefits of individual level interventions as the following extract reveals: There is overwhelming evidence that changing people’s health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity. The Wanless report (Wanless 2004) outlined a position in the future in which levels of public engagement with health are high, and the use of preventive and primary care services are optimised, helping people to stay healthy... At present, there is no strategic approach to behaviour change across government, the NHS or other sectors, and many different models, methods and theories are being used in an uncoordinated way.

Identifying effective approaches and strategies that benefit the population as a whole will enable public health practitioners, volunteers and researchers to operate more effectively, and achieve more health benefits with the available resources.

### **NICE PH49 BEHAVIOUR CHANGE: INDIVIDUAL APPROACHES (2014)**

**Recommendation 9** Encourage health, wellbeing and social care staff in direct contact with the general public to use a very brief intervention to motivate people to change behaviours that may damage their health. The interventions should also be used to inform people

about services or interventions that can help them improve their general health and wellbeing.

Encourage staff who regularly come into contact with people whose health and wellbeing could be at risk to provide them with a brief intervention. (The risk could be due to current behaviours, sociodemographic characteristics or family history.)

### **Costs of health behaviours:**

Analysis of All Age All Cause Mortality (AAACM) across England and Wales demonstrates ischemic heart disease as the leading cause of mortality in males (22% AAACM) and females (16% AAACM), followed by cerebrovascular disease (stroke) 8.7% for males and 12.6% for females, followed by lung cancer and respiratory disease respectively for males and females<sup>1</sup>. These lifestyle factors are estimated to cost the NHS £10bn annually, society £37bn and cause 140,000 preventable deaths each year. Together smoking and alcohol cause 25% of the Disability Adjusted Life Years (a measure combining the years of life lost and years lived with disability) lost in the UK.

### **Policy background:**

The Wanless report (2004) Securing good health for the whole population set out the need for individuals to be fully engaged in their own health and health care. The Darzi Review (2008), High quality care for all set out the need to put prevention first and the Marmot Review on health inequalities in England post 2010, set out six objectives to tackle health inequalities, one of which was to strengthen the role and impact of ill health prevention.

More recently the NHS Future Forum (2012) made the recommendation that every healthcare organisation should deliver MECC and 'build the prevention of poor health and promotion of healthy living into their day-to-day business.'

The new Public Health Responsibility Deal urges businesses to improve public health and help to tackle health inequalities through their influence over food, physical activity, alcohol, smoking and health in the workplace.

**Healthy living 'can add 14 years'** The results clearly showed that people who drink moderately, exercise, quit smoking and eat five servings of fruit and vegetables each day live on average 14 years longer than people who adopt none of these behaviours. This result demonstrates that modest and achievable lifestyle changes can have a marked effect on health.

*Khaw et al., Combined Impact of Health Behaviours and Mortality in Men and Women: The EPIC-Norfolk Prospective Population Study. PLoS Medicine 5 (1) e12.  
doi:10.1371/journal.pmed.0050012 Published January 8 2008*

## **Useful reading**

**The behaviour change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behaviour change interventions.**

[Michie S<sup>1</sup>](#), [Richardson M](#), [Johnston M](#), [Abraham C](#), [Francis J](#), [Hardeman W](#), [Eccles MP](#), [Cane J](#), [Wood CE](#).

**The Behaviour Change Wheel: A guide to designing interventions** S Michie, L. Atkins and R. West. Silverback Publishing 2014

**Gardner and Meisel: Busting the 21 day myth**

<http://blogs.ucl.ac.uk/hbrc/2012/06/29/busting-the-21-days-habit-formation-myth/>

**MECC mapped against Public Health Outcomes Framework:**

<http://www.makeeverycontactcount.co.uk/docs/OutcomeMapping/MECC%20mapping%20PHOF.pdf>

**Health Education West Midlands MECC Resources Map**

[learning.wm.hee.nhs.uk/resource/guide-and-toolkit-and-accompanying-resources](http://learning.wm.hee.nhs.uk/resource/guide-and-toolkit-and-accompanying-resources)

**NHS Future Forum The NHS's role in the public health:**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216423/dh\\_132114.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_132114.pdf)

**Where to get this workbook:** Copies available from [derynbishop@gmail.com](mailto:derynbishop@gmail.com) The Training Tree Ltd

07411401740

With thanks to Nigel Smith for all his advice and support over the years to Make Every Contact Count