MECC for PA Pilot Evaluation report

Introduction and context

This evaluation refers to the development and pilot testing of a health promotion training programme, that uses the Making Every Contact Count Approach to promote physical activity as part of routine interactions within healthcare and the health and social care sectors.

The development of this training programme has been a collaboration between the Royal Society for Public Health (RSPH), Active Cheshire and MSP, with funding from NHSE Workforce, Training and Education directorate (NHSE W&TE), Long Term Conditions programme.

This work aims to support national around preventing and managing long term conditions and the strategic ambitions of health partners in Cheshire and Merseyside, following the launch of the Integrated Care System (ICS) physical activity strategy for health and social care, *All Together Active*, published in October 2022. The All Together Active strategy aims to reduce inequalities resulting from physical inactivity with an alliance of organisations from all sectors across the region. Through the strategy research and consultation process led by MSP and Active Cheshire on behalf of the ICS, it was evidenced that the local health workforce would benefit from receiving physical activity training, and a gap was identified in that there is currently no evidence-based face to face physical activity training available for the local workforce.

Furthermore, at national level, this project supports priorities around making the health system in England more health promoting through the implementation of the MECC approach as an effective and evidence-based mechanism (*NHS Long Term Plan*).

In addition, this fits with NHSE's strategy to tackling health inequalities through the *CORE20PLUS5* approach which focuses on groups experiencing poorer than average health access and those with poorer health outcomes across inclusion health groups.

Pilot summary

The overall aim of the pilot project is to develop a training programme that can be used to help increase physical activity levels of service users and patients across the health system in Cheshire and Merseyside, to prevent or reduce health inequalities resulting from physical inactivity such as heart disease, stroke, and other long-term health conditions in line with the NHS CORE20PLUS5 framework and the All Together Active, sub-Region's Physical Activity Strategy.

Objective

With the support from of stakeholders in Cheshire and Merseyside, to develop and pilot an evidence-based training programme that enables frontline staff across the health system, to feel more confident in promoting and speaking to patients and service users about physical activity through the Making Every Contact Count Approach.

Expected outcomes

That participants of the training increase their knowledge and skills to be able to:

- Identify the benefits of physical activity, and how to apply the Chief Medical Officer national and NICE recommended guidelines
- Define the MECC approach and explore how this can be applied to promote physical activity in health and care services.

- Be aware of local support services and how to effectively signpost learners to the appropriate support
- Be confident to implement appropriate signposting and referral pathways.

Approach

The training programme was developed by a project team integrated by staff from the partnership (RSPH, Active Cheshire and MSP) who received advice and support from an Expert Reference Group (ERG) on content and structure. The membership of this group was as follows:

Name	Organisation
Nelly Araujo	RSPH
Rachel Cartwright	Warrington BC
Keeley McClennan	Improving Me, the Cheshire and Merseyside NHS women's health and maternity partnership
James Mcirnerey	OHID Health and Wellbeing Manager
Danny Woodworth	MSP
Roberta Pomponio	Active Cheshire
Hannah Sharp	
Rachael McGrath	Peer support worker Silver Birch Hub
Dr Amrith Shetty	Cheshire & Wirral NHS Trust
Jan Campbell	Sefton CVS
Dr Katy Murgatroyd	Consultant Perinatal Psychiatrist at Mersey Care Cheshire and Mersey Specialist Perinatal Service, Mersey Care
Rachel Saunderson	The Walton Centre
Alison Everett	Skills for Care
Jo Ward	MDY HEE NHS E ICB - Women's Health and Maternity
Joe Dyson	MECC - Programme Delivery Manager
Steve Peters	Champs
Emma Oultram	Silver Burch Hub manager
Sally Faulkner	Cumbria, Northumberland, Tyne and Wear NHS

The initial base for the structure, materials and MECC content of the training programme were the RSPH MECC for Mental Health and MECC for menopause module, where participants are taught how to apply the MECC approach (Ask, Assist and Act) to frame conversations around those topics.

The topic specific content was drafted by Active Cheshire and MSP who have significant experience of delivering brief intervention training related to physical activity and improving practitioner knowledge and confidence.

Following each review point - ERG review, independent review (by a physical activity and MECC expert) and pilot training sessions -the project team met to discuss and address feedback in real time, ensuring multiple testing and refinement of the training.

Furthermore, RSPH applied their standard review of the content to ensure that accessibility, equality, diversity and inclusion are embedded in the training approach.

The Pilot

The training programme was piloted with 56 participants in March and April 2023 over 3 online and 1 face to face sessions. The trainers who delivered the programme were qualified MECC for Mental Health trainers, or had expertise on Physical Activity Promotion.

In line with the project proposal, most participants were from maternity services and health promotion and support services. The breakdown of roles is as follows:

Types of roles	**Number**
Health Promotion and Support Services (Link Workers, Advisors, Coaches, Care Navigators)	25
Other clinical roles	2
Other clinical roles in perinatal services	1
Peer Support Worker	1
Physical Activity Support roles (Instructors, Coaches,	1
Public Health Nurses	13
Public Health Practitioner	4
Service Management roles	5
Service Support roles such as coordinators	1
Physical Activity Instructor	1
Grand Total	**54***

*Two participants did not provide their job titles, but the final number of participants was 56.

In terms, of the organisations participants came from, the list is as follows:

- Brighter Living Partnership
- Care4CE Cheshire East Council
- Chapter Mental Health
- Cheshire East Council
- Cheshire West, Cheshire East and Wirral Specialist Perinatal Service
- Healthy Knowsley Service, Merseycare
- Lifestyle Change NHS
- Maternal Mental Health Service, Merseycare
- Merseycare NHS Foundation Trust
- Sefton Council
- Torus Foundation

The Output

The final output is a 2-3 guided learning hours training programme suitable both for online and face to face delivery. This includes training slide deck with tutor notes, a participant journal, a lesson plan with tutor guidance, signposting, and resources.

Evaluation Framework

The evaluation of this pilot was led by the RSPH. The methodology applied was of a formative evaluation process, whereby the gathering and analysis of feedback, was ongoing and part of the development and delivery of training. This was in order to achieve a high level of quality and effectiveness by the end of this short pilot.

The evaluation framework included exploration of the following indicators of quality and effectiveness of training:

Data collection

Data collection with Trainers and the Expert Reference Group was a collaborative process that involved ongoing email communications and meetings to discuss key questions and feedback and agree adjustments to the training.

With participants, data collection was through a pre and post survey that explored the following elements:

Elements evaluated	Pre course	Post course
Training knowledge, experience, and confidence	✓	✓
Expectations	✓	✓
Participants' training experience		✓
Relevance of content		✓
Quality of the training		✓

Feedback from Trainers

Feedback was sought from 3 trainers who had been involved in the delivery of the pilot sessions. They responded to a short questionnaire via email. Below is a summary of their responses.

What are your overall thoughts about the MECC for Physical Activity pilot programme?	- Correct level of detail for an initial introduction - Correct engagement level - Pilot suffered due to tight timescales
Please comment of the suitability and relevance of the MECC approach for Physical Activity?	- Correct levels of information and aimed at the right people - Need for slide focusing on long term health conditions - Seems to have been positively received by partners that have been approached - May be overlapping with other MECC programmes already in place - Perhaps should be combined with other MECC topics to increase skills and confidence
Please comment of the suitability and relevance of slides and journal (imagery, layout, external content)?	- Overall positive - Question about two videos - Small adjustments to tidy up the slides - Rearrange some sections for flow - Concerns about layout and accessibility of the journal
What changes to the content and activities would be needed to make this training more appropriate for frontline staff in primary, community care and health and social care services?	- More focus on case studies with practice conversations - More experience-based discussions - Changes dependant on the knowledge level of the participants - Currently pitched at satisfactory level for MECC – as not to make experts but start a conversation
Please comment on the signposting resources included. Are we missing any?	- All Together Active Hub was well received - Physical Activity Service on MECC Moments also well received - Signposting to further training in this area needed e.g., motivational interviewing, HEE physical activity modules etc - Need for local input when rolled out wider
Is there any additional content/guidance/information you think should be included?	- Request for review following participants' feedback
Any comments on how the training was delivered	- Training needs to be adaptable for F2F and online - Suggestion that training should be 2 hours in length for health and social care professionals due to time/capacity shortage - Need for more engaging activities if online eg role play

The trainers agreed that the training programme was pitched at the right level, to the right audience, and using the right tools. The issue of timescales was raised with regard to the content and the slide design. This was adjusted by cutting down and rearranging the information in the slides.

Overall, the slides and content were well received. There were suggestions for minor adjustments, such as to slide order and the need to tidy up the design of some slides. More fundamental changes included the need to change some of the additional content, such as the videos, for a section on long term health conditions, for more focus on the case studies with practice conversation activities, and for more discussions drawing on participants' prior experience. Some considerations were raised about the use and layout of the journal as participants found them difficult to access and use whilst participating in the training online. Adapting the training for online or face to face delivery method was discussed and various activities were suggested for better online engagement i.e., breakout rooms and role play.

The pilot has received positive feedback and interest from the partners the trainers approached. The current level at which the training is pitched means it is accessible to professionals from any background to engage in and allows for basic knowledge of physical activity and MECC practice. This was positively reviewed by the trainers. However, it was acknowledged that some areas already have robust MECC training in place and therefore this training could be developed as a shorter option for physical activity to add to the MECC training already on offer in those areas. The need to deliver in a short amount of time was also acknowledged in the feedback. It was pointed out that much of the target audience of the health and social care workforce are facing considerable shortages of time and capacity. Therefore, keeping the training to 2 hours in length would be advantageous to increasing uptake across that sector.

The use of local and national signposting resources was well received. Signposting to further training was suggested as an extra resource that could be provided to promote further professional development in this area, this was addressed as a section within the final participant journal. The need for local input into signposting resource for a wider roll out was acknowledged and subsequently integrated within tutor notes.

The trainers suggested they would like further opportunities to review the materials and add to the ongoing development of the training following the receipt of the participants' feedback.

Feedback from participants

Participants of the MECC for Physical Activity training were asked to provide a variety of feedback about the training itself, including qualitative and quantitative formats. This feedback covered the materials, content, and delivery of the training they had received. The quantitative feedback is presented in simple chart form. The qualitative feedback has been thematically analysed to ensure clarity and brevity. This feedback was reviewed and addressed after each training session.

Participants' training experience

Participants' experience of the training was measured in several questions on the survey.

Initial analysis of the answers to the open question "Which part of the training or delivery, if any, could be done differently?" showed that the participant's feedback sat within the four training elements considered in other sections of the feedback form. Therefore, this qualitative data has been analysed and placed into the four themes to clearly show the areas that needed improvement.

Training elements	Feedback
Materials	journal layout (confusion around extra pages/activities and case studies on separate pages that the relevant activities)
Slides	request for case studies to be included in the slides
Content	needs more depth, more research focus, more information about motivational conversation skills, more information on specific physical activities, more emphasis on case study practice
Delivery	needs a scheduled 10 min break, needs a clear agenda, needs to be more interactive, needed more time for breakout rooms, smaller sessions, clearer communication about preparation work that needs to be done (some people were not informed of preparation work)

Concerns about the case studies element of the training cross all four areas of feedback. The content was the biggest concern for most of the respondents, with calls for more depth, a more evidence-based approach, information about certain topics, and a greater focus on case studies. As such, the developers added content depth and practical use within the constrains of a very short training programme. It is important to mention that some of the participants came from a health and wellbeing background and might have found the physical activity and/or MECC elements of the training, somehow basic.

However, when asked to review the training in three words, a variety of words came up. "Informative," "useful," "relevant," "interesting," "fun," "interactive," and "thought-provoking" were the most mentioned, as demonstrated in the table below. Although there were some words which could be perceived as critical, overwhelmingly the responses in this section of the form were positive towards the training.

The most useful thing the participants took away with them varied but fell into six key themes:

Exercise Recommendations	Resources	Language/Wording
Conversation Tips and Starters	Knowledge of Guidelines	Every Movement Counts

When asked to describe the training in 3 words, the participants said:				
Useful (7)	Fun (2)	Practical (1)	Thought-provoking (2)	Friendly (1)
Interesting (5)	Educational (1)	Basic (1)	Engaging (1)	Relaxed (1)
Relevant (6)	Motivational (1)	Interactive (2)	Helpful (1)	Important (1)
Excellent (1)	Brief (1)	Good (1)	Reassuring (1)	Fine (1)
Motivating (1)	Effective (1)	Knowledgeable (1)	Refreshing (1)	Professional (1)
Great (1)	Signpost (1)	Learning (1)	Enjoyable (1)	Informative (9)

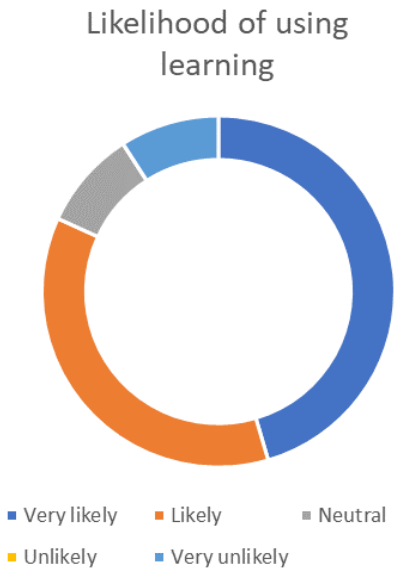
Participants were offered the following three statements and asked to rate them. Each was rated between 3 and 6, with the mean sitting at around 5. The table, shown below, details the rating of the three statements.

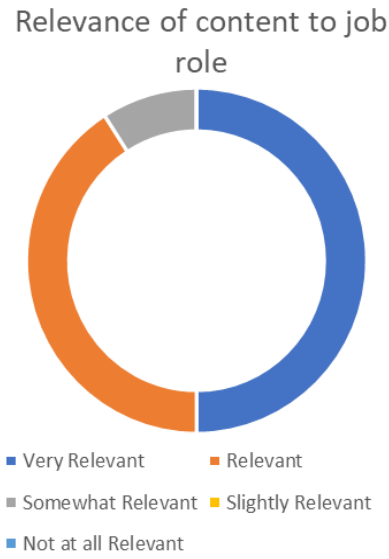
Statement	Range 3-6	Post course
The training was enjoyable and engaging		5.22
The training delivered at the right pace for me		5.09
The methods used were right for me (online/face to face, tutor led)		5.22

Each of these pieces of feedback confirms that the training is being well received as a pilot and could be successful following some minor changes as detailed by both the trainers and the participants.

Content

The questions around content focused on the possibility of using the training, namely the likelihood the participants would use the training in their conversations about physical activity and the relevance of the content to their job role.





Whilst most found the training to be somewhat relevant, relevant, or very relevant, two out of twenty-two found it to be very unlikely that they would apply the learning in conversations about physical activity. However, this could be due to being in a job role in which they are not likely discuss health and wellbeing with service users or patients. However, all participants rated the relevance as "somewhat relevant" or higher. Therefore, likelihood of using learning is not linked to job role,

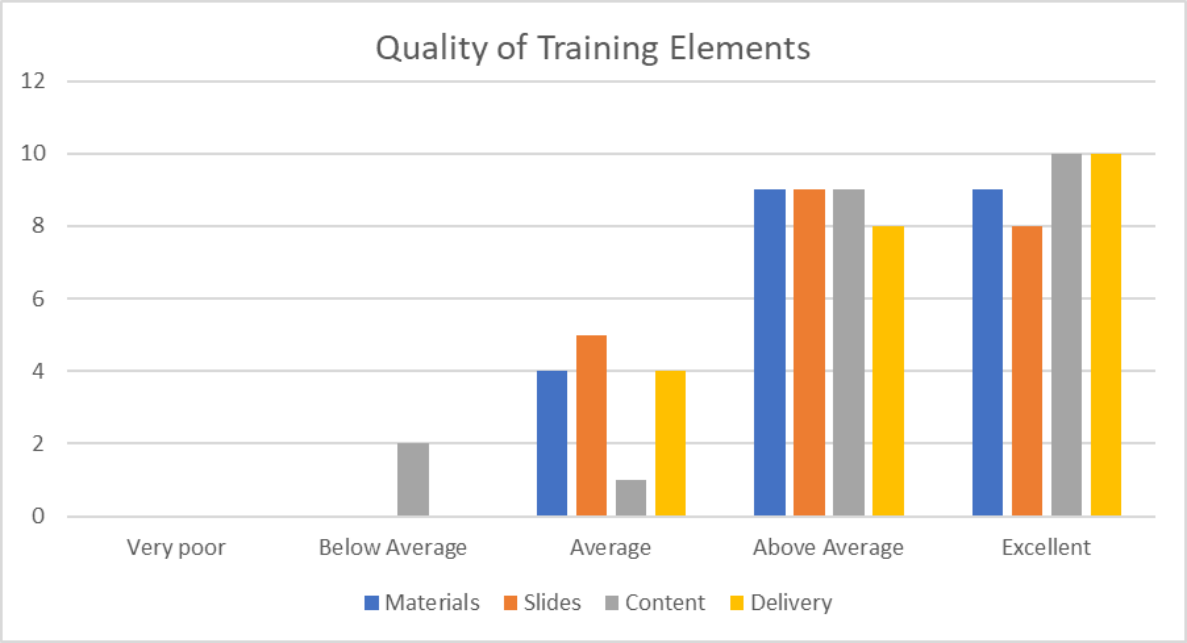
instead could be linked to organisational priorities or pressures or other factors and needs to be considered when assessing the training.

Quality of the training

The participants were also asked for feedback on the quality of various elements of the training. These elements were the materials, the slides, the content, and the delivery of the training. The table below provides the criteria given to the participants to consider when rating the elements.

Training elements	Criteria
Materials	relevant, engaging, practical, evidence-based, appropriate
Slides	imagery, clarity, layout, amount of text
Content	relevant, engaging, practical, evidence-based
Delivery	experienced, knowledgeable, and engaging trainer

Each element was rated on a 5-point scale: very poor, below average, average, above average or excellent. Whilst the content was rated below average by two participants, all other elements were rated average or higher. Most elements were rated as above average or excellent.



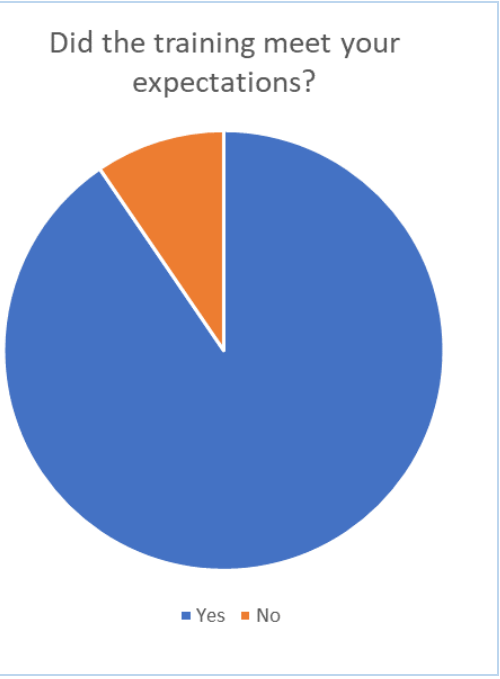
Participants evaluation of their expectations

As part of the pre-course evaluation form, the participants were asked about their expectations for the training programme across two questions: what topics/issues related to physical activity promotion they wanted the trainer to cover and what they hoped to get out of the programme. This

two-question approach allowed participants to express their specific requirements related to physical activity, as well as their more general expectations.

What are the topics/issues related to physical activity promotion you would like the trainer to cover?
- How to motivate those who are not moving at all - Accessibility - Variety of activities and strategies for encouraging movement in separate groups - Refresher - Weight loss - Local resources and free/low-cost activities - Conversation skills for addressing physical activity - Practical support guidance - Advice on mental health support around physical activity - Physical and psychological benefits of physical activity - Effects of health inequalities on physical activities - Information sharing directory

What do you hope to get out of this programme?
• Confidence • Knowledge (especially about physical activity • Understanding and information about physical activity, national recommendations and about the Making Every Contact Count approach • Communications skills around physical activity i.e., strategies for engagement and motivation • Refresh prior training • Services and resources • Strategies for specific groups i.e., those with poor mental health, parents with young children, etc • Sensitivity guidance around speaking about physical activity



Following the training, participants were asked if the training met their expectations. Out of 22 respondents, 19 were positive, with 3 critical responses. Comparing the expectations to the training content would demonstrate where the participants' expectations were not met. For example, as pointed out by the trainers, a section could be added for helping those with long term health conditions. The participants had also hoped for information on weight loss, helping time poor groups such as parents, and those with mental health diagnoses. This may also explain the response of the two participants who rated the content as below average. Considering the feedback on what participants would have changed about the training, the content was featured strongly in the qualitative feedback as shown above.

Early impact

Each cohort of participants were asked to complete pre and post course evaluation forms to compare their knowledge, experience, and confidence prior to and following the training. The questions asked reflected the topics and approaches used by the training. Each of these comparisons shows that knowledge, experience, and confidence grew throughout the group across the training programme.

Overall, the highest levels of improvement were in knowledge and experience of the MECC approach and the CMO's national guidelines on physical activity. This shows that the training is effective at teaching about MECC and informing about guidelines. MECC is a tool for having conversations in a health promoting way. The participants' improved knowledge of MECC is reinforced by the improvement in their confidence to have conversations with patients, service users, and customers.

Technical knowledge

When asked about prior knowledge/experience of the Making Every Contact Count approach and the Chief Medical Officer's national guidelines, respondents showed that their knowledge of the topics was limited. However, the training changed this and the improvement to knowledge of MECC was the largest increase between pre- and post-course ratings. For several participants this may have been their first interaction with the MECC approach. This would influence the outcome of the questionnaire. However, MECC is a useful tool for conversations about many topics and therefore this is a positive outcome.

Topic	Mean improvement	Pre-course	Post-course
Making Every Contact Count Approach	1.51	2.71	4.22
Chief Medical Officer's national guidelines for physical activity	1.35	3.00	4.35

Conversations, signposting, and referrals

Confidence in having conversations, signposting, and providing referrals were measured by self-reported levels of confidence.

Topic by highest improvement	Mean improvement	Pre-course	Post-course
Conversations with patients/service users/customers	0.98	3.24	4.22
Referring colleagues	0.93	3.24	4.17
Referring service users/patients/customers	0.87	3.48	4.35
Conversations with colleagues	0.75	3.38	4.13
Signposting service users/patients/customers	0.74	3.52	4.26
Signposting colleagues	0.65	3.57	4.22

Each element showed increased confidence following the training. Confidence about having conversations with members of the public (patients/service users/customers) grew by almost one rating point and, despite starting as the lowest confidence point, became the third highest following the training, thus showing the effectiveness of the training for teaching conversational approaches and skills. Confidence about referring colleagues to local services to help their physical health also grew by almost one rating point. Whilst signposting appears to have had the least improvement, nine

(out of twenty) written open question responses mentioned ‘resources’ as the most useful thing they took away from the session. The highest pre-course confidence topic (signposting colleagues) increased the least (by 0.65).

Conclusions

The MECC for Physical Activity pilot has been a success. The project achieved all deliverables within timescales and the outcome is a 2-3 guided learning hours training programme suitable both for online and face to face delivery. This includes a training slide deck with tutor notes, a participant journal, a lesson plan with tutor guidance, signposting, and resources.

Whilst some suggestions for adjustments and considerations for development were made, the trainers responded positively to the training and encouraged its roll out. They believed it to be pitched and presented at the right level for the target audience, and useful in increasing knowledge of physical activity and the MECC approach. The training also increased participants’ confidence having physical activity related conversations, providing referrals and signposting with patients/service users/customers and their colleagues.

The training pilot shows signs of early impact with levels of improvement in knowledge and experience with the MECC approach and the CMO’s national guidelines on physical activity. This shows that the training could be an effective way of providing people with knowledge and skills to promote physical activity within short and purposeful conversations.

Forward looking

- Finalising training materials using feedback from participants and trainers. This will include matching to NHS new brand guidelines and improving accessibility.
- Further roll out of training in Cheshire and Merseyside. A community of practice has been established and is supporting trainers with a variety of MECC for MH training programmes alongside other modules. This is in line with the objectives of the All Together Active Workforce group.
- NHS Prevention Pledge has raised the profile of MECC for Physical Activity. For example, East Cheshire NHS Trust and Warrington and Halton Hospital NHS Trust have expressed and interest in rolling out the training across their respective trusts.
- We have also received interest from NHS and local authority teams across the country. For example, public health and hospital teams from London, Lancashire, and others.
- Further development and continuation of the use of the MECC for MH model by creating a sustainable model of delivery for MECC for PA by piloting a train the trainer programme. This would explore the appetite and funding opportunities for future developments.
- Explore funding opportunities for developing learning and understanding the long-term impact of the training. This could be in the form of longitudinal studies of participants to see the long term impact of taking part in the training.

Appendix

Conversations with colleagues, and patients, service users and customers

How would you rate your confidence on having conversations about promoting physical activity with colleagues?							
	Min	Max	Mean	Standard deviation	Variance	Responses	Sum
Pre	1.00	5.00	3.38	1.09	1.19	21	57.00
Post	2.00	5.00	4.13	0.80	0.64	23	95.00

Mean improvement: 0.75

How would you rate your confidence on having conversations about promoting physical activity with patients/service users/customers?							
	Min	Max	Mean	Standard deviation	Variance	Responses	Sum
Pre	1.00	5.00	3.24	1.19	1.42	21	68.00
Post	2.00	5.00	4.22	0.78	0.60	23	97.00

Mean improvement: 0.98

Signposting colleagues, and patients, service users and customers

How would you rate your confidence on signposting colleagues to good and relevant information that supports their physical activity?							
	Min	Max	Mean	Standard deviation	Variance	Responses	Sum
Pre	1.00	5.00	3.57	0.95	0.91	21	75.00
Post	2.00	5.00	4.22	0.72	0.52	23	97.00

Mean improvement: 0.65

How would you rate your confidence on signposting service users/patients/customers to good and relevant information that supports their physical activity?							
	Min	Max	Mean	Standard deviation	Variance	Responses	Sum
Pre	1.00	5.00	3.52	0.91	0.82	21	74.00
Post	2.00	5.00	4.26	0.74	0.54	23	98.00

Mean improvement: 0.74

Referrals for colleagues, and patients, service users and customers

How would you rate your confidence on referring colleagues to local services that support their physical activity?							
	Min	Max	Mean	Standard deviation	Variance	Responses	Sum
Pre	1.00	5.00	3.24	1.06	1.13	21	68.00
Post	2.00	5.00	4.17	0.76	0.58	23	96.00

Mean improvement: 0.93

How would you rate your confidence on referring service users/patients/customers to local services that support their physical activity?							
	Min	Max	Mean	Standard deviation	Variance	Responses	Sum
Pre	1.00	5.00	3.48	1.05	1.11	21	73.00
Post	3.00	5.00	4.35	0.63	0.40	23	100.00

Mean improvement: 0.87