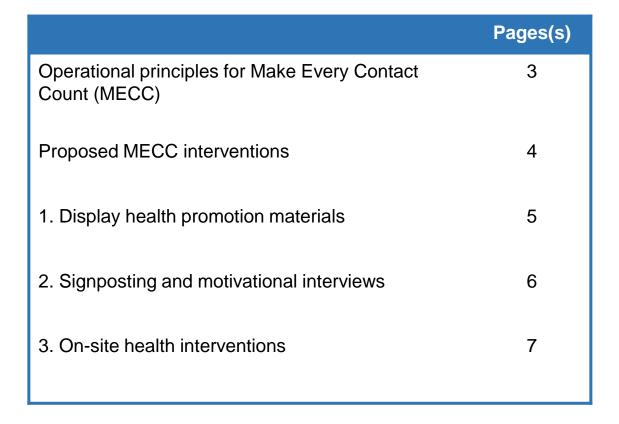


COVID-19 vaccination programme: Making Every Contact Count interventions – workforce & training

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Through the COVID-19 vaccination programme there is the opportunity to engage people in other health interventions to support wider population health.

This guide is for COVID-19 vaccination sites and lead employers to provide an overview of the principles and training pathways required to support the implementation of Making Every Contact Count (MECC) as outlined within the training guidance. This pack is designed to:

- Outline the proposed interventions which can be taken to support MECC
- Define the training pathways to ensure that the workforce is trained and competent to be able to deliver MECC
- Provide examples of interventions and the workforce who could be utilised to support MECC

This guide is not exhaustive and complements materials available on Future NHS and should be used to support the planning of MECC in each system.

The operational principles to make every contact count



The <u>system letter and planning parameters for 2022/2023</u> published on 23rd February 2022 set out "Systems should ensure that all vaccination sites are delivering the minimum level of MECC intervention (posters, leaflets and information) with a focus on the Core20 PLUS5 clinical areas from April 2022. Additionally, due to the excess mortality for conditions associated with hypertension, systems should ensure that vaccination sites that have capacity to undertake blood pressure checks to support hypertension case finding and management activities are embedded within wider system-commissioned hypertension diagnostic and management clinical pathways that are expect to be in place by September 2022. Additionally, systems should explore a wider range of evidence based MECC interventions alongside the Covid-19 vaccination as part of clinical pathway planning to address the Core20 PLUS5 clinical areas."

A series of **operational principles** to guide systems in delivering MECC approaches alongside the Covid-19 vaccination event has been designed:

- 1. MECC should be an implicit design principle for all COVID-19 vaccination sites and form part of operational readiness assessments for sites
- 2. MECC interventions will be evidence based as a principle of what we do for the Programme
- 3. MECC should be part of a systems overall delivery plan against the health inequalities improvement priorities. Systems must ensure that MECC interventions link into commissioned pathways of care.
- 4. Regions and systems, should determine the approach to MECC most appropriate for their vaccination sites. This will differ by site.
- 5. There is a range of MECC interventions that could be offered at each site:
 - The minimum level of MECC intervention (posters, leaflets and information) should be developed collaboratively with local authority partners and where appropriate signpost to LA commissioned advisory services around weight management, smoking cessation, alcohol consumption and mental wellbeing support.
 - Further guidance to support development of hypertension case finding and management pathways will be published by September 2022, including approaches to data recording and contractual frameworks, alongside training materials for the vaccine workforce
- 6. Any MECC interventions should not compromise vaccine delivery.
- 7. Providers should take all opportunities to reach seldom heard groups
- 8. Providers should take into account the increased presence of children on sites.
- 9. Interventions must be implemented in a way that is IPCC compliant
- 10. Existing vaccination staff should be upskilled to ensure a minimum level of Making Every Contact Count (MECC) interventions can be delivered at each site.
- 11. The vaccination site environment must be suitable for the intervention recognising that vaccination sites differ in size and not all providers will have sufficient space/the right environment to deliver all MECC interventions

Proposed MECC interventions



Below is an overview of the three MECC Interventions proposed in this pack, with following slides providing further detail on: responsibilities, competencies requirements, prosed workforce and additional resources, for each of the areas.





Posters and promotional material can be a great way of reminding people to get a checkup or follow up on concerns they might have been ignoring. There is an abundance of material for site to display.

Make sure they are well placed, in eyecatching locations. Signposting & motivational interviewing



Motivational interviewing is used to engage and encourage patients' to think about specific health areas. This can come in the form of verbal checks and reminders, brief health conversations, and signposting to services on or off vaccination site. It can be a great way to capture those who wouldn't normal be seen.

3 Health interventions on site



Vaccination sites should be plugged into the community and the specific health interventions that are most beneficial in this area, offering a opportunity for interventions to be raised.

This can be done by utilising vaccination staff with adequate training or bring in a specialist team depending on the subject matter.

All of the interventions provided above can be implemented across delivery models. Each vaccination site should determine what type of interventions are most appropriate and relevant to the local community.

1 Display health promotion materials



Examples of interventions:

- Printed <u>winter vaccination posters</u> on display
- 2. Printed wider NHS and PHE campaign posters and leaflets on display
- 3. NHS Trust specific materials

Responsibility:

- Support with logistics to get the promotional materials in physical format and other necessary stationary available on site
- Support with the set-up and placement of digital/printed materials at agreed point in the pathway
- Place materials strategically so individuals can spot them easily (e.g. in vaccination booths) and are likely to read them (e.g. waiting areas)



Competency requirements:

- ☐ Staff are briefed on the intervention
- ☐ Staff know where to escalate for any further information required
- ☐ Staff understand the purpose of MECC interventions

Available training resources:

What is MECC and why is it important?

Considerations:

Infection control: protocols must be followed for handing out leaflets e.g. handing them out alongside vaccination cards, rather than leaving them on surfaces.

Example poster to promote the winter vaccination campaign created by PHE:



Example poster for cancer prevention campaign created by PHE:



If you've seen blood in your pee – even just on or had tummy trouble such as discomfort or diarrhoea for three weeks or more, it could be a sign of cancer. It's probably nothing serious, but finding cancer early makes it more treatable.

Your NHS wants to see you



Example poster to promote cervical screening campaign created by PHE:



② Signposting and Motivational Interviewing



Motivational interviewing is a great situational intervention which can be implemented in all delivery models. It can take the form of verbal checks and reminders, brief health conversations, and signposting to services on or off vaccination site.

Examples of interventions:

- 1. Directing attendees to information on local health services (e.g. <u>NHS Service Finder</u> to send information to patients through digital app)
- 2. Co-promotion of other routine vaccinations (when relevant)
- 3. Signposting to local social prescribing offers or smoking cessation services
- 4. Guidance and direction to other health services (e.g. weight management)
- 5. Screening reminder for all 10 NHS screening programmes



Proposed workforce: Administrator, HCAs, Unregistered vaccinators

Responsibility:

- Identify when it is the right time and place and proactively apply this intervention (i.e. in the waiting area or during the assessment or vaccination stage)
- Motivational interview about specific health areas (i.e. patient health and lifestyle, flu vaccine, relevant NHS screening programmes)
- Direct individuals to information on local health services and to relevant resources on or off site

Competency requirements:

- ☐ Staff are briefed on the intervention
- ☐ Staff know where to escalate for any further information required
- ☐ Staff understand the purpose of MECC interventions
- ☐ Competent in motivational interviewing in brief interventions (or equivalent Health Screening and Promotion)
- ☐ Demonstrate knowledge of locally promoted health services and how to access them
- ☐ Competent in signposting to accurate, current and relevant materials, as well as signposting to other health improvement services

Available training resources:

- What is MECC and why is it important?
- · How to have a MECC conversation
- Motivational Interviewing in brief interventions training
- Signposting

Considerations:

- Infection control: protocols must be followed for handing out leaflets e.g. handing them out alongside vaccination cards, rather than leaving them on surfaces.
- The Pharmacy Contractor is reminded that pursuant to Regulation 64(3)(a) of the Pharmacy Regulations, a distance selling pharmacy must not offer to provide pharmaceutical services, other than directed services, to persons who are present at (which includes in the vicinity of) the listed chemist premises. Where this prevents the Pharmacy Contractor from signposting or motivational Interviewing, the Pharmacy Contractor can advise the Patient via its established non-in person procedures.

3 On-site health interventions



Vaccination settings should assess the local community needs and mandate relevant interventions locally to respond to key hyper-local health issues. These could be short interventions utilising vaccination staff with adequate training when deemed appropriate or longer interventions which may require a specialist team.

Examples of interventions:

- 1. Blood pressure checks
- Cholesterol checks
- Diabetic footchecks
- 4. Height/ weight checks
- 5. Hepatitis checks

Responsibilities:

• The exact responsibilities and who can fill the role should be based on local determination based on the specific intervention.

Competency requirements:

- ☐ Staff are briefed on the intervention
- ☐ Staff know where to escalate for any further information required
- ☐ Staff understand the purpose of MECC interventions
- ☐ Staff demonstrate knowledge of the promoted health service and how to access them
- ☐ Competent in delivering the specific intervention

Available training resources:

- The vaccination site leads can access a range of e-Learning resources to support them when getting the staff skilled up to be able to deliver specific interventions.
 - <u>MECC E-Learning for Health (eLfH) Package</u>: Health Education England has provided a single unified MECC eLearning package that is now available on the eLearning for Healthcare hub. The MECC e-learning programme is designed to support learners in developing an understanding of public health and the factors that impact on a person's health and wellbeing. Combined with the practical skills gained from face-to-face training, these resources can enable individuals to be well equipped when delivering MECC interventions. Courses include: what is MECC and why it is important, how to have a MECC conversation, signposting, five ways to wellbeing
 - <u>MECC official website:</u> This website supports the development, evaluation and implementation of MECC programmes in local communities by providing a library of national and local resources. It has been developed with the support of the National MECC Advisory group and Public Health England.
 - PHE All Our Health e-learning programme: This series of e-learning modules developed by Public Health England (PHE) provide bite-size introductions to the range of topics covered within the All Our Health framework. This includes prevention of cardiovascular disease, obesity, and smoking and alcohol related illnesses.

Considerations:

The intervention's impact on throughput and patient flow, the need to ensure patient privacy, infection control measures, an accurate method to access patient information and record the results (i.e. when no link to GP record or other database is available).