

Joined Up Care Derbyshire Making Every Contact Count (MECC) Approach for Vaccination Sites

Written in Summer 2022



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EXECUTIVE SUMMARY

Background

This document outlines the Derbyshire Making Every Contact Count (MECC) Approach for all Covid-19 vaccination sites, with a particular focus on the Autumn Booster Programme commencing in September 2022.

The document also highlights the national MECC steer and their evaluation requirements, and how that fits with the local Derbyshire vision, working under a Quality Conversations umbrella that has a wider reach than MECC.

MECC interventions are a way to capitalise on every day interactions and understand what additional support and information an attendee at a vaccination site might be requiring, supporting their empowerment over their own health and feeds into system wide prevention work. For example, a patient who has their blood pressure taken at a vaccination site that has a high reading can be referred to their GP which could prevent future heart and stroke related health issues.

Methods

Vaccination sites to undertake the following MECC stages:

- 1) **See** - Promotion of relevant materials at sites, which can be posters, leaflets, and brochures, ensuring mandatory topics, such as blood pressure checking are covered.
- 2) **Talk** - Initiate conversations that are relevant to the attendee – "What matters to them" and signpost them to relevant sources, such as completing an online wellbeing MOT that will self-refer to further relevant services, such as weight management, smoking cessation, moving more etc.
- 3) **Do** - Where appropriate, offer interventions directly on site, such as blood pressure and BMI checks
Sites to consider the timings of when certain cohorts will be coming through the doors for a vaccination and where possible, target specific interventions at certain age or demographic cohorts, such as the over 75 age group could benefit from a brochure of information relating to staying well and warm in winter or simple diagnostic tools for men of a certain age who might be prevalent for a male related cancer.

Conclusions

In the Autumn Programme the Vaccination Operational Cell (VOC) will be working at Place level and will be encouraging vaccination sites within a Place to also link in for all colleagues to understand Place population needs and offer relevant MECC interventions to meet that need.

All vaccination sites to ensure the mandatory MECC core offer is in place, then they can consider with Place colleagues what else their population needs are and offer additional/supplementary MECC interventions. The breadth of MECC opportunities is limitless and will generally differ from vaccination site and provider, depending on the environment and resources.

Next Steps

- Use this document to continue to inform the Autumn Booster Programme
- Obtain approval for this approach paper with a view to launching it at the start of the Autumn Programme – Final version to go to VIG 7/9/11 (to go to Silver for information 13/9/22 and then launched 13/9/22 in a pack of information, including the MECC and Quality Conversations Training offer)
- Ensure all actions are considered for progression, including any national changes - if in agreement, set up a Derbyshire MECC Network and/or Steering Group to take forward the more strategic MECC actions
- Find ways to work across all relevant providers, stakeholders, charities, and voluntary sectors to encourage MECC

1. What is Making Every Contact Count (MECC)?

The approach has been around for some years; however the initial concept is as follows:

The MECC approach **Making Every Contact Count** (MECC) is an evidence-based approach to improving people's health and wellbeing by helping them change their behaviour. The NHS Long Term Plan reminds us that every 24 hours the NHS comes into contact with more than a million people at moments that bring home the personal impact of ill health.

The following is an excerpt from Health Education England's MECC Factsheet (the full content can be found in [appendix 1a](#)):

"Making Every Contact Count is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles.

- *For organisations, MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach.*
- *For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.*
- *For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.*

MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health: Stopping smoking, Drinking alcohol only within the recommended limits, Healthy eating, Being physically active, Keeping to a healthy weight, Improving mental health and wellbeing"

There is a national MECC website, which provides more context on the reasons for undertaking MECC interventions and has a plethora of resources: [Making Every Contact Count \(MECC\)](#)

2. What are the benefits of MECC?

There are many identified benefits of the MECC approach when used in every opportunity possible. These range from; Organisational benefits, Community and local health economy benefits, Staff benefits, National/Population benefits to Individual benefits (which are detailed in [appendix 1a](#) Health Education England's MECC factsheet and [appendix 1b](#) MECC Implementation guide and toolkit):

MECC offers a number of benefits to any organisation that has a responsibility to improve health and wellbeing:

Benefits to service users/citizen:

- Better health and wellbeing
- Quicker treatment outcomes
- Personal, tailored support in making positive change
- Increased confidence and motivation to change
- Feeling empowered and supported
- Contribution on the reduction of health inequalities.

Benefits to your organisation:
<ul style="list-style-type: none"> • A high-quality service that contributes to quality requirements as outlined by the Care Quality Commission • Improvements in service user and staff health and wellbeing • Improvements in staff retention • Fewer sick days due to improved staff health and morale • Increased productivity • Less inappropriate and inefficient use of services • Cost savings through a reduced burden on services • Contribution to the achievement of a number of national and local initiatives.
Benefits to staff:
<ul style="list-style-type: none"> • Real improvements to service users' health and wellbeing • Increased awareness of their own health and wellbeing • Increased health and wellbeing knowledge and confidence • Feeling empowered and motivated • Feeling supported and valued • Better morale and being part of a team that makes a difference.

MECC in Action:

The following is an extract from 'COVID-19 Vaccine Equalities Connect and Exchange Hub: Ensuring equality in autumn COVID-19 and flu vaccination' slide pack outlining MECC in action:

<p>Making Every Contact Count is an evidence-based approach which maximised the support for population behaviour change and helps individuals and communities to significantly reduce their risk of disease.</p>	<p>Evidence demonstrates that the broad adoption of MECC across health and care could potentially have significant positive benefits on the health of our population.</p>	<p>It is an essential contribution to the prevention agenda, and collaborative approach to improve the health of our population.</p>
<p>MECC uses the millions of daily interactions that organisations and people have with other people to support them in making positive changes to their physical health, mental health, and wellbeing.</p>	<p>It enables the opportunistic delivery of consistent concise health lifestyle information and enables individuals to engage in conversations about their health.</p>	<p>The interaction is not intended to add to the busy workloads or health and care staff. It usually takes a few minutes and is structured to complementing existing professional clinical and social care engagement approaches.</p>

3. The National MECC Ambition within Covid-19 Vaccination Sites

3.1 The National MECC Journey

There have been a number of national MECC returns that the Derbyshire Vaccine Operation Cell (VOC) Team have needed to provide a response against and has progressed the national steer to where it is today.

3.1a MECC Pilot work

The initial pilot in May 2021 asked for 2 sites per system who would be willing to explore the scope for preventative activity and activity to address health inequalities that could be delivered alongside the Autumn/Winter Covid-19 revaccination and booster scheme (as part of a Make Every Contact Counts approach). The pilots were to be focused on delivery of specific interventions e.g. blood pressure checks, cholesterol checks. These may be associated with at-risk or underserved communities.


Pilot sites were asked to outline at a high-level what patient group will be targeted with what interventions would be offered. There was an aim to gather the information together and share learning that had been effective elsewhere and might help existing approaches to be refined as a result of the pilot work.

The following slides outline the initial pilot expectations:

COVID-19 Vaccination and Making Every Contact Count National Pilot

- Delivery of COVID-19 second doses and a potential revaccination (booster) programme in Autumn/Winter 2021 offers opportunities to consider wider health prevention activity that can be delivered as part of a MECC approach alongside vaccinations, thereby supporting the health inequalities priorities set out in the year's priorities and operation planning guidance: implementation guidance.
- Regions have been asked to identify by Monday 17th May 2 pilot sites per region to test and evaluate different interventions across COVID-19 vaccination settings (Vaccination Centres, PCN and Community Pharmacy)
- The pilot will commence from Monday 31st May and run for a 4-week period. Sites will use a nationally defined evaluation framework to quantify impacts, collection patient feedback and seek workforce experiences.
- The pilots will be focussed on the delivery of specific interventions. These may be associated with at-risk or underserved communities e.g. Hepatitis C testing on Romany gypsies, Dental checks on the homeless. See Appendix 1 for the index of interventions to be covered.
- Pilot sites need to demonstrate that risk stratification/health needs assessment has been used to determine clinical priority areas, or priority cohorts where additional interventions will be offered alongside the vaccination appointment.
- Interventions will be aligned with activities included within existing contractual and commissioning frameworks such as the general practice quality and outcomes framework, the Primary Care Network (PCN) DES service specifications and Community Pharmacy Contractual Framework Essential Service – promotion of healthy lifestyles (Public Health).
- Each pilot site will receive support from the national vaccination programme to ensure that clear insights can be drawn on the effect of additional activities being undertaken at the same point as vaccinations.

Pilot Appendix 1 – Making Every Contact County Index of Interventions

Minimal offer Increasing over time and/or complexity Maximal offer 			
Provision of materials	Data collection	Verbal checks, reminders/offer	Consultation/procedure
Leaflets and posters with signposting information	<ul style="list-style-type: none"> • Address/mobile telephone number • Ethnicity data • Smoking status • Carers status 	<ul style="list-style-type: none"> • Screening reminders for all 10 NHS Screening programmes, including cervical screening • Signposting to local social prescribing offers • Weight checks • Refer to weight management services (starting July 2021) • Smoking cessation advice/signposting 	<ul style="list-style-type: none"> • Blood pressure check • Diabetic foot checks • Commence initial stages of Annual Health Checks (learning disability and serious mental illness) • Dental Checks • Hepatitis status • cholesterol check

Derbyshire's Vaccine Operational Cell (VOC) response to the pilot return:

It was suggested that the Mass Vaccination Centre would be a great site to undertake this pilot, however, due to the timing it was deemed unsuitable as they were moving premises during that time. The Winding Wheel in Chesterfield and Ikhlas Community pharmacy in Peartree came forward. The VOC did not receive direct feedback on the pilot results individually, but collectively the work formed part of the Autumn/Winter 2021 programme planning.

3.1b Subsequent MECC Returns

There was a [Call to action](#) publication (C1597) issued on 23rd February 2022 asked systems to address the following 3 key priorities:

1. continued access to COVID-19 vaccination;
2. delivery of the autumn COVID-19 vaccination campaign if advised by JCVI; and
3. development of detailed contingency plans to rapidly increase capacity, if required.

Within those priorities, MECC was featured as an area to address in the following way:

- Systems have been asked to 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. See below for a diagram of the [Core20 PLUS5 plan](#)
- 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 expected 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.
- 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.

Nationally a series of operational principles to guide systems in delivering MECC approaches alongside the Covid-19 vaccination event will shortly be published building on learning to-date.

3.1c National Autumn 2022 Vaccination Campaign Return

The 2022 Autumn Letter, planning guidance and the template for submission were issued to systems on 24/6/22. There was an element of MECC to be considered as part of the planning:

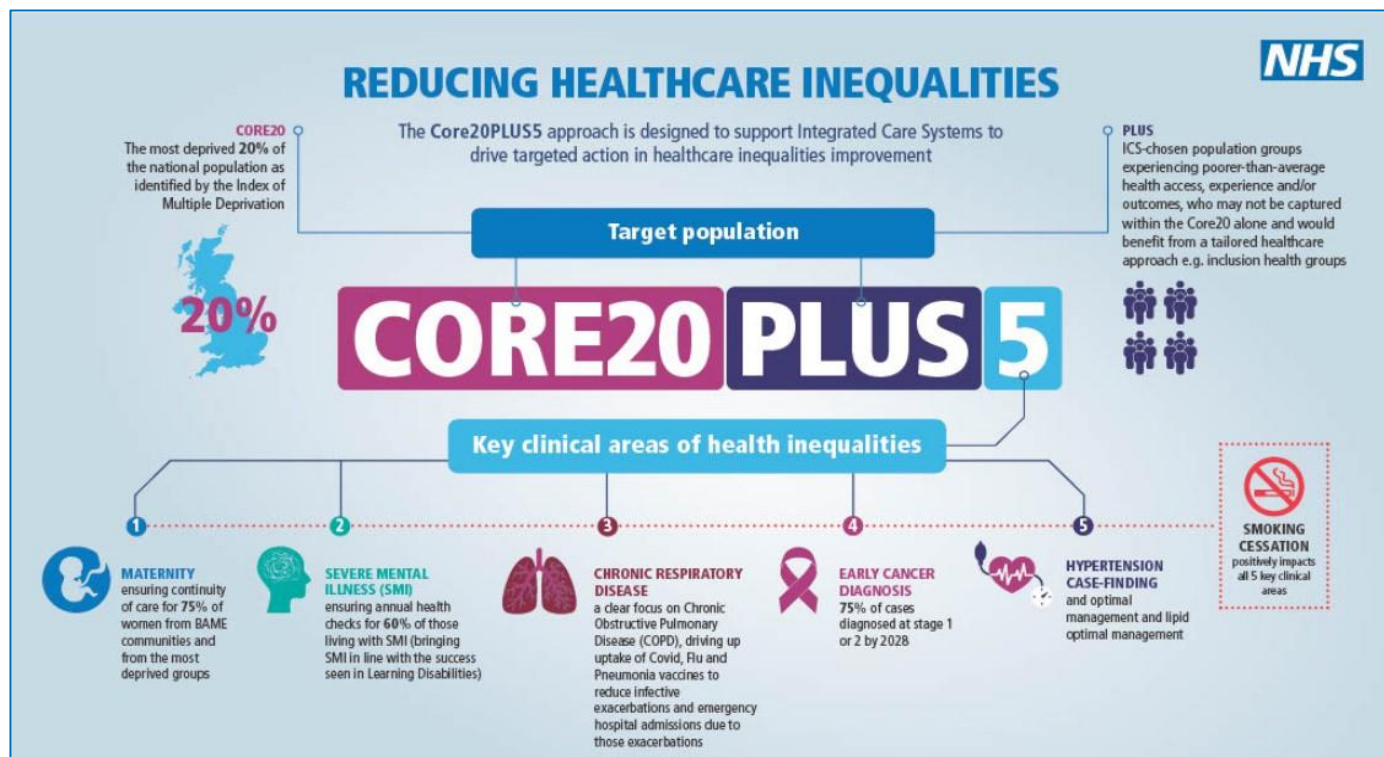
Criteria	Principle	What good looks like
Balancing wider NHS activity	Systems have a sustainable network that does not hinder wider NHS services and does not rely too heavily on general practice. Additionally activity should support wider recovery	System plan describes plans for MECC at all locations (e.g., hypertension management) and other opportunities for health promotion to maximise Value for Money (VfM)
Value for Money	Systems to spend taxpayer money in a way that maximises value for money in line with the success criteria. National and regional teams will support systems on cost estimates of their plans to enable a rounded value for money assessment	System plan describes other health activities e.g. MECC to maximise on VfM

The VOC response to the full planning return is currently being worked though, but this approach paper will provide the information in relation to the above specific MECC requirements.

3.2 What does the National MECC picture look like now?

3.2a What is Core20PLUS5?

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement.



The approach is made up of three key parts. The first two parts together provide a population identification framework designed to be used at ICS level to offer direction & focus in improving health inequalities.

CORE20	The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.
Plus	<ul style="list-style-type: none"> ICS-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on ICS population health data. Inclusion health groups include: ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.
5	<p>The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national & regional teams coordinate local systems to achieve national aims.</p> <ol style="list-style-type: none"> Maternity: ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups Severe Mental Illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities) Chronic Respiratory Disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations Early Cancer Diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028 Hypertension Case-Finding: to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke. Revised infographic released in July now talks of optional

management of lipid optional management. New section on Smoking cessation added and how it possibly impacts the 5 key clinical areas.

For further information on how Core20plus5 will be implemented by Integrated Care Systems please see [appendix 1d](#) for the national outline document.

3.2b National Steer outlining MECC Operation Principles:

As outlined in the national tool, 'C-19 vac prog: Making Every Contact Count Interventions – workforce & training considerations' (see [appendix 1c](#)) a series of operational principles to guide systems in delivering MECC approaches alongside the Covid-19 vaccination event have been designed and area listed below:

Operational Principles:
<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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

3.2c A three stage approach

The national MECC suggestion of a three-stage approach (see table below) is included in the document called 'COVID-19 vaccination programme: Making Every Contact Count interventions –workforce & training' (see [appendix 1c](#) for full details):

Proposed MECC interventions		
Below is an overview of the three MECC interventions proposed: 1: SEE, 2: TALK, 3: DO		
1. SEE: Display of health materials Posters and promotional material can be a great way of reminding people to check up or follow up on concerns they might have been ignoring. There is an abundance of material for sites to display. Make sure they are well placed, in eye-catching locations	2. TALK: 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 sites – it can be a great way to capture	3. DO: Health interventions on site Vaccination sites should be plugged into the community and the specific health interventions that are most beneficial in their area, offering an opportunity for interventions to be raised. This can be done by utilising vaccination staff with adequate

	those who wouldn't normally be seen.	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		

3.2d Next steps nationally

The national MECC approach keeps in mind the Long-Term Plan and placed tackling health inequalities at the heart of NHS goals for this decade.

Implementing MECC interventions in Covid-19 vaccination sites is a key opportunity to engage with the public on key health issues or concerns and to reduce health inequalities in line with the Core20Plus5 approach

Further to a MECC Webinar on 8/7/22, the following actions have been completed or are underway by the National MECC Team:

- Agree a list of 9 priority MECC interventions, which will be evaluated from September 2022
- Develop a Blood Pressure Checking SOP which will be published shortly
- Launched an NHS Futures Webpage that provides supporting materials for sites: <https://future.nhs.uk/CovidVaccinations/view?objectID=34133840>
- Hosted 3 webinars to share MECC interventions being delivered by vaccination sites, with further webinars planned over the summer
- Collated a bank of case studies, to collect examples of MECC best practice and to help share learning across sites.
- Developed operational principles to guide the implementation of MECC

The following actions will be progressed by the National MECC Team to support effective and consistent MECC interventions by systems:

- More on public health priorities for MECC to link in
- A national/NHS standard document for MECC
- National direction
- Shared resources – templates of good work i.e. posters etc.
- Collaboration and linking in with MECC interventions in other regions
- Sharing our best practice. Library of resources. Unblocking barriers – data and tech issues
- Being kept up to date with ideas from other regions
- More sessions and guidance
- Widen the process out to Optometrists and Dentists, such as oral health and links with CVD or diabetes
- Under 18s MECC will have a suite of interventions linked to a children's Core20Plus5 which is under development

The National MECC Team are planning to evaluate the following 9 MECC interventions over autumn – Please see [Appendix 1e](#) for more details:

1. Blood pressure checking (minimum follow-up = patient signposted. Desired follow up= onward referral to local pharmacy to pharmacy BP checking service)
2. GP registration support for underserved populations and confirmation of NHS numbers for those unaware
3. Co-promotion and co-administration of routine immunisations
4. BMI checks and link to the Digital Weight Management Programme (DWMP) (Minimum follow-up = signposting to DWMP. Desired follow-up referral to DWMP).
5. Signposting to cancer awareness resources
6. Signposting to local smoking cessation services or community pharmacy
7. Signposting those with asthma/COPD to self-management tools and to highlight importance of an annual review
8. Signpost to materials on diabetes risk and directing patients with diabetes to self-management tools
9. National blood transfusion services signposting to encourage patients to donate blood

4. The Joined Up Care Derbyshire MECC PLUS Approach

4.1 Derbyshire MECC Overall Approach – Quality Conversations

Within Derby and Derbyshire the Quality Conversations Programme is the main approach taken for the implementation of MECC. Quality Conversations was developed locally based on local insights which suggested that the national MECC approach for not necessarily reaching as far and deep as it's potential, resulting in something akin to a MECC Plus Programme in Derby and Derbyshire.

Derbyshire ICS wanted a system wide approach to improve staff and service user partnership to enhance services, increase healthy life expectancy and support citizens to take responsibility for their health and well-being. In 2022 Quality Conversations was awarded substantive funding on the basis of the impact and potential of the programme.

Within [Appendix 1b](#) MECC Implementation & Toolkit – Tracy Allen, Chief Executive from Derbyshire Community Health Services NHS Trust (DCHS) were quoted as saying the following about MECC:

“Every day colleagues across Derbyshire Community Health Services (DCHS) NHS Trust care for and support more than 5,000 people in our local community. This gives us an unparalleled opportunity to Make Every Contact Count by giving our workforce the skills, knowledge and confidence to talk to people about their health and work with our service users to access the right lifestyle advice and support to take control and make the changes they can to improve their health.

DCHS has committed to developing our workforce to be able to seize the opportunity to talk to people about their lifestyle and help achieve our aim of providing community based health services that enrich the lives of people in our local communities and make the biggest difference to health and wellbeing that we can.”

Tracy Allen, Chief Executive, Derbyshire Community Health Services NHS Trust

The Quality Conversations programme is free and available to all staff across Derbyshire in primary care, community services, acute care, social care and voluntary services. The Quality Conversations training is now accredited by the Personalised Care Institute, showing national recognition of the Derbyshire approach.

To date over 1400, over 71 cohorts with people from 9 different organisations have completed the training.

Evaluation of participants feedback demonstrate statistically a significant increase in knowledge and confidence around awareness of health inequalities, levels of listening, push/pull influencing styles, listening blocks and how to respond, the impact of bias and the GROW coaching model. Participants reported they had learned techniques and strategies they can take into their area of practise. This is reinforced by responses from staff 2 months post training.

Qualitative analysis of the language participants used to respond to health coaching scenarios before and after the programme, demonstrate statistically a significant shift from telling and giving advice, to use of language that reflects compassion and partnership.

COVID has made it difficult to establish changes to service metrics directly to QC. However, the approach is being applied to service development work across the system, from working with schools about children’s communication needs or approaching conversations about housing needs.

Feedback from participants demonstrate that QC has helped achieve positive outcomes from conversations that in the past might have felt unsatisfying, they are engaging more with patients, service users and colleagues, and are managing difficult conversations more positively.

What is a Quality Conversation?

A 'Quality Conversation' is a well-established, evidence-based, person-centred approach which covers general communication skills and capitalises specific health coaching skills, including understanding the factors underpinning a person's health and wellbeing. Focussing on 'What matters to you' and adopting a strength-based approach means we can engage better with colleagues, patients, clients, service users, families and carers. We can improve team working, health and wellbeing outcomes and patient satisfaction.

It leads to conversations about '*what matters to you?*' not '*what's the matter with you?*'. It helps staff understand and individuals know what is important to them and how to engage citizens in their own care. Finding out what is important to the patient, service users and clients helps staff build confidence and reduces frustrations while working in partnership together.

The Quality Conversations Programme is about empowering the citizen to take action to improve their health and wellbeing upon the information provided by the member of staff. Where specific referrals are needed, then commissioned pathways will be needed:



Next steps for the Quality Conversations Programme

To date the programme has reached under 5% of the staff across Joined up Care Derbyshire so further work is needed to expand the programme. An e-learning package by the Quality Conversations Team and the current facilitated training is being reviewed and will be adapted to create one QC core skills course with a suite of additional stand-alone focus sessions enabling staff to have access to bespoke training, in accessible chunks, relevant to their practise. Topics will include; goal setting and behaviour change techniques, matching your approach – theories of motivation, QC for leaders, how to have Quality Conversations around mental health and how to support shared decision making – brief and boundaried situations.

Training and where to find out more about the Quality Conversation Programme

All vaccination sites will be offered the Quality Conversations Training and be asked to identify if there is any other MECC related topics they feel they need support, which may inform the training package on offer going forward. Training will be provided by the Quality Conversations Team. There is also MECC training and health behaviour change training on 'E- learning for health'. If you would like to know more about the Quality Conversations and MECC Training, please contact Sandra Hicken on sandra.hicken@nhs.net however, in the first instance, there is a dedicated webpage to the Quality Conversations work that is hosted by Derbyshire Community Healthcare Services (DCHS), please use the following link for further information: <https://joinedupcarederbyshire.co.uk/about/our-governance-1/quality-conversations>

4.2 Derbyshire MECC Approach for Covid-19 Vaccination Sites

This approach paper is to cover the remit of MECC within Derbyshire Covid-19 vaccination sites but will still fall under the Quality Conversations overarching umbrella and will utilise the same principles. This approach paper does not affect any MECC already being undertaken in other care settings, such as secondary care, as it relates to vaccination sites only.

4.2a Current MECC provision

During the spring 2022 vaccination campaign, in Derbyshire there have been 54 regular vaccination sites, using the following listed delivery models. See [appendix 3a](#) for a map of locations and for a map of roving model locations, (which commenced in January 2022) and [appendix 4a](#) for the summer campaign and for the autumn campaign site maps and lists see [appendix 5a](#) and [appendix 5b](#) for the delivery mix:

- Local Vaccination Service/Primary Care Networks (LVS/PCNs),
- Mass Vaccination Centre (MVC), (this model will not be progressing into the Autumn Programme)
- Community Pharmacies (CPs),
- Hospital Hubs (HHs)
- Roving Model (Flexible response service)

Due to the national MECC ambition as mentioned in section 3 above, work commenced with our providers and partners to produce MECC materials for promotion in vaccination sites and GP practices. Please see [appendix 2a](#) for examples of the materials and wall posters, with an aim to improve experience for those visiting and hopefully improving vaccine uptake more generally. They particularly support staff, parents, caregiver by way of being a distraction tool and a means to share some important support offers for families. All posters are wipeable, and floor stickers scuff-proof, wipeable and removable.

The Derbyshire MECC work has had significant support from Dr Jo Hall and Dr Victor Jeganathan, Behavioural Scientists from Derbyshire Community Healthcare Services, with additional support from the VOC inequalities team, Public Health and Local Authority teams as a system wide piece of work. Collaboration and best practice sharing with out of area colleagues and working with the National MECC Team have also helped shape our MECC approach. This paper has been produced with contributions from colleagues both within and outside of Derbyshire (see [appendix 8](#) for who has been involved).

4.2b Current MECC opportunities and localised approach

The following is a list of direct MECC actions and approaches taken within Derbyshire so far:

- Back of chair posters and wipeable floor stickers on a range of topics (see [appendix 2a](#) for examples)
- posters are developed using a gentle nudge technique and getting sites involved – they are more than a poster and staff and the attendees find them beneficial to help change behaviours
- Observation at sites of attendee behaviours allowed for determining MECC opportunities, i.e. in waiting areas, what a good height level should be for posters, where is the dead space or room for opportunistic discussions etc.
- Happy workforce creates the right environment for attendees and staff feel included and heard – undertaking what they need to get out of MECC
- Working with sites co-productively, wider system working, and financial support are essential to delivering a valuable MECC offer
- Continued assessment and evaluation of the programme – evaluation is done informally via discussions with sites and using quality conversations and watching behaviours
- Locally produced MECC promotional assets to be repurposed for national usage – Derbyshire are leading the way on this area
- Currently working on a Mental Health and Suicide Prevention campaign for all sites to utilise
- Work is also underway with Nottinghamshire colleagues to co-produce a MECC passport for citizens.

- Looking into how we can work with SystmOne and Pinnacle for capturing use of the Wellbeing MOT that citizens will utilise for redirection to the relevant Live Life Better Derbyshire and Live Well programmes which are led by the two local authorities.
- Roving clinics to continue to offer and capture MECC interventions and often find it useful as a conversation opener for citizens who are undecided about having the Covid-19 vaccine.

4.2c What vaccination sites were currently offering in the Spring/Summer campaigns

During the spring campaign we asked sites to let us know what MECC interventions they were currently offering, what they are not but would like to, and let us know of any barriers to undertaking MECC on a regular basis, outside of the level 1 MECC offer of advertising. In JUCD we had seen some excellent examples of MECC, and we wanted to better understand what is on offer at our sites so that we can share learning and offer support also. The table below provides a general summary of what the Vaccination sites have been offering up to the autumn campaign and where they currently sit on the three-stage approach mentioned in section 3.1e above.

Please note not all sites offer the same information, but utilise the tools on offer and decide what is best for their population and citizens:

3 Stage Approach	Method of intervention	Responses from Derbyshire vaccination sites
Stage 1 - See	Posters / Leaflets / Digital Displays	<ul style="list-style-type: none"> • Posters supplied from JUCD on a range of topics • Covid related information • Posters linked to NHSE/I and general public health campaigns, referral to Derby City council wellbeing services • Weight loss management, Hypertension advice, BPs • Cancer advice • Healthpoint TV advertising various health service and product offered by our pharmacies • Signposting & informative material for other health conditions is available in each practice
Stage 2 - Talk	Conversation / general health advice	<ul style="list-style-type: none"> • Had LVS in and supplied various leaflets at various points during programme eg housing. • Workplace vaccination checks • Conversations being had with patients on screening or during vaccination by healthcare professionals • Smoking / alcohol / substance misuse / MH concerns and signposting • If applicable - registered healthcare staff signpost or refer as required. • Yes, each patient gets consultation with pharmacist which provides this opportunity / All pharmacy staff trained to do this and advice offered regularly • Yes, where opportunity arises • A couple of sites said 'No' they are not offering this at the current time • Chats about mental health and support through outside bodies • Signposting to local Peak pharmacies in the area also benefits patients
Stage 3 - Do	Blood Pressure Checks	<ul style="list-style-type: none"> • Several sites are offering BP checks currently • No, as this is available in Occupational Health (Hospital Hub response who generally vacs their staff) • We have done this previously but not actively doing this now, due to staffing resource levels • Some sites said they are not undertaking actual Blood pressure checks at this time
	BMI	<ul style="list-style-type: none"> • Several sites are undertaking BMI checks currently • Yes, in conjunction with healthy eating/lifestyle

		<ul style="list-style-type: none"> • Could consider having these in hubs, however, would not have resources to man these. • No, however available via Wellbeing team on both sites via Inbody machines. • We have done this previously but not actively doing this now, due to staffing resource levels • Some sites said they are not undertaking actual BMI checks at this time.
Stages 1-3 dependant on topic / resource requirement	Other interventions on offer at the vaccination sites:	<ul style="list-style-type: none"> • Mental Health and suicide prevention - there are a number of patients whom have been either living alone or have had limited social interaction since March 2020. • Signposting to health and wellbeing services, including activities timetable, peer support offers, counselling, Menopause Support, MSK and Long Covid Support Programme etc. • Morning after pill/Sexual health • Healthy Living promotion of weight management and healthy lifestyle - Quit smoking / Losing weight and increasing physical exercise / reducing alcohol consumption - links with CPs re hypertension pathway • O2 stats (Pulse Oximetry) • Mobile ECG and rolling out WHZAN (response from Mental Health Hospital) • Our site has vaccinated any patients that present eligible who are not booked who are accompanying the person invited for the vaccine. Likewise with housebound patients we have vaccinated other members in the house who are present and eligible. • Reception and call centre team have been promoting vaccine uptake at every contact where suitable to discuss. • Where appropriate undertake co-administration: Covid, Flu, Pneumonia, Shingles and travel injections etc. • Sign-posting information Flu Jabs • Joined up clinic approach alongside the COVID vaccination with different services offering/promoting different things eg HP topics, on the spot health check-up (height/weight, BP). • Rolling programme of displays/speakers supporting PH, HP topics/event. • Roving clinic to groups who still need reaching in areas eg multi health clinic once weekly at food banks and offering of loyalty cards for patient engagement. • Promoting the new medicines service • Our vaccination model is slightly different from within the GP surgery so the patient can access all their usual services even though the vaccination sessions are stand-alone clinics. If patients obviously have any other queries or needs when they're visiting the practice then we'll address those and when visiting housebound patients other needs may be assessed at the same time.
Stages 1-3 dependant on topic / resource requirement	Are the vaccination sites interested in undertaking more MECC interventions, and if so, what?	<ul style="list-style-type: none"> • Consider business size cards for link to DCC website and services offered (including healthy lifestyle, career advice, community opportunities, etc) • On site flu vaccines • Already offer wide range of services including phlebotomy • Currently capturing service user feedback to identify opportunities for autumn and beyond approaches. • SMI physical health checks (response from a Mental Health Hospital)

		<ul style="list-style-type: none"> • Happy to take a more formalised line to the previous health conversations, and to ask our vaccinators to undertake MECC training if this is the preferred route (response from a Hospital Hub) • Extended Care services - recently signed up to
	Barriers identified to undertaking MECC (wider than stage 1 interventions)	<ul style="list-style-type: none"> • No waiting times now so much less opportunity and do not want to impede flow through the building. • Our site provides all the usual Healthy Living Pharmacy schemes at all our Covid vaccine pharmacies, plus blood pressure measurement as a pharmacy advanced Service. Trouble is finding time. • The main barriers are dedicated staffing levels to undertake some services but we are getting opportunities to give advice or sign post. • Further MECC difficult to implement due to bank staff and current model used to vaccinate. • We did not complete opportunistic BP checks or other screening whilst doing our vaccination clinics, as we did not want to create additional work when our full efforts were focused to our vaccination programme.

4.2d What next for Derbyshire vaccination sites and MECC interventions?

Further work required

There is still a lot of work to take place to fully understand the emerging MECC picture in Derbyshire across the spring, summer and autumn campaigns. An action log has been produced to ensure all opportunities and avenues are explored. See [appendix 7a](#) for a list of short, medium and long-term goals and actions to be taken forward, however, some of the actions will be dependent on having a MECC Network in place to agree strategically what is appropriate to take forward across Derby City and Derbyshire County.

Key changes for how MECC will be carried out for the Autumn campaign

Referring back to the 3-stage process in section 3.1e above, In Derbyshire, the autumn vaccination programme will take that approach and progress it further by ensuring all vaccination sites have a 'Core offer' and an 'additional list of proactive interventions', whilst working at 'Place' level. 'Place' level staff, with support from the vaccination site will identify their 'Places' population needs and utilise the relevant MECC interventions. Please see [appendix 6a](#) regarding What is 'Place' and how they work, [appendix 6b](#) on mapping 'Place' within Derbyshire and [appendix 6c](#) GP practices mapped by 'Place'.

Please see [appendix 6d](#) diagram that shows how the Vaccine Inequalities & MECC Team and the Derbyshire Place Alliances can work together.

Please see [appendix 5a](#) for a list of vaccination sites for the autumn programme, which carries forward some sites that have been live since spring, re-introducing some sites that hibernated during summer and some new sites coming onboard for autumn.

We will also continue to roll out any national MECC requirements as suggested, including a national strategy, SOP and other guidance which are currently being developed. There has been some national steer information shared with systems already, and this is captured below.



The table below shows how the national steer will expand from the spring and summer campaigns into the autumn Programme:

Interventions	Spring/Summer	Autumn
Core offer	<ul style="list-style-type: none"> • Systems should ensure that all vaccination sites are delivering the minimum level of MECC intervention 	<ul style="list-style-type: none"> • 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.

	(posters, leaflets and information) with a focus on the Core20 PLUS5 clinical areas from April 2022.	<ul style="list-style-type: none"> 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 expected to be in place by September 2022. <p>Anything else stated in section 3.2d above that the National MECC Team are planning for the autumn campaign.</p>
Additional offer	<ul style="list-style-type: none"> Health related conversations – BMI checks Introduce other topics, as identified where there is a case of need 	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.

The following is a list of **intervention topics**, with a suggestion as to which **when they could be rolled out within Derbyshire**:

Interventions	Spring/Summer	Autumn Interventions, opportunities and topics
Core offer	Posters/leaflets/digital displays on a range of health and wellbeing initiatives, as selected by the sites themselves based on their population knowledge	<p>Continue core offer of MECC</p> <p>Posters/leaflets/digital displays on a range of health and wellbeing initiatives, as selected by the sites themselves and the Place Team, by understanding the local population requirements. Where possible, these should link to the Core20Plus5 areas and map back to the NHS Long Term Plan.</p> <p>Co-administration of other vaccines</p> <ul style="list-style-type: none"> identify if the same patient be offered another vaccine at time of their Covid jab – such as Flu, Pneumonia, Shingles, travel injections (these offers will vary on the delivery model running the clinic) Vaccinating others in same appointment if present and eligible e.g. carers of attendee or housebound patient <p>Mandatory Topics:</p> <ul style="list-style-type: none"> Due to 1/3 of the population not having a Blood Pressure check, there is a need to promote them - as a minimum have posters and information to hand and a maximum to actually offer the blood pressure check. (Incentives = Community Pharmacies are offered £15 to check BPs, and GP practices under QOF to improve patient outcomes) Anything else stated in section 3.2d above that the National MECC Team are planning to evaluate for the autumn campaign. <p>Other MECC opportunities:</p> <ul style="list-style-type: none"> All staff including reception and call centre teams to promote vaccine uptake Consider what information can be shared in patients' pharmacy bags at time medication is dispensed (currently Flu information will be issued) Promote national blood transfusion services

		<ul style="list-style-type: none"> Promote Healthy Living Pharmacy Schemes: Healthy Living Pharmacies - PSNC Website 
<p>Additional offer NB: This is not an exhaustive list but an indicator of the possible interventions</p>		<p>Posters/leaflets/digital displays on a range of health and wellbeing initiatives, as selected by the sites themselves and the Place Team, by understanding the local population requirements</p> <p>Health related conversations Live Better Derbyshire (A Derbyshire Local Authority tool to support with weight, alcohol, smoking, being more active etc. Self-assessment available: Health and wellbeing MOT - Live Life Better Derbyshire) Derby City have a different tool called Live Well Livewell Derby City Council. (There is also access to the NHS England's Digital Weight Management Programme) Staff tool can be found here NHS England » Digital weight management programme for NHS staff Patient FAQ can be found here</p> <p> NHS-DWMP-staff-FAQ.pdf</p> <ul style="list-style-type: none"> Wider determinants of health conversations as directed by the citizen – covering finance, housing, heating, food are key ones, making ends meet) Where appropriate, offer screening or use diagnostic support tools – the scope of this to be explored in the actions under appendix 6a. <p>Other things for consideration – age targeted topics:</p> <ul style="list-style-type: none"> All age cohorts – Mental Health and Suicide prevention but with a particular focus for working age males aged 18-49 Cohort ages 75+ - living well brochures/posters (staying warm, eating well and coping with the cost of living crisis) Cohort ages 75+ - Dementia support signposting Cohort ages 65-70 – males offered PSA test and information to support early diagnosis of prostate cancer Cohort ages 18-50 – Cervical screening signposting

	<ul style="list-style-type: none"> • Cohort ages 18-80 – adult carers support • Cohort ages 16-40 – women offered pregnancy support • Cohort ages 16-30 – sexual health advice signposting • Cohort ages 12-18 – young people carers support <p>Tools for signposting:</p> <ul style="list-style-type: none"> • Utilise the national MECC Link tool that helps signpost citizens for several topics (see section 4.2e below for more information about this tool): MECClink • Specific support for cost of living crisis from the two local authorities within Derbyshire: Derbyshire County Council and Derby City Council • Directory of services (see section 4.2e below for more details)
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Where the above table outlines targeted approaches per age cohort, posters and leaflets can be produced or obtained from relevant charities by the MECC Network Team, as there will be a rolling programme of communications and tools produced as the cohort ages descend. Vaccination sites and Place leads are also welcome to contact third parties for information they think are relevant to their populations, but might want to check with the MECC Network Team if they already have posters and tools for that topic.

In addition to the existing Derbyshire work as outlined in [section 4.2b](#), VOC asked sites what their current MECC offer looked like and the results can be found in [section 4.2c](#) above. The 'Core offer' will be expected as business as usual for each vaccination site as minimum MECC offer. The 'Proactive suggestions' are other MECC activities that the site could undertake if they have the facility and resource to do so.

4.2e Who are our partners and organisations we can signpost to?

The Quality Conversations Programme Team have started to use a national MECC Link tool that has a Derbyshire localised focus when you drill down by selecting 'East Midlands' from the home page. The tool can be found here, [MECClink](#) and is a list of resources for signposting to services. It is for use by staff only and that link should not be shared directly with citizens.

Within the tool, there is a list of topics to select from (see picture below). Each page then provides a useful script to continue with the quality conversation and then signposts to local services in the area.

The MECC Network Team are working on a MECC passport to hand out to the citizen, that should provide them with the information to take future action as a result of the discussion.

MECC Link - Simple Signposting to Better Health and Wellbeing

[Home](#) » East Midlands

Location view

Wellbeing view

[Smoking](#)

[Alcohol and Drugs](#)

[Mental Wellbeing](#)

[Suicide Prevention](#)

[Healthy Diet and Healthy Weight](#)

[Physical Activity](#)

[Sexual Health](#)

[Social Isolation and Loneliness](#)

[Falls and Frailty](#)

[Affordable Warmth](#)

[Problem Gambling](#)

[Fire Safety and Prevention \(Safe and Well\)](#)

[Oral Health](#)

[Stay Well This Winter - Flu](#)

If staff identify any organisations and providers omitted from the MECC Link the please let Alison Merriman know via email at alison.merriman@nhs.net as she is responsible for keeping the Derbyshire information up to date.

Other sources of service information:

Directory of Services for NHS Healthcare in Derbyshire:

- Joined up Care Services: [Your Services » Joined Up Care Derbyshire](#)
- Derbyshire Community Health Services Directory of Services: [A-Z list of services :: Derbyshire Community Health Services \(dchs.nhs.uk\)](#)
- NHS Provider Directory (national webpage): [NHS England » NHS provider directory](#)

Directory of Services non-NHS topics in Derbyshire (social determinants of health):

Sometimes a citizen will have concerns wider than healthcare related topics, below are the two Derbyshire Local Authorities who have their own Directory of services:

- Derbyshire County Council Directory of groups, organisations and services can be found here: [Derbyshire Directory](#)
- Derby City Council Directory of groups, organisations and services can be found here: [Local Offer service directories - Derby City Council](#)

4.3 Showcasing good practice

Derbyshire have been asked by the national MECC Team to showcase the great work that has taken place and will be featured on the nationally driven 'Futures Website' (A Futures account will be required to access the information <https://future.nhs.uk/CovidVaccinations/view?objectID=34133840>):

- The science behavioural team (working from both Derbyshire Community Healthcare Services and Public Health perspectives) were asked to present their work undertaken with sites, resulting in fit for purpose MECC posters, wipeable floor stickers and back of chair signs at a national webinar. The tools were so well received, they have been asked to share them for use, as best practice, for other systems to amend and utilise as needed. Please see [appendix 2a](#) (first embedded item) for the content of the presentation.
- One of the providers who supports the Flexible Response Service (Roving model) and is also a community pharmacist presented at a national webinar in July, talking through their MECC methods and experiences of using it to improve vaccine uptake during clinics and will produce a case study to be utilised by other systems. Please see [appendix 2b](#) for the content of the presentation
- Derbyshire's Mass Vaccination Centre has been approached to showcase and produce a case study on the work to have a dedicated space for vaccinating children and other MECC interventions they have offered and plan in the autumn programme.
- There will be a continuation of showcasing all areas of good practice and sharing learning with colleagues
- The Derbyshire Quality Conversations programme has also received national recognition by receiving an accreditation by the Personalised Care Institute.

4.4 Future Considerations

The list below are MECC aspects that may become apparent in the future for Derbyshire to consider or enact:

- There is no current national requirement to report against MECC outcomes and impact, however we will continue to explore methods in how this can be achieved, as it is likely there will be a future expectation. We will also consider how and what measures might be captured to provide meaningful outcomes against a prevention agenda.
- The Derbyshire approach may need amending subject to changes in national requirements with the release of amended national strategies and tools.
- What pathways do we need to start considering from the Core20+5, not already covered?

4.5 Next steps

Although at the time of the paper being written, as many actions as possible have been completed, but some are still in progress, and these are captured below:

- Feed high level MECC information into the autumn plan return (for submission by 25/7/22)
- Complete all actions in the spring/summer/autumn action table ([Appendix 7a](#))
- Progress future considerations as appropriate ([section 4.4 above](#))
- Present the draft JUCD MECC Approach paper at Vaccine Inequalities Group (VIG) 3rd August 2022 – with an aim for finalisation, subject to feedback and required amendments, before the start of the autumn programme. The final version will be shared with VIG members virtually as the timings will fall between the monthly meetings. **Feedback on the draft document is needed by 5pm Wed 17th Aug** for a final version to be shared at VIG 7/9/22.
- If in agreement, set up a Derbyshire MECC Network and/or Steering Group to take forward the more strategic MECC actions (as outlined in [appendix 7a](#))
- Share the JUCD MECC Approach paper at Silver Group for information once finalised - 13/9/22 to coincide with the start of the booster programme.
- Launch the JUCD MECC Approach paper with Derbyshire vaccination sites, Place leads and key colleagues across the region and share it with the National MECC Team before the start of the autumn programme. Launch 13/9/22. Also include the training offer in the launch pack.
- Find ways to work across all relevant providers, stakeholders, charities and voluntary sectors to encourage MECC

Appendices

Appendix 1: National Documents, Tools and Returns for MECC

The following items are available on the Quality Conversations page on the Joined Up Care Derbyshire website in a dedicated space for Derbyshire Vaccine Sites MECC+ information. <https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations/quality-conversation-resources/website-links-and-signposting/>

Appendix 1a: Health Education England's MECC Factsheet

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\App1a MECC Factsheet

Appendix 1b: An Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\App1b Implementation Guide and Toolkit

Appendix 1c: C-19 vac prog: Making Every Contact Count Interventions – workforce & training considerations

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\App1c MECC interventions – workforce and training considerations

Appendix 1d: Core20plus5: An approach to reducing health inequalities

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\App1d Core20plus5 an approach to reducing health inequalities

Appendix 1e: Nine nationally suggestion MECC interventions (Annex A)

The nine clinical interventions below have been proposed by the relevant NHS England National Clinical Directors and the national Prevention team on the basis of national data and health inequalities challenges aligned to Core20PLUS5. They have also been tested through relevant clinical forums.

1. **Blood pressure checks** – Due to the excess mortality for conditions associated with hypertension, systems are asked to ensure that vaccination sites that have capacity prioritise blood pressure (BP) checks. This will support hypertension case finding and help embed management activities within wider system-commissioned hypertension diagnostic and management clinical pathways. This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC, including roving activity and pop-up services).
2. **Registering “unregistered” patients with a GP** – Support could include signposting to local practices, providing information and relevant resources to help patients make an informed choice on their rights to register and access a GP as well as actively supporting patients to complete the form and registration process. This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC including roving activity and pop-up services).

3. **Co-promotion and co-administration of routine immunisations** – We want to encourage referral and signposting into all appropriate vaccination and immunisation services, including to routine children and young adults' (CYP) immunisations, in line with [Green Book guidance](#). For example, signposting those over 70 years old for a shingles vaccine or those under 15 years old for routine CYP immunisations. Any type of vaccination site can promote uptake of other vaccines and immunisations. However, not all sites will be able to co-administer with other vaccines and immunisations.
4. **BMI check and link to the NHS digital weight management programme (DWMP)** –Through the weight management enhanced service for GPs and the Pharmacy Quality Scheme (PQS) for community pharmacies. This intervention is only suitable for people living with obesity, with a co-morbidity of hypertension and / or diabetes. The approach will require PCNs and CP vaccination sites to be signed up to provide referrals to weight management services as outlined in the GP enhanced service specification or in the Pharmacy Quality Scheme. The DWMP is suitable for people over the age of 18 who have an accurate and up to date BMI reading of 30+ (adjusted to ≥ 27.5 for people from Black, Asian and ethnic minority backgrounds) and have a diagnosis of diabetes (Type 1 or Type 2) or hypertension or both.
5. **Signposting to cancer awareness resources** – Including but not limited to bladder, prostate and lung cancer which will support delivery of the Long Term Plan and Core20PLUS5 ambition to diagnose 75% of cancers at stage 1 or 2 by 2028. This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC including roving activity and pop-up services).
6. **Referral to local smoking cessation services** – Or community pharmacy to prevent avoidable illness in line with Long Term Plan goals. Smoking is especially prevalent in underserved communities ([link](#)). This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC including roving activity and pop-up services). However, sites should work with local providers of smoking cessation services to understand the eligibility criteria for their commissioned services and to let providers know about their intention to refer to prevent capacity issues.
7. **Signposting those with asthma/COPD to self-management tools and highlighting importance of an annual review** – We know that at least two thirds of asthma deaths are thought to be preventable, and we have on average three deaths from asthma per day in the UK ([link](#)). Supporting those with COPD is another Core20PLUS5 clinical area of focus. Signposting will support those affected, increasing uptake of COVID-19, flu and pneumonia vaccines and reducing emergency hospital admissions. This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC including roving activity and pop-up services).
8. **Signposting to materials on diabetes risk and directing patients with diabetes to self-management tools** – This will contribute to the delivery of the [NHS Diabetes Prevention Programme](#) (NHS DPP), which aims to increase early identification of those at risk of developing the disease, and decrease the burden on the NHS budget (Diabetes currently accounts for 10% of NHS overall budget). This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC including roving activity and pop-up services).
9. **National blood transfusion service** – Signposting to the national blood transfusion service to encourage patients to donate blood. In particular, sites should consider encouraging donors from BAME communities to support donations in sickle cell disease, which predominately affects people from African or Caribbean backgrounds. This intervention is suitable for all types of vaccination sites (LVS PCN & CP, HH/HH+ and VC including roving activity and pop-up services).

Appendix 2: Derbyshire Vaccination Sites Posters and Tools showcase

Appendix 2a: Derbyshire Vaccination and GP Sites MECC Posters

The following items are available on the Quality Conversations page on the Joined Up Care Derbyshire website in a dedicated space for Derbyshire Vaccine Sites MECC+ information. <https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations/quality-conversation-resources/website-links-and-signposting/>

Appendix 2ai Derbyshire Vaccination Site MECC Poster Showcase

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\Derbyshire MECC Poster Showcase

Appendix 2aii Derbyshire Vaccination Site MECC Child Friendly Poster Showcase

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\Derbyshire MECC Child Friendly Poster Showcase

Appendix 2aiii Warm and Well Poster examples used within Derbyshire

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\Warm and Well Posters

Appendix 2aiv HENRY Healthy Families Programme posters used within Derbyshire

T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information\HENRY Healthy Families Posters

Appendix 2b: Presentation by Community Pharmacist and Roving Model Provider on their experiences and process for undertaking MECC

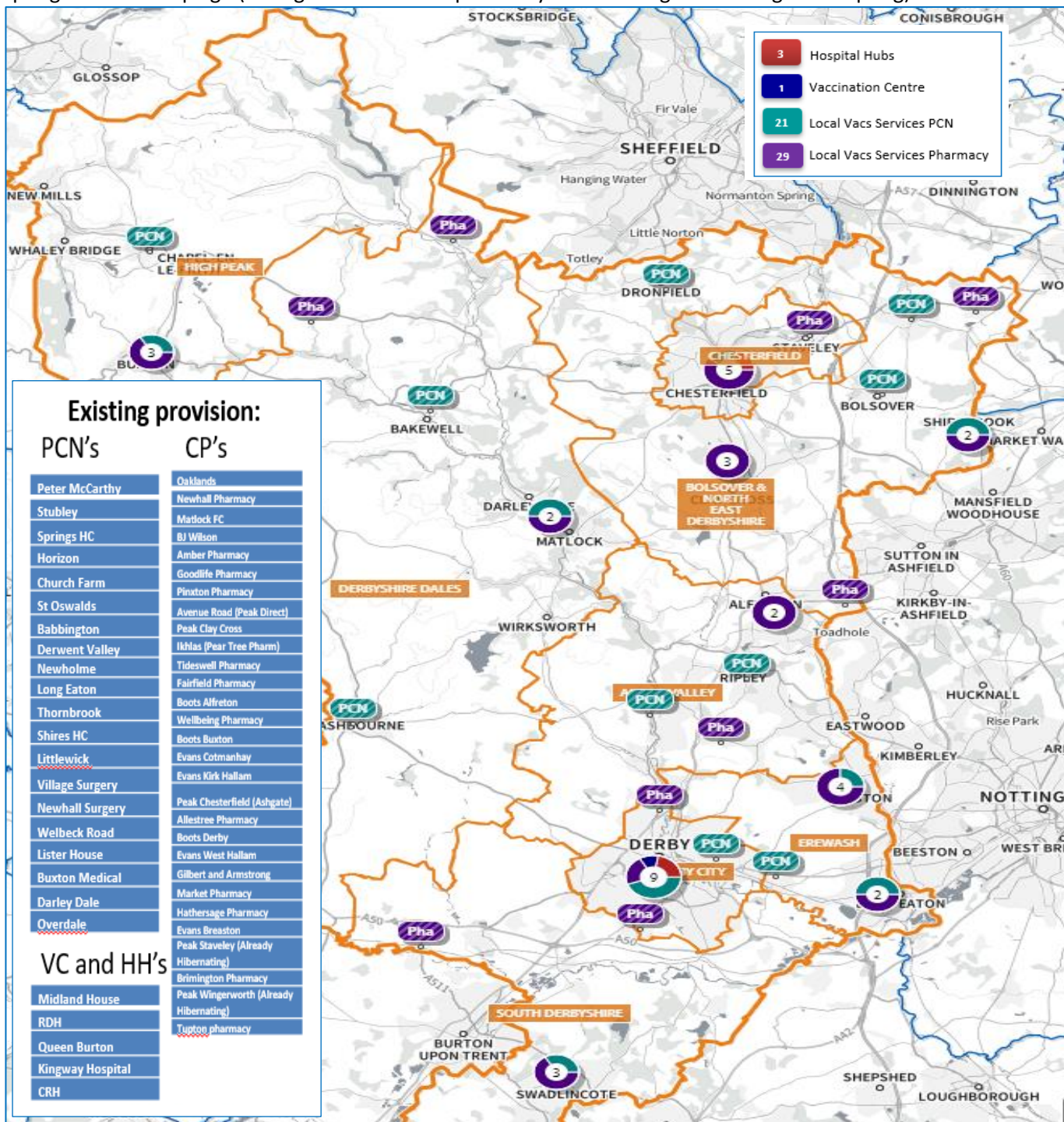
T:\Covid2020\COVID Vaccine Cell\Vaccine Inequalities\MECC\Derbyshire MECC Approach\Appendices and Supporting Information

Appendix 3: Derbyshire Vaccination Sites & MECC offers in place for the Spring Campaign

Appendix 3a: Derbyshire Vaccination Sites for the Spring Programme

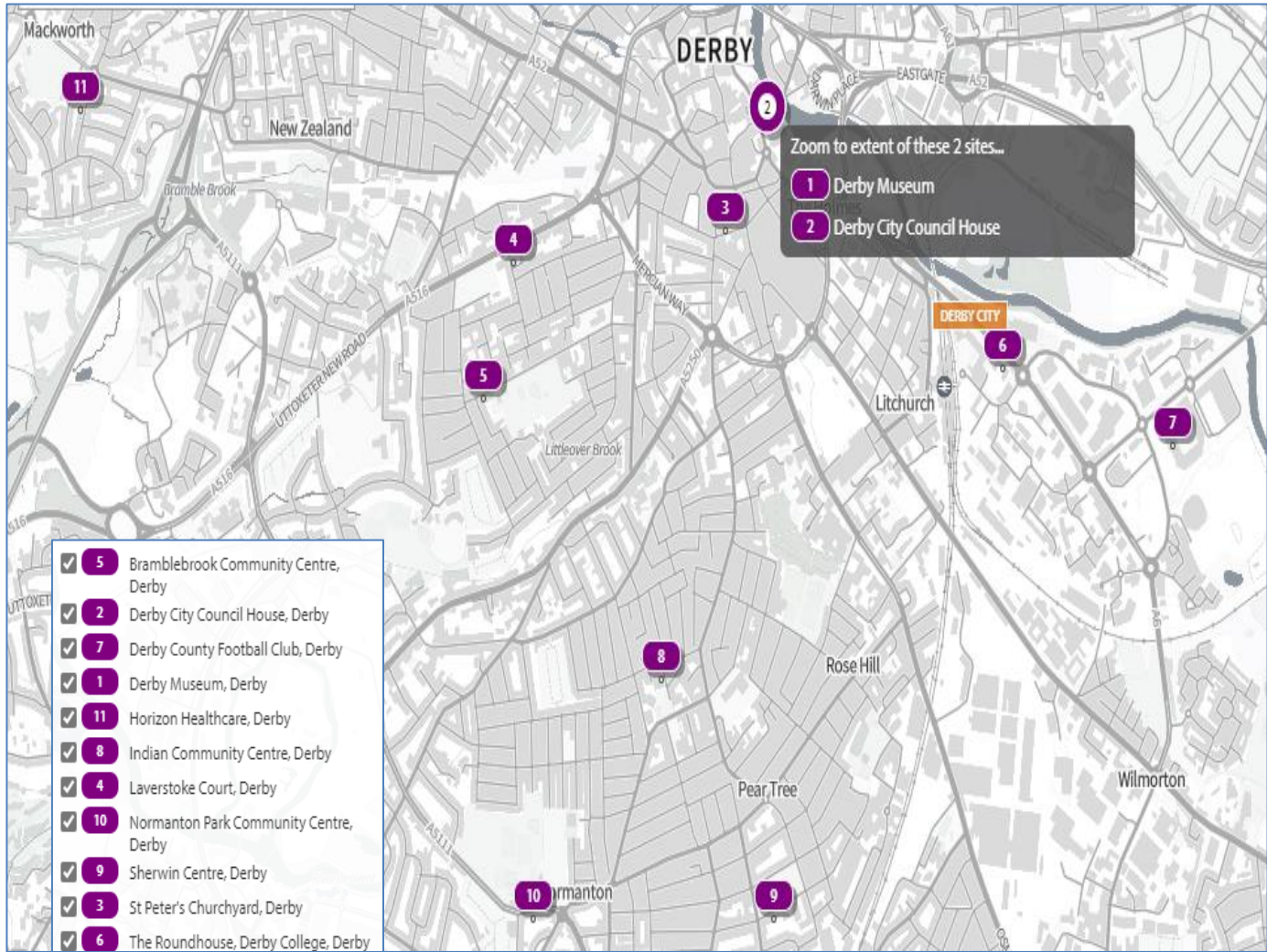
3ai Derbyshire Regular vaccination sites

The map below shows the 54 locations across Derbyshire that were **regular vaccination sites** and types during the spring booster campaign (noting that two of the pharmacy sites starting hibernating in the spring):

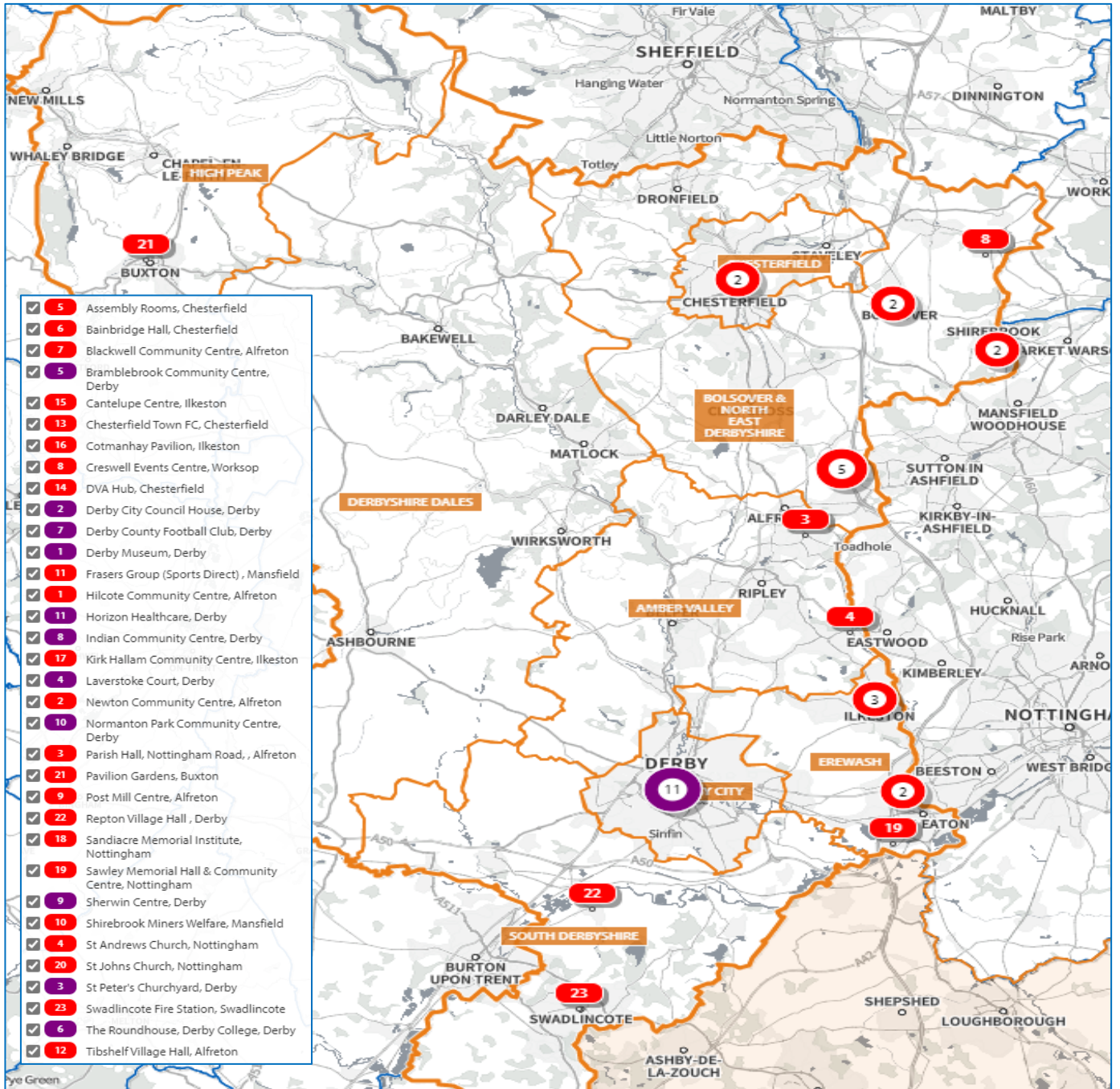


The following maps show where the **flexible response service** (roving model) have been running clinics since January in both the City and County locations and provided opportunities for MECC discussions. Since the commencement of the roving model, there have been many sites that have been considered. All have been assessed and some were found to be unsuitable for running a vaccination clinic, which have not been included. New locations continue to be scoped across Derbyshire and some are awaiting assessment or their first clinic to take place – these too have not been included at this time. The locations below were live as at 30/5/22:

3a ii Derby City Map of roving sites:



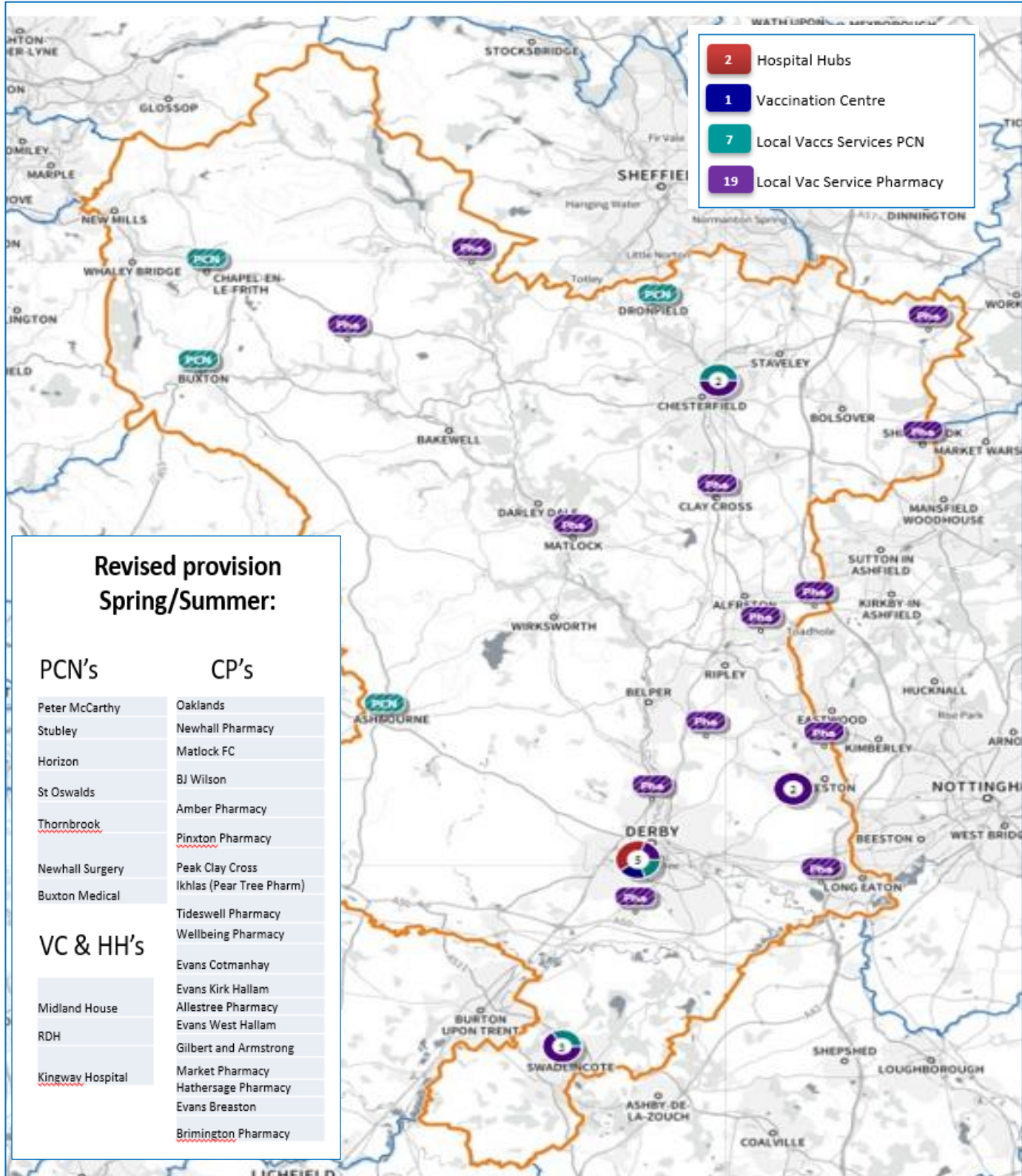
3aiii Derbyshire County Map of all roving sites:



Appendix 4: Derbyshire Vaccination Sites offering MECC for the Summer Campaign

Appendix 4a: Derbyshire Vaccination Sites for the Summer Programme

The following sites will be continuing to provide vaccination clinics throughout the summer campaign, so the MECC offer as shown above in appendix 2c will continue:



Appendix 4b: Hibernating Derbyshire Vaccination Sites during the Summer Programme

That means the following sites will be hibernating from 1st July with a view to being reinstated for the autumn programme, which will reduce the MECC opportunities being offered by these sites also:

Delivery Model / Pillar	Name of hibernating site
Hospital Hubs (HHs)	Chesterfield Royal Hospital Queens Hospital Burton (UHDB)
Community Pharmacies (CPs)	Boots - Alfreton Boots - Buxton Boots - intu Derby Fairfield Pharmacy Good Life Pharmacy Peak Pharmacy - 1 Avenue Road Peak Pharmacy (Wingerworth) - Hibernating WEF 31/03 Peak Pharmacy (Ashgate) Peak Pharmacy (Staveley) - Hibernating WEF 31/03
Primary Care Networks / Local Vaccination Service (PCNs/LVS)	Babington Hospital Church Farm Darley Dale Derwent Valley Medical Centre Lister House Surgery Littlewick Long Eaton HC Newholme Overdale Shires Health Care Springs Health Centre Tupton Pharmacy Village Surgery Welbeck Road Surgery

Appendix 4c: Different Delivery Model Mix between the Spring and Summer vaccine campaigns

The following table show the number and percentage of delivery mix across the two campaigns:

Delivery Model	Spring delivery model mix for Derbyshire		Summer delivery model mix for Derbyshire	
	Sites	Percentage	Sites	Percentage
Community Pharmacies	27 sites	52%	19 sites	66%
Local vaccination service (PCN)	19 sites	36%	7 sites	24%
Mass Vacs Site	1 site	2%	1 site	3%
Hospital Hubs	5 sites	10%	2 sites	7%

Appendix 5: Derbyshire Vaccination Sites & MECC offers in place for the Autumn Campaign

Appendix 5a: Derbyshire Vaccination Sites for the Autumn Programme

The following sites will be providing vaccination clinics throughout the autumn campaign. Some were existing site in spring and summer, some hibernated through summer and some are new sites altogether (highlighted in blue):

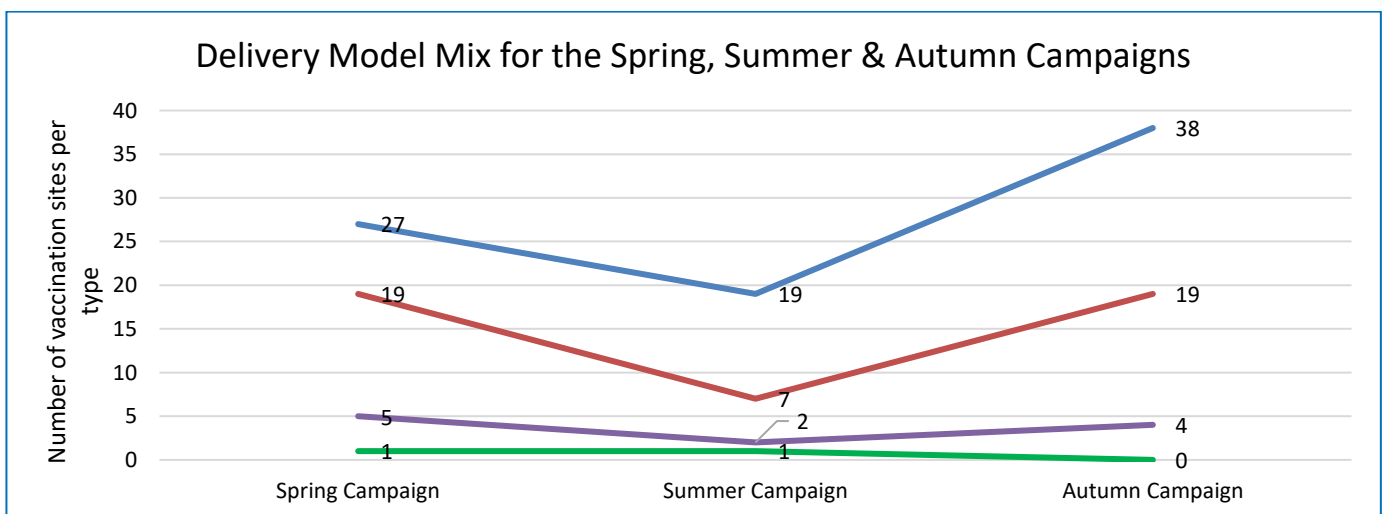
Name	Place	Pillar
Amber Pharmacy - Horsley Woodhouse	Amber Valley	CP
Babington Hospital	Amber Valley	LVS
Boots - Alfreton	Amber Valley	CP
Church Farm (Ripley)	Amber Valley	LVS
Wellbeing Pharmacy (Leabrooks)	Amber Valley	CP
Gilbert and Armstrong Pharmacy	Bolsover and North East	CP
Market Pharmacy (Shirebrook)	Bolsover and North East	CP
Peak Pharmacy - Clay Cross	Bolsover and North East	CP
Pinxton Parish Council & Village Hall (Pinxton Pharmacy)	Bolsover and North East	CP
Rowlands Pharmacy (Bolsover)	Bolsover and North East	CP
Shires Health Care	Bolsover and North East	LVS
Springs Health Centre	Bolsover and North East	LVS
Staffa Health (North Wingfield)	Bolsover and North East	LVS
Stubley Medical Centre	Bolsover and North East	LVS
Tupton Pharmacy	Bolsover and North East	CP
Welbeck Road Surgery	Bolsover and North East	LVS
Well South Normanton (Market Place)	Bolsover and North East	CP
Well Pharmacy - Alfreton (Tibshelf)	Bolsover and North East	CP
1 Avenue Road Peak Direct (1 Avenue Road)	Chesterfield	CP
Brimington Pharmacy	Chesterfield	CP
Chesterfield Royal Hospital	Chesterfield	Hospital Hub
Peak Pharmacy - Market Place Pharmacy (Staveley)	Chesterfield	CP
Peak Pharmacy - Chesterfield (Ashgate)	Chesterfield	CP
Peter MCarthy Suite - Walton Hospital	Chesterfield	LVS
Allestree Pharmacy	Derby City	CP
B J Wilson Pharmacy - Sinfin	Derby City	CP
Boots - intu Derby	Derby City	CP
Derwent Valley Medical Centre	Derby City	LVS
Horizon Healthcare Medical Centre	Derby City	LVS
Ikhlas Education Centre (Pear Tree Pharmacy)	Derby City	CP
Jardines Pharmacy (Derby)	Derby City	CP
Kingsway (DHcFT)	Derby City	Hospital Hub
Lister House Surgery	Derby City	LVS
Overdale Medical Centre	Derby City	LVS
Peak Pharmacy - St Peters Square (Derby)	Derby City	CP
Royal Derby Hospital (UHDB)	Derby City	Hospital Hub
Vision Pharmacy Wollaton Road	Derby City	CP
Willington Pharmacy	Derby City	CP
Bakewell Pharmacy	Derbyshire Dales	CP
Darley Dale	Derbyshire Dales	LVS

Name	Place	Pillar
Hathersage Pharmacy	Derbyshire Dales	CP
Matlock Football Club (Nabbs Lane Pharmacy)	Derbyshire Dales	CP
St Oswalds Hospital	Derbyshire Dales	LVS
Tideswell Pharmacy	Derbyshire Dales	CP
Cleve Lodge	Erewash	CP
Evans (Cotmanhay)	Erewash	CP
Evans Pharmacy (Kirk Hallam)	Erewash	CP
Evans Pharmacy (West Hallam)	Erewash	CP
Evans Pharmacy (Breaston)	Erewash	CP
Littlewick Medical Centre	Erewash	LVS
Long Eaton HC	Erewash	LVS
Well Ilkeston (South Street)	Erewash	CP
Fairfield Centre (Fairfield Pharmacy)	High Peak	CP
Simmondly Medical Practice	High Peak	LVS
Well Glossop (High Street)	High Peak	CP
Buxton Medical Practice	High Peak	LVS
Thornbrook Surgery	High Peak	LVS
Good Life Pharmacy (Jubilee Hall)	South Derbyshire	CP
Newhall Pharmacy	South Derbyshire	CP
Oakland Village & Community Care Centre (New Street)	South Derbyshire	CP
Queens Hospital Burton (UHDB)	Staffordshire (close to Swadlincote)	Hospital Hub

Appendix 5b: Different Delivery Model Mix between the Spring, Summer and Autumn vaccine campaigns

The following table show the number and percentage of delivery mix across the campaigns:

Delivery Model	Spring delivery model mix for Derbyshire		Summer delivery model mix for Derbyshire		Autumn delivery Model mix for Derbyshire	
Community Pharmacies	27 sites	52%	19 sites	66%	38 sites	62%
Local vaccination service	19 sites	36%	7 sites	24%	19 sites	31%
Mass Vacs Site	1 site	2%	1 site	3%	0 sites	0%
Hospital Hubs	5 sites	10%	2 sites	7%	4 sites	7%



Appendix 6: MECC approach for the Autumn Programme and working with Place

Appendix 6a: Understanding what 'Place' means and how they work

WHAT IS 'PLACE'?

The following slides were presented at a Derbyshire Team forum on 25/6/22 outlining what is Place, integrating care and the purpose and functions:

What is 'Place'?

'Place' is all about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.


In JUCD we see it as :

- a geographical footprint where people live and work, broadly aligned to local government boundaries;
- a set of structures and networks, with all partners represented at all levels;
- a set of attitudes and behaviours that are driven by the needs of individuals and communities and are facilitated through system leadership.

The foundations are well set in Joined Up Care Derbyshire. The national changes strengthen the approach and presents mechanisms to enable a shift of focus onto integrated care and population health through Place.



Place is all about Integrating Care




Kings Fund 2021

Collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to;

- help address health inequalities,
- improve outcomes, and
- deliver joined-up, efficient services for people

Decisions taken closer to the communities they affect are likely to lead to better outcomes.



JUCD - Team Up

Purpose and functions

Thriving Places (National ICS Guidance)

Advice

1. **Build** on what you have
2. **Agree** shared purpose before defining structures
3. Develop 'by **doing**'
4. Governance must **iterate over time** to support changing relationships
5. Ethos of **equal partnership**
6. **Define the footprint collaboratively**
7. Develop **culture and behaviours** that reflects shared values



Understanding and working with communities

1. Developing an in-depth understanding of local needs
2. Connecting with communities



Joining up and co-ordinating services around people's needs

3. Jointly planning and co-ordinating services
4. Driving service transformation



Addressing social and economic factors that influence health and wellbeing

5. Collectively focusing on the wider determinants of health
6. Mobilising local communities and building community leadership
7. Harnessing the local economic influence of health and care organisations



Supporting quality and sustainability of local services

8. Making best use of financial resources
9. Supporting local workforce development and deployment
10. Driving improvement through local oversight of quality and performance

'Place' involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people.

There are eight 'Place Alliances' across Derbyshire. 'Place' is all about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.

To deliver this vision Place are working out what people and local communities need to stay well and what already works then will then focus on ensuring to use the resources in place to support people's wellbeing, which stretches far beyond the ability to access a hospital, see a GP or receive care in a bed.

Derbyshire is a big county with a vibrant, busy city which altogether has a population of more than one million - a big place to understand. So the whole county has been divided into eight areas and called them 'Place Alliances' which are being overseen by two Place Partnerships, covering the city and county. This will help make sure care and support best meets the needs of local people.

HOW DO PLACE ALLIANCES WORK?

The Place Alliances were agreed by the Joined Up Care Derbyshire board following engagement with partners and members, which included clinicians, council members, the voluntary sector and many other people from across Derbyshire.

Each Place Alliance will have a group of key decision-makers, from health, care and local organisations, the public and patients. This will ensure the plans reflect the views of local people. A 'Place Board' will set the framework for the Place Alliances. The Board will be responsible for using the available resources to make sure there are equitable services for people living and working in the city and county.

WHAT ARE THE PRIORITIES?

- All Place Alliances will focus on supporting people to stay well for longer through a consistent set of work areas which include frailty, falls, care homes and supporting people to die well
- In addition each Place Alliance will focus on what local people need in that area as regards their health and wellbeing

Appendix 6b: What are the Derbyshire Places?

HOW DO PRIMARY CARE NETWORKS MAP TO THE PLACE PARTNERSHIPS AND LOCAL PLACE ALLIANCES?

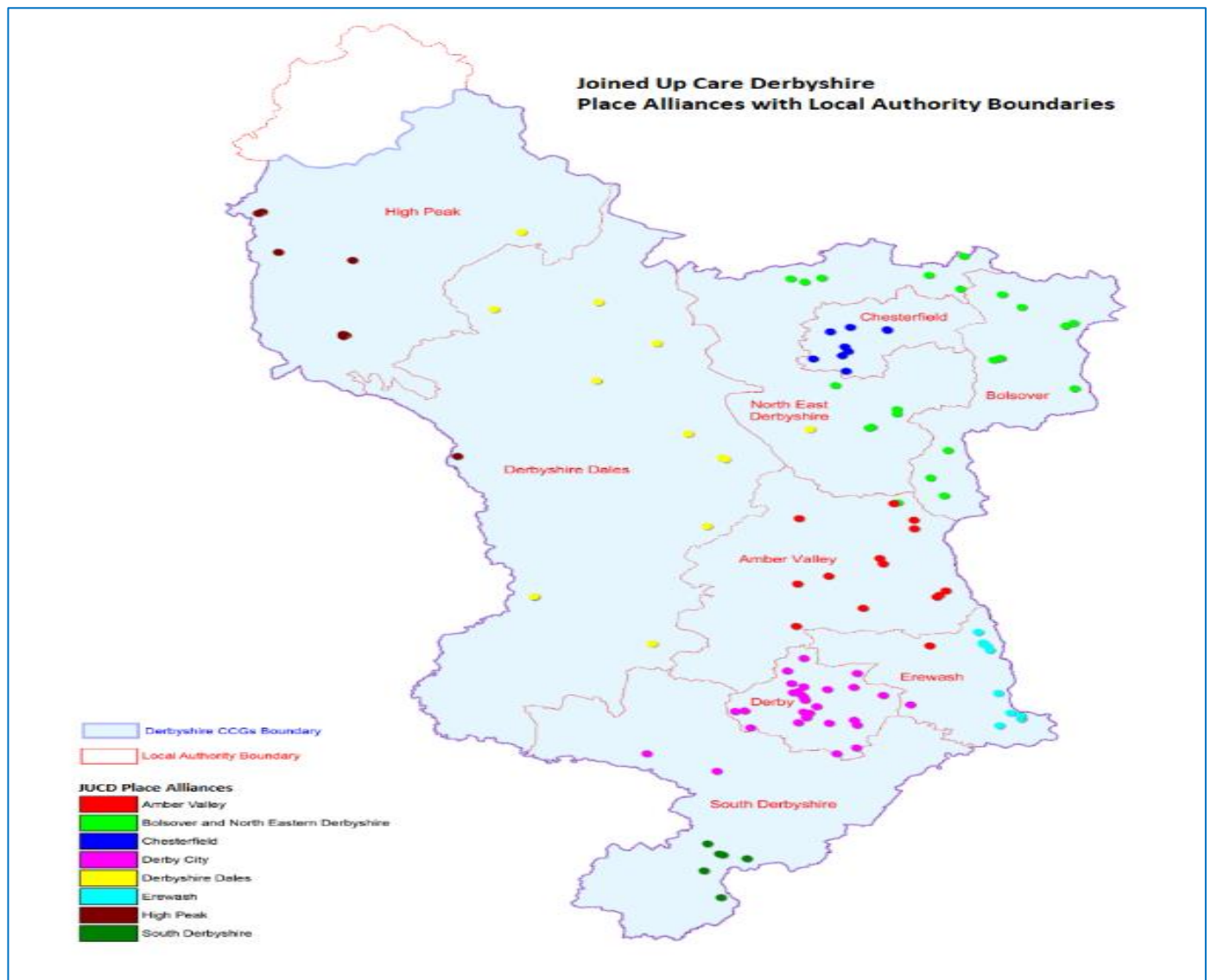
The following diagram shows how individual Primary Care Networks (PCNs shown in Green) will align underneath local Place Alliances (Shown in blue) and will come underneath the two Place partnerships (Shown in peach)

NB: Glossop to be added to the diagram:

Derbyshire County Place Partnership							Derby City Place Partnership
High Peak	Derbyshire Dales	Chesterfield	Bolsover & North East	Erewash	Amber Valley	South Derbyshire	City
High Peak	Derbyshire Dales	Chesterfield & Dronfield	North Hardwick & Bolsover South Hardwick NE Derbyshire	Erewash	Belper ARCH	Swadlincote	Derby City South Derby City North Oakdale Park PCCO Greater Derby

Appendix 6c: Map and practice list per Place

The following map shows the local Place Alliances and where each one has a GP practice. NB Glossop to be added:

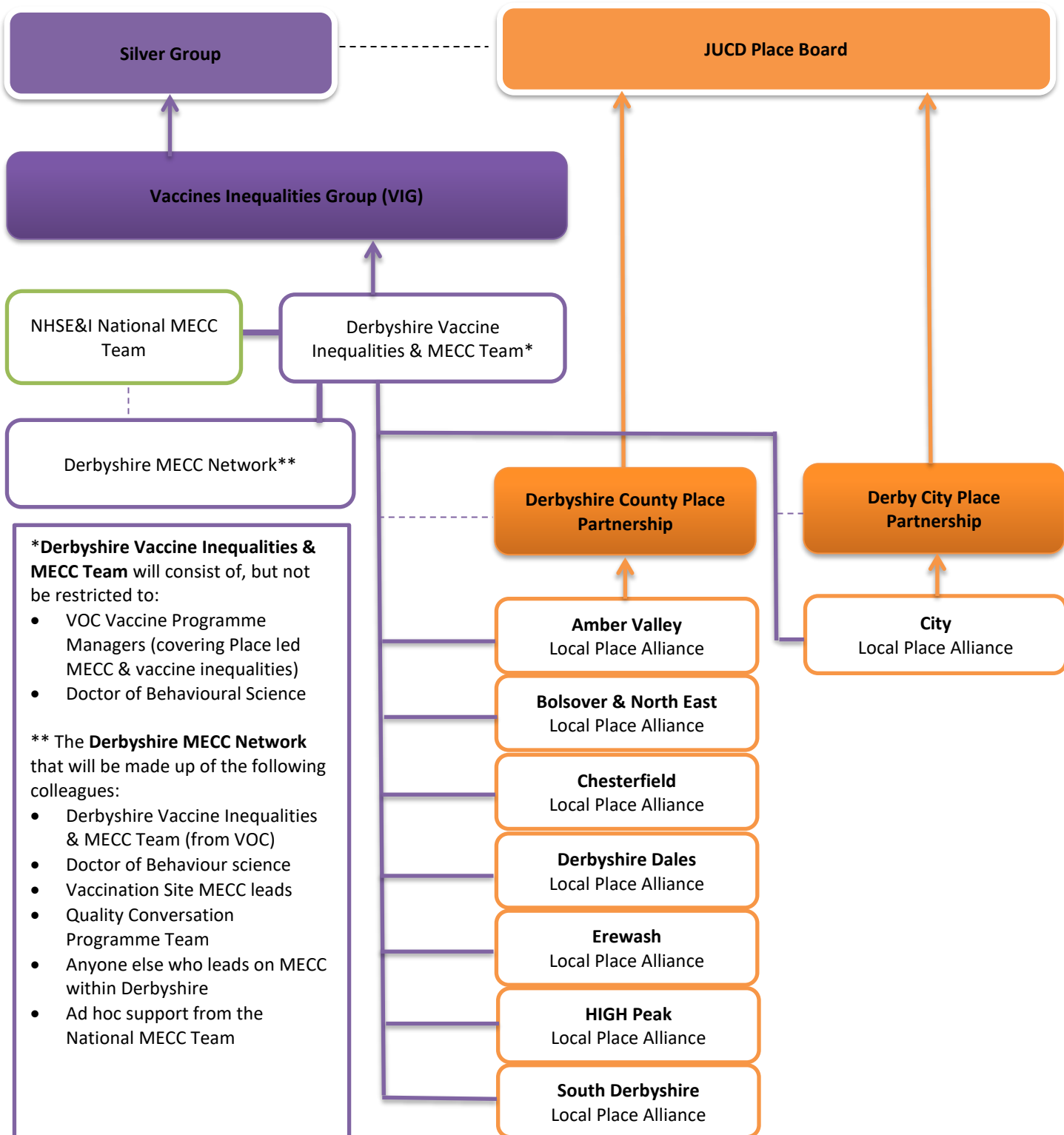


The following table shows which GP practices sit under each local Place Alliance and their registered population size:

Place Alliance	Practice Name	Practice Number	Registered Population (June 19)	
High Peak	Arden House Medical Practice	1	3,876	
	Buxton Medical Practice	2	7,519	
	Elmwood Medical Centre	3	8,356	
	Goyt Valley Medical Practice	4	8,517	
	Hartington Surgery	5	3,026	
	Sett Valley Medical Centre	6	10,544	
	Stewart Medical Centre	7	9,597	
	Thornbrook Surgery	8	9,052	
	High Peak Total		51,435	
Derbyshire Dales	Ashbourne Medical Practice	9	8,480	
	Bakewell Medical Centre	10	5,858	
	Baslow Health Centre	11	4,700	
	Brailsford & Hulland Medical Practice	12	5,949	
	Darley Dale Medical Centre	13	8,095	
	Dr GI Jones' Practice	14	2,229	
	Evelyn Medical Centre	15	5,889	
	Eyam Surgery	16	3,404	
	Hannage Brook Medical Centre	17	8,795	
	Imperial Road Surgery	18	7,726	
	Lime Grove Medical Centre	19	8,182	
	The Surgery Clifton Road	20	8,129	
Tideswell Surgery	21	3,306		
Derbyshire Dales Total		80,742		
Bolsover and North Eastern Derbyshire	Blackwell Medical Centre	22	2,569	
	Blue Dykes Surgery	23	2,569	
	Castle Street Medical Centre	24	9,864	
	Clay Cross Medical Centre	25	3,419	
	DCHS NHS Foundation Trust Creswell	26	6,093	
	Dr A Palmer's Practice	27	4,907	
	Dr Hr McMurray's Practice	28	7,484	
	Dr V Chawla's Practice	29	4,645	
	Dr Ws Riddell's Practice	30	5,753	
	Dronfield Medical Practice	31	5,455	
	Family Friendly Surgery	32	10,175	
	Killamarsh Medical Practice	33	3,501	
	Limes Medical Centre	34	9,071	
	Moss Valley Medical Practice	35	7,865	
	North Wingfield Medical Centre	36	12,430	
	Oakhill Medical Practice	37	3,719	
	Shires Healthcare	38	4,552	
	Springs Health Centre	39	16,265	
	St Lawrence Road Surgery	40	10,605	
	Staffa Health	41	4,502	
Stubley Medical Centre	42	16,760		
The Village Surgery	43	5,004		
Welbeck Road Health Centre	44	9,680		
Bolsover & NE Derbyshire Total		166,887		
Chesterfield	Calow and Brimington Practice	45	7,258	
	Chatsworth Road Medical Centre	46	9,167	
	Chesterfield Medical Partnership	47	13,977	
	Inspire Health	48	19,325	
	Newbold Surgery	49	11,395	
	Royal Primary Care	50	20,086	
	The Brimington Surgery	51	8,328	
	The Surgery at Wheatbridge	52	15,252	
	Whittington Moor Surgery	53	7,975	
	Chesterfield Total		112,763	
Amber Valley	Appletree Medical Practice	54	11,145	
	Arthur Medical Centre	55	8,764	
	Brooklyn Medical Practice	56	7,404	
	Crich Medical Practice	57	7,431	
	Ivy Grove Surgery	58	10,697	
	Jessop Medical Practice	59	16,827	
	Kelvingrove Medical Centre	60	9,732	
	Park Surgery	61	8,724	
	Parkside Surgery	62	10,002	
	Ripley Medical Centre	63	5,312	
	Riversdale Surgery	64	13,597	
	Somercotes Medical Centre	65	7,464	
	Whitemoor Medical Centre	66	12,662	
	Amber Valley Total		129,761	
	Erewash	Adam House Medical Centre	67	6,989
		College Street Medical Practice	68	6,430
Dr Webb and Partners		69	3,531	
Eden Surgery		70	3,665	
Gladstone House Surgery		71	4,993	
Ilkeston Health Centre		72	3,674	
Littlewick Medical Centre		73	15,285	
Old Station Surgery		74	15,255	
Park View Medical Centre		75	5,195	
The Altune Medical Practice		76	9,042	
The Golden Brook Practice		77	10,640	
The Moir Medical Centre		78	12,843	
West Hallam Medical Ctr		79	4,756	
Erewash Total		102,298		
Derby City	Alvaston Medical Centre	80	10,801	
	Brook Medical Centre	81	4,219	
	Chapel Street Medical Centre	82	13,239	
	Derby Family Medical Centre	83	7,638	
	Derwent Medical Centre	84	4,440	
	Derwent Valley Medical Practice	85	10,930	
	Friar Gate Surgery	86	4,891	
	Haven Medical Centre	87	11,634	
	Hollybrook Medical Centre	88	20,639	
	Horizon Healthcare	89	20,779	
	Lister House Chellaston	90	13,854	
	Lister House Surgery	91	26,387	
	Macklin Street Surgery	92	11,171	
	Melbourne & Chellaston Medical Centre	93	15,118	
	Mickleover Medical Centre	94	11,252	
	Mickleover Surgery	95	6,552	
	Oakwood Surgery	96	4,414	
	Osmaston Surgery	97	15,420	
	Overdale Medical Practice	98	10,795	
	Park Farm Medical Centre	99	12,293	
Park Lane Surgery	100	6,475		
Parkfields Surgery	101	6,084		
Peartree Medical Centre	102	4,967		
St Thomas Road Surgery	103	4,344		
The Park Medical Practice	104	25,575		
Vernon Street Medical Ctr	105	9,815		
Village Surgery	106	11,312		
Wellbrook Medical Centre	107	10,668		
Wellside Medical Centre	108	0		
Willington Surgery	109	8,948		
Wilson Street Surgery	110	14,694		
Derby City Total		339,348		
South Derbyshire	Gresleydale Healthcare Centre	111	11,681	
	Heartwood Medical Practice	112	8,225	
	Newhall Surgery	113	10,561	
	Overseal Surgery	114	2,093	
	Swadlincote Surgery	115	13,897	
	Woodville Surgery	116	9,447	
South Derbyshire Total		55,904		

Appendix 6d Autumn Working Model Diagram

The following diagram shows how the Vaccine Inequalities & MECC Team and the Derbyshire Place Alliances could work together:



Appendix 7: MECC actions to take forward

Appendix 7a: Actions for completion for the Spring, Summer, and Autumn Campaigns

The following actions have been identified for completion during the spring, summer and autumn campaigns and have been separated out by Short, Medium or Long-Term Goals. The action plan will be extracted and used as a live working document to progress. The following status colour key has been used:

Status Colour Key:					
Complete	Underway	Not yet started	Not yet due	Ongoing	Not applicable

Actions updated as at 6/9/22

S/M/L Goals	Ref	Key actions required	Status	Comments/Next steps
Short Term Goals (S)	S1a	Understand the current MECC offer across Derbyshire for spring	Complete	See section 4.2c What vaccination sites are currently offering in the Spring/Summer campaigns for details of the types of MECC intervention.
	S1b	Understand the reduced MECC offer for summer	Complete	Also see appendix 4a for list of active sites over the summer and appendix 4b for a list of hibernating sites (deducting hibernating sites will show the reduced MECC offer)
	S1c	Understanding the vaccination sites for autumn and where we need to share the MECC Support Pack.	Complete	The Derbyshire autumn plan was submitted to region and national teams on 25/7/22.
	S2	Produce Derbyshire MECC approach paper and get it approved.	Complete	This document is the Derbyshire MECC approach paper. It went in draft version to VIG 6/8/22 with an aim to finalise the document, subject to comments and amendment (it was also shared with City and County Vac Ops groups/leads for comment). Final version to be shared with VIG membership on 7/9/22 meetings and will then be shared with Silver on 13/9/22 for information.
	S3a	Launch the Derbyshire MECC approach Share MECC Support Pack with Sites & Place Leads that includes the following items: Derbyshire MECC approach paper	Complete	Items S3a-f will all be shared upon approval of the Approach Paper, as a MECC Support Pack for vaccination sites.
	S3b	Share MECC offer with relevant Places leads and list of additional interventions sites could offer in autumn – contained in the paper	Complete	
	S3c	Share MECC learning and best practice across the region – contained in the paper	Complete	
	S3d	Promote the VOC inbox as a centralised place for any vacs site MECC ideas and discussions to	Complete	

S/M/L Goals	Ref	Key actions required	Status	Comments/Next steps
		come into for consideration – in the launch email		
	S3e	Promote the National MECC Link: MECClink and state any local Derbyshire services/resources to be added should be emailed to Alison Merriman in the Quality Conversations Programme Team: alison.merriman@nhs.net – contained in the paper	Complete	
	S3f	Promote the Quality Conversations webpage and MECC training on offer – in the launch email	Complete	
	S4	Share learning with the National MECC team for inclusion in the Futures Website	Complete	See showcasing good practice section 4.3 above for details of Derbyshire learning and best practice
	S5	Share national MECC Strategy, SOP and Toolkit with vaccination sites and Places – as part of the launch email	Complete	Should be available from the National MECC Team during the summer campaign
Medium Term Goals (M)	M1	Build relationships with the Place team and workforce to understand what MECC opportunities are already in place. Liaise with Places who are linked in with locality leads across the region, to determine what additional MECC interventions are required for their population needs, that can be installed into the vaccination sites, that exceeds the core offer.	Complete	Initial conversations at Place level are underway. Restructured VOC Team will provide MECC steer/support at Place meetings
	M2	Build relationships with the NHESI National MECC Team to understand the national steer and upcoming requirements	Complete	Initial meeting took place in June with the person developing the Derbyshire approach paper, but awaiting restructured VOC Team for B7 Managers to all have a working relationship with the National MECC Team
	M3a	Scope and determine who works on MECC within Derbyshire (from a vaccine inequalities perspective)	Complete	Key colleagues across the Derbyshire area have been identified and have input into this approach paper.
	M3b	Consider whether to set up Derbyshire MECC Network/Steering Group is needed (from a vaccine inequalities perspective- this approach is used elsewhere in the country). This would be a place to drive the remaining medium and long-term actions forward.	Underway	The colleagues referred to in the action above would be included and anyone else identified as the work progresses.
	M4	Explore the opportunity to undertake a survey monkey for citizens to hear of what checks they would like to see at vacs sites (Healthwatch Derbyshire, citizens panel etc.) – this was undertaken by another system who found the information valuable	Not yet due	This action could be undertaken by the Derbyshire MECC Network/Steering Group

S/M/L Goals	Ref	Key actions required	Status	Comments/Next steps
	M5a	Undertake a survey for staff at vaccination sites to understanding what MECC training they would like to see (e.g. topics/themes). The Quality Conversations Programme Team are currently reviewing their training offer and want to expand it to meet needs.	Complete	Covered under the MECC launch email – as a general offer but may wish to do a survey later if needed.
	M5b	Ensure MECC training is offered to staff from the Quality Conversations Programme, and that staff get the MECC opportunities that would be useful to them.	Complete	General promotion is continually on offer, however, an email to go out as part of action M5a and be in the launch pack of S3a-f
	M6	Produce a local repository for posters and usable tools for sites and Place to utilise	Underway	The Quality Conversations webpage will be the best location for this content. The Futures webpage has a national repository but a local solution is being explored
	M7	Co-design Citizen MECC passport tool with Sherwood Forest. Also work together to agree an infographic that could be applied to the bottom of emails to remind people to have Quality Conversations (and will promote the QC programme)	Not Applicable	We do not have the infrastructure to create and implement a MECC passport tool across Derbyshire at this time. The infographic work is still being considered within Derbyshire
	M8	Need agreement on language to utilise for the programme – should it be 'patient', 'service user', 'citizen' or something else and determine how this is consistently embedded throughout Derbyshire	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group
	M9	Quality Conversation Guide to be developed on the wider determinants of health to support staff to have conversations as directed by the citizen on areas outside of the healthcare sector, such as finance, housing, heating, food are key ones, making ends meet.	Underway	Dr Jo Hall to put together a quality conversations guide for staff to use in an empathic way
	M10	Have we explored all flyer/poster options for sharing – e.g. Post Covid, grass route issues? Develop a comms programme – planning relevant posters per age cohort and condition types (falls prevention, Immunosuppressed, pregnant, oral health, sexual health for younger groups, other vaccine options) throughout the autumn programme. Starting with Staying and Living Well for the over 75 cohorts.	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group – see section 4.2d for the list of suggestions so far
	M11	Need to determine if the following interventions that the National MECC Team intend to evaluate in autumn have been considered. 1. Blood pressure checking (minimum follow-up = patient signposted. Desired follow up=	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group

S/M/L Goals	Ref	Key actions required	Status	Comments/Next steps
		<p>onward referral to local pharmacy to pharmacy BP checking service)</p> <ol style="list-style-type: none"> 2. GP registration support for underserved populations and confirmation of NHS numbers for those unaware 3. Co-promotion and co-administration of routine immunisations 4. BMI checks and link to the Digital Weight Management Programme (DWMP) (Minimum follow-up = signposting wot DWMP. Desired follow-up referral to DWMP). (Does the national Digital Weight Management Programme (DWMP) align to our existing Live Life Better Derbyshire Health MOT tool?) 5. Signposting to screening for cancer 6. Signposting to local smoking cessation services or community pharmacy 7. Signposting those with asthma/COPD to self-management tools and to highlight importance of an annual review 8. Signpost to materials on diabetes risk and directing patients with diabetes to self-management tools 9. National blood transfusion services signposting to encourage patients to donate blood 		
	M12	Identify any vaccination site staff who would like to become Quality Conversation Peer Coaches to champion best practice	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group
	M13	Determine where there is MECC funding in the system and understand where and how this can be (or is) utilised	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group
	M14	Await national steer for rolling MECC out to Dentists and Optometrists, but in the meantime to consider what actions and interventions might be relevant	N/A	Awaiting national steer and upon receipt could be undertaken by the Derbyshire MECC Network/Steering Group however as they are not vaccination sites, this action isn't relevant within the scope of this document
	M15	Await national steer for rolling out an under 18s MECC programme, but in the meantime consider what actions and interventions might be relevant	Not yet due	Awaiting national steer and upon receipt could be undertaken by the Derbyshire MECC Network/Steering Group
	M16	Understand how MECC interventions specifically map across to the NHS Long Term Plan as this will help with engagement messaging	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group

S/M/L Goals	Ref	Key actions required	Status	Comments/Next steps
	M17	Consider what information can be shared in patients' pharmacy bags at time medication is dispensed	Not yet started	This action could be undertaken by the Derbyshire MECC Network/Steering Group
Long Term Goals (L)	L1	Ensure that MECC is meaningfully planned and delivered. How do we bring in accountability/process for more than signposting to be undertaken? Actions to be seen through to the other partner/service end.	Not yet due	Although these actions are not yet due, the Vaccine Inequalities & MECC Team are keen to undertake this work soon as they are able
	L2	Understand what the mechanism is for recording MECC interventions in a clinic setting (other than roving) and how that information can be accessed to understand impact and prevention. The mechanisms may differ per delivery model and intervention.	Not yet due	
	L3	Understand when/how we can work with our third sector, charities and voluntary groups, such as Help the Aged, Dementia UK, Blood Transfusion Services.	Not yet due	
	L4	For vaccination sites with low resource, explore if it is possible to obtain funding for a MECC champion (at band 3 level as a minimum)	Not yet due	
	L5	Consider the Core20+5 requirements ensuring we have referral pathways in place, if needed and understand what is already in existence and what requires commissioning. Will need to work with Primary Care and where possible, tie these into QOF.	Not yet due	
	L6	Explore the opportunity of sites offering event days – i.e. staying well or Post Covid (possibly for high volume sites only) and needs to link to the cohort being vaccinated	Not yet due	
	L7	Explore the possibility of centrally obtaining diagnostic tools for sharing across all willing vaccination sites, such as AST Tests for prostate cancer (to support the male 65-70 cohort) or at the very least share best practice for individual site purchases for cost effectiveness. Consider whether a general process for any further tests/tools and funding would be useful.	Not yet due	
	L8	Keep apprised of any further national MECC requirements and tools. Update the approach paper and share with relevant colleagues and stakeholders as required.	Ongoing	

Appendix 8: JUCD MECC Approach paper contributors

The following organisations and people have been involved with the development of this approach paper:

Organisation	Contributor
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Derbyshire Community Health Services (DCHS)	<ul style="list-style-type: none"> • Dr Jo Hall (Behavioural science and material production) • Dr Victor Jeganathan (Behavioural science and material production) • Sandra Hicken (Quality Conversations)
Midland House Vaccination Site	<ul style="list-style-type: none"> • Sue Ryan (working examples of good practice for adults and children's clinics)
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