

What is the most effective method of delivering Making Every Contact Count training? A rapid review

October 2024

Leona Batten, Greg Hammond, Clare England, David Jarrom, Elizabeth Gillen, Adrian Edwards, Alison Cooper, Nathan Davies, Elizabeth Doe, Ruth Lewis

Background

The Making Every Contact Count (MECC) programme encourages 'opportunistic, brief behaviour change conversation' with service users.



It uses the **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**.

This review was requested and supported by Cwm Taf Morgannwg University Health Board Public Health Team.

Review Aim

To assess **which elements or delivery styles of MECC training are most effective**, and preferred by trainees.

Findings may be used to:

- inform development of future training
- update current training programmes
- improve consistency across health boards

Evidence Base

The review included evidence available **up until June 2024**.

The publication dates of evidence included **ranged from 2013 to 2023**.

This review identified 11 studies to be included **(10 of which were based in the UK)**.

Key Findings

There was **consistent evidence that training increased trainee confidence and use of MECC-related techniques** immediately following training.

There was some evidence that these **improvements were maintained up to 1 year later**.

There was no evidence on the longer-term effect, **(refresher training would be appreciated)**.

There was no evidence assessing whether improvements in trainee confidence and competence had an **impact on service user behaviour change**.

Training delivery | Preference



There was an **indication that face-to-face training was preferred to online training.**



However, some trainees preferred online training due to its increased flexibility.

Training attendance and utilisation | Barriers



Barriers to **attendance** included a feeling that there was:

- not enough **time**
- a lack of **managerial support**



Barriers to **utilisation** included a feeling that there was as above, plus:

- a fear of **upsetting patients**
- a **lack of awareness of downstream support services** to refer service users to



Policy Implications

Training **can be beneficial in improving trainee confidence and competence** in using MECC. However, there are consistently reported barriers, as summarised above.

This review identified some potential ways to **overcome these barriers but the best and most effective ways remain unclear.** Many require **widespread culture change.**

The lack of evidence around **impact on behaviours and outcomes** may inhibit attempted changes to MECC training and workplace culture.

This review indicates **a preference for standardised training,** allowing for this to be tailored to local needs.

Evidence Gaps

Further research is needed around:

- the impact of MECC on behaviour / outcomes **in the short and long term**
- **implementation, monitoring and evaluation** of MECC training across Wales
- identifying methods to **overcome specific barriers and enhance enablers**