

# **Making Every Contact Count – Warrington Pilot**



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Prepared by: Gordon Elliot and David Knowles – Local Professional Network for EyeHealth – Cheshire, Warrington & Wirral.

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## 1 Introduction

Making Every Contact Count (MECC) is a NHS initiative which aims to engage and empower frontline staff to contribute to health improvement by making health promotion 'everyone's business'.

This trial was a three month trial undertaken in Warrington by the Cheshire, Warrington and Wirral Local Eye Health Network and looked to see the effect of rolling out the MECC initiative already in place in Warrington, to include optometrists and dispensing opticians.

Optometrist's and dispensing opticians are professionally trained staff who are in regular day to day contact with members of the public. By training and encouraging these professionals to further develop their skills in engaging with and raising lifestyle issues as part of their day to day conversations with the public, the aim is to have a positive impact on the health of the local community.

Warrington optometrists and dispensing opticians were chosen for the trial as Warrington Public Health Department have implemented the MECC initiative, whereas the other areas covered by the Local Eye Health Networks (LEHN) have not. Prior to this trial the participants had no previous experience of MECC.

## 2 Methodology

The trial was initiated and funded by the LEHN. The trial was run on a voluntary basis. An email invite was sent out to all 21 optometry practices in the Warrington area. The recipients of the email were invited along to a training evening. The invite was sent out four weeks before the training evening, with a reminder sent out two weeks before.

The training evening was to last 2.5 hrs and a buffet was offered afterwards. An incentive of £75 was offered for attending this training meeting. Those invited were also told that there would be a voluntary trial following the scheme which would be funded if they wished to participate. The payment for the participation in the trial was unknown at this stage as it depended on the number of people who attended and took up the offer.

Of those who were invited 9 (8 optometrists and 1 dispensing optician) attended the training evening.

### 3 Training Event

The training was delivered by Chris Foulkes, a lecturer in behavioural therapy. Chris' attendance was funded by Warrington Public Health Department. The training event took the form of a lecture/workshop. The aim of the training was to provide the delegates with:

- Improved knowledge of public health issues in Warrington
- Increased understanding of their role in public health
- Increased confidence in recognising lifestyle issues
- Increased knowledge of health services around Warrington and how to refer people to those.

At the end of the training event delegates were provided with an information pack about MECC and about the services available to those living in Warrington and how to access the services. The information included material that could be handed out directly to the public and details how to get hold of further resources.

After the training had been delivered, those who attended were asked if they wished to participate further in the form of a three month trial. Of those who attended initially all agreed to take part in the trial.

### 4 The Three Month Trial

The trial took the form of asking the participants to put in place the training that they had received and to monitor their interactions with members of the public about health issues not primarily dealt with as part of a normal eye test.

The interactions were to be logged on a monthly monitoring sheet and submitted on a monthly basis. At the end of the three months a questionnaire about the training and trial was to be completed.

The participants would be paid for their participation in the trial subject to the submission of the monthly forms and the completion of the final questionnaire. Importantly they would not be paid per interaction, but rather a flat fee for participation regardless of how many interactions took place.

One optometrist dropped out of the trial within the first month leaving seven optometrists and 1 dispensing optician who completed the trial and final questionnaire.

Not all of the participants were from different optometric practices; some were colleagues from within the same practice. In total there were participants from 5 of the 21 practices. Only 1 practice was part of a national chain, with the other 4 being local independent practices.

## 5 Summary of Results

The following table shows a summary of the results from the 8 participants

Practitioner	December Interactions	January Interactions	February Interactions	Total Interactions
1	5	2	1	8
2	2	7	4	13
3	2	3	2	7
4	3	5	2	10
5	6	6	7	19
6	2	1	1	4
7	0	3	2	5
8	3	2	1	6
<b>Monthly Total</b>	<b>23</b>	<b>29</b>	<b>20</b>	<b>72</b>

There was a considerable variation in the level of activity between participants over the 3 month period with recorded interactions ranging between 4 and 19 interactions. The activity levels as a total did not show a lot of variation between the 3 months of the trial.

The total number of reported interactions was 72 which equates to a mean of 3 interactions per practitioner per month

## 6 Questionnaire results

As part of the trial, each participating optometrist or dispensing optician had to complete a questionnaire at the end of the 3 month period. This questionnaire was an online questionnaire sent to each participant via email asking for their responses to 10 questions. The questions were designed to get the participant's views on the trial as well as look for their input on ways that they felt it could have been improved. The answers were anonymous and each participant was made aware of this before they completed the questionnaire.

Appendix A shows each question and the responses given

From the questionnaire results it is possible to make the following statements:

- All of the participants left the training event with an improved knowledge of the services available to their patients.

- All of participants felt that they were more likely to give information to patients or signpost to services that may be of benefit to patients as a result of their participation in the trial
- All of the participants found the printed materials regarding the services available and how to access them useful
- All participants would have been less likely to have been proactive if the information and materials had been distributed to them without attending the training event
- All participants felt they would continue to have the patient interactions about the services covered in the trial although 7 out of 8 felt they would not have as many. (there was no funding for participation once the trail had finished)
- 6 of the 8 participants felt they would not have taken part in the training event and trial if there had not been a financial incentive.

The questions that asked for the participants opinion on how to increase the number of people willing to take part in a scheme like this and how to improve such a scheme so as to encourage more participants, yielded some interesting answers (as seen in Appendix A). These would be of particular benefit to anyone looking to commission such a scheme in the future.

From these answers it is possible to make the following statements:

- There are some areas of health promotion that the optometrists and dispensing optician were much more comfortable talking about than others. Specifically most of these were areas that the participants felt could be related directly to eye health i.e. smoking cessation, weight loss and falls prevention.
- Any future scheme would need to be particularly aware of the time limitations that optometrists and dispensing opticians have. Information should be easily and quickly available to the participants and it would be helpful to involve other ancillary staff.
- Payment for involvement would encourage uptake and participation, however an important theme was that administration would have to be simple. (This was also reflected in one of the previous answers where 2 of the 8 participants felt that the administration needed for a paid scheme would make it less effective than an unpaid scheme).
- Targeting practice managers and owners especially of the larger national multiple chains and making the scheme attractive to them would improve the uptake of any future scheme.

## 7 Conclusions and recommendations:

This scheme showed that optometrists and dispensing opticians are important frontline professionals who can be used to engage with members of the public regarding issues of their health. In areas where the MECC initiative is in place they can be used effectively within the initiative to promote the health of the public.

It would seem that one of the biggest challenges of any scheme like this is the initial engagement with optometrists and dispensing opticians. Our trial had a disappointingly low uptake of participants and this is something that needs to be addressed effectively in any future schemes. The insight gained from our questionnaire will be useful to anyone considering how to achieve this. We found it particularly difficult to get interest from the larger multiple chains (with the exception of 1).

However once engaged we found the participants enthusiastic about what they had learned through the scheme and they all felt they had improved their knowledge of how to signpost the public to other services and were all happy to continue doing so even though the scheme had come to a conclusion.

Although there is upfront cost to providing a financial incentive to attending a training session this was an important factor for the optometrists and dispensing optician attending. Our scheme showed the training to have had a long lasting effect with all participants saying they would continue to have relevant patient interactions once the trial had been concluded and funding ceased.

### *Recommendations*

From our trial we are happy to make the following recommendations:

- **In areas where the MECC initiative has been implemented Public Health should look to engage with optometrists and dispensing opticians to educate them about the initiative and involve them in it. To be most effective any engagement needs to be a combination of training and information. Distribution of information alone is unlikely to be effective.**
- **In areas where there is no MECC initiative in place Public Health should recognise the role optometrists and dispensing opticians play in the primary care setting and look to engage with them. From our trial we found participants to be particularly interested in smoking cessation, weight loss and falls prevention and how these can link in with eye health.**
- **Providing a financial incentive for training optometrists will provide better engagement with optometrists and we feel the long term benefit would be good value for money.**
- **Any schemes should be well designed to maximise engagement with optometrists taking into account the suggestions our participants made. To maximise effectiveness the schemes should actively look to involve the**



**larger national multiple practices. This should be well planned for before launching the scheme.**

- **Public Health in local authorities, NHS England regions and nationally should consider themselves challenged to work with Local professional Networks for Eye Health (aka LEHN's) in all areas to promote good health**
- **Similarly CCG's should engage with optometrists and dispensing opticians in the promotion of good health and prevention of poor eye health**

## Appendix A

### Questionnaire Results

**1. How did you find the training event for the Making Every Contact Count (MECC) trial?**

Excellent	50%
Good	50%
Average	0%
Poor	0%
Very poor	0%

**2. How useful was the printed material provided to you at the event?**

Very useful	62.5%
Quite Useful	37.5%
Not useful at all	0%

**3. Did you leave the training event with improved knowledge of the services available to your patient?**

Yes	100%
No	0%

**4. If you hadn't attended the training event but had simply been provided with the printed material, would you have been:**

Just as likely to have been proactive in the trial	0%
Less likely to have been proactive in the trial	37.5%
Much less likely to have been proactive in the trial	62.5%

**5. Now that the initial trial has come to a conclusion do you think you will:**

Be just as proactive in having patient interactions about the services covered in the MECC trial	12.5%
Probably continue to have the interactions but not as many	87.5%
No longer be proactive	0%

**6. If there had been no financial incentive to attend the training event or take part in the scheme do you think you would have attended and taken part?**

Yes	25%
No	75%

**7. A relatively low number of volunteers came forward to take part in the trial. What do you think could be done to increase voluntary participation in a scheme like this?**

“Perhaps advertised with more details at a CET event”

“Perhaps giving more detail about how it could help our patients and link in with things that affect eyes i.e. Smoking cessation, weight loss for possible diabetes prevention and diabetics, prevention of falls. These are things as optoms that we are tuned into as they are related to health of the eyes and you have given us some contact numbers etc. to give these patients without it taking a long conversation. Time is of the essence in practice, so it is important to stress it won't take up much of the optom s time too.”

“Many optometrists are employees, governed by managers. For an individual to be able to make changes to the way he or she does things, it might be best to reach out to those managers to pave the way first.”

“Before attending the training event I wasn't sure what the trail was for. The information given beforehand was too vague.”

“More details of what the information evening and trial involved and the services that are available to the community.”

“I am not sure”

“I can see that as opticians smoking, weight and exercise are relatively easy to approach. Drugs and sexual health -- no chance!”

“Needs to get bigger chains involved i.e. Specsavers”

**8. If a longer term scheme came into place were participants were paid per relevant interaction, subject to the submission of a claim form (similar to how the trial was run) do you think it would be:**

More successful than an unpaid scheme	62.5%
No more or less successful than an unpaid scheme	12.5%
Less successful than an unpaid scheme as participants would be put off by the administration involved	25%

**9. If you were asked to design a scheme to encourage optometrists to signpost patients to appropriate (non- eye related) services, briefly describe how you would do it differently to encourage the best possible uptake of the scheme.**

- Payment per interaction
- Success stories shared
- Target practice owners and managers with a scheme that involves payments, they can tell their staff to be proactive in a scheme. - no matter what you do you, may struggle to get widespread sustained involvement

“Covered this somewhat in ans 7. Personally I was happy to attend the meeting, take the Z card and apply it to my patients so long as it was not going to take up much time since we work to appointments. Now the trial is over I still carry my Z card and will carry on. The 3 months got me into the swing of becoming comfortable mentioning those 3 subjects that I alluded to in ans 7 which can be directly relevant to eyes. There were some areas that were not relevant which I couldn't easily broach.”

“One of the most discouraging moments happens when having to search the papers for the relevant contact detail. I would arrange with managers for any paperwork to be completed. Optometrists' time is constrained enough, so they should not be expected to complete a complicated form at every encounter. Give the optometrists a laminated sheet with the contact details on, or else a stack of small business-type cards for each service, which can be stapled to prescriptions when issued to patients at the end of their visit.”

“Distribute details of the scheme with clear information. Make it easy to become accredited to join the scheme (if this is even necessary.) Pay them! Make it easy to claim payment (e.g. submit forms online.)”

“Involvement of ancillary staff. My only doubts about this scheme working are

the time constraints on eye exams and the optometrist's time spent with the patient. I feel a more effective referral system within a practice to a staff member allocated. The ancillary staff member could then signpost the patients to the appropriate service. The optometrist could flag these patients to the staff member concerned IF more discussion is needed. Some of issues raised such as anxiety, depression, bereavement, cancer were difficult topics to signpost in a 2-3 minute conversation. It could work better to have ancillary staff involved in the scheme, the optometrist would be able, if the patient was willing, to discuss the services available and provide contact details in private area.”

“I think it is appropriate to have a short relevant discussion with the patient. Give phone numbers/leaflets. the rest is up to the patient”

“As before smoking, drink, weight and exercise are relevant and can be approached,. Drugs and sexual health we would be told where to go in no uncertain terms”

“Not sure”

**10. Do you feel your participation in the trial has made you more likely to give someone information or advice on how to contact services that may be of benefit to them?**

Yes	100%
No	0%