Making Every Contact Count

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Objectives of session

- Understanding of regional ‘Making Every Contact Count’ strategy and thinking.
- Explore how the regional approach supports the local strategy and delivery.
- Where does physical activity fit?
- Is it worth it?
Overview.

Making Every Contact Count is a region wide programme to ensure NHS staff are trained and confident to make the most of these opportunities which help people stay healthy and reduce system-wide costs to the NHS.
System Management

- How much financial expenditure is apportioned to workforce?
Why?...

- Little appetite for new roles
- NICE guidance (2007)
- Staying Healthy/Healthy Ambitions Strategies
- Training only one solution and part of the workforce architecture
- Commitment to sustainable model of workforce transformation: recognising human dimension to change e.g. organisational development, education and training, HR processes and policies
- Recognition of links and embed in Staff health and well-being
- Productivity of using the whole workforce
- Sustain expert/expertise but make a system norm or ‘duty of care’
- Academic and research on variety of techniques
- Flexibility across professional boundaries and organisations/sectors
- Commissioner led to allow provider flexibility to meet local population or patient needs/services
- Measurement/assessment and links to outcome measures
Principles

- Come from where the individual is...
- Multiple or complex lifestyle issues
- Primary and secondary prevention
- Minimum specifications
- Non-hierarchical
- Generic v expert
**Level 1**
The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to *introduce* the idea of lifestyle behaviour change and to *motivate* the individual to consider/think about making changes to their lifestyle behaviours.

Implementation examples
Hull PCT: Acute Cardiac Services
Sheffield PCT: Organisational Development Strategy
Level 2
The worker is able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.

Implementation examples:
Wakefield District PCT: Every Contact Counts corporate strategy and Public Health Training Hub and delivery
Level 3
The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they change their lifestyle behaviours and facilitate the individual to maintain these changes over the longer term.

Implementation examples:
Barnsley PCT: Putting People First (health and social care strategy). Moving Forward: people development strategy Health Trainer role
Making Every Contact Count - wider and social determinants of health.

Your Continuing Development - It looks at three dimensions:
- Identification and use of learning opportunities
- Implementation, reflection, and evaluation
- Identification of development needs

Organisational Preparedness - It looks at five dimensions:
- Understanding: organisation's vision and plans
- Support: Does your organisation actively promote and encourage healthy behaviours amongst its staff?
- Vision/Purpose: staff able to put this into practice?
- Role: Are staff clear about their role
- Development: staff able to develop the skills they need

Competences - The questionnaire looks at the following competencies:
- Building relationships: positive relationship with individuals
- Thinking about change: about their health and well being
- Preparing for change: get motivated, take responsibility and learn how to change.
- Changing behaviour: Helping people to recognise how they can achieve their desired health outcomes. This includes indentifying any support that they require.
Maintaining change: Working with individuals to realistically assess the changes they have made, and identify future actions including any further support required.

- Providing information: Maintaining up-to-date information regarding best practice, sources of support etc. and providing the individual with appropriate information.

- Ensuring quality: Taking steps to ensure that you provide a quality service. This includes seeking feedback from others and accurate record keeping.

- Managing risk: Acting appropriately if you suspect, or have concerns about, anyone being at risk


Confident Performance Measure - This section looks at how you deal with difficult situations. It considers both the extent to which you know what to do in such situations, and also whether you have the confidence to put your ideas into action.
Making Every Contact Count in practice

Kate Birkenhead
NHS Hull – Public Health

‣ Making Every Contact Count

‣ To equip frontline NHS staff with improved knowledge and skills of tobacco, weight management and alcohol to better support patients with the making and sustaining of healthier lifestyle choices
Hull demographics

High rates of deaths from CHD, cancers and respiratory diseases in Hull

- 32% of adults are regular smokers
- 62% of adults are overweight / obese
- 57% of adults are sedentary
- 25% of adults drink alcohol to a level that increases risk to health
NHS Hull (Public Health Directorate) : Overall pilot coordination including obtaining funding for pilot and contract management of selected training provider

- Hull and East Yorkshire Hospital NHS Trust : Healthcare and other staff working on the cardiology and respiratory wards of Castle Hill Hospital will receive blended (e-learning / face-to-face) brief intervention training to enable them to better support patients with making healthier lifestyle choices

- Training provider (selected via tender process) : To develop and deliver a training package for frontline staff, provision of a follow up package, developing and implementing plans for sustainability and lead on the evaluation of the impact of the pilot
Pre training needs assessment of staff

- gaps in knowledge
- lacked confidence in raising issue
- no consistency across hospital wards
Training package

- practical and interactive
- very brief intervention
- how to raise issue
- assess motivation
- refer to services
Resources available

- Referral form
- Staff handbook
- Patient reflective diary and information pack
Programme implementation

- 30 staff trained
- Hospital ward champions
- Referral process agreed
Evaluation

— knowledge and confidence of staff
— staff practice changes
— patient outcomes
— patient behaviour changes
— cost savings
Continuation of the Programme

- Train the trainers
- Reduce training time
- Referral process embedded in hospital operational procedures
- Lifestyle issues raised at every opportunity
Cost effectiveness

Professor Malcolm Whitfield
Economic Case: Need v Demand

Source: Professor Vilus Grabauskas, Professor, Chancellor of Kaunus Medical University, Lithuania.
The Key Problem

Demand:
- Ageing Population
- Technological Developments
- Enhanced Access
- Early diagnosis / screening
- Falling death rates
- Governance / Risk

Supply:
- Nationally Fixed prices
- Quality requirements
- Requirement to make a profit
- Supply induced demand
- Political issues decommissioning
- Access targets / choice

Commissioning:
- 20% Efficiency savings required
- Direct control over less than 5% of the budget

Economic disincentives to treat in primary care
Economics of prevention

All acute MI events - actual v predicted adjusted (Brindle 2003)

Admission data 2005/06 for 5 PCTs
Economics of Prevention

All acute CHD events - actual v predicted
Liverpool PCT (Weighted population)
Estimated impact - events
(364,912 pop)

Estimated reduction in annual acute events/admissions over a five year period assuming 20% move toward risk factor reduction target per annum

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Annual acute admission events avoided after 5 years</th>
<th>5 year cumulative acute admission events avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current risk</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scenario 1</td>
<td>1,707</td>
<td>5,120</td>
</tr>
<tr>
<td>Scenario 2</td>
<td>1,075</td>
<td>3,225</td>
</tr>
</tbody>
</table>

Scenario 1

Scenario 2
Estimated impact - deaths
(364,912 pop)

Estimated reduction annual premature deaths over a five year period assuming 20% move toward risk factor reduction target per annum

<table>
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<th>Annual premature deaths avoided after 5 years</th>
<th>5 year cumulative premature deaths avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current risk</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scenario 1</td>
<td>490</td>
<td>1,470</td>
</tr>
<tr>
<td>Scenario 2</td>
<td>326</td>
<td>979</td>
</tr>
</tbody>
</table>
Estimated reduction in acute hospital admission costs over a five year period assuming 20% move toward risk factor reduction target per annum

<table>
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<th>Scenario</th>
<th>Annual acute admission costs avoided after 5 years</th>
<th>5 year cumulative admission costs avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current risk</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scenario 1</td>
<td>6.6 million</td>
<td>19.8 million</td>
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<tr>
<td>Scenario 2</td>
<td>4.1 million</td>
<td>12.5 million</td>
</tr>
</tbody>
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Every contact counts - Behaviour change

Phase 1:
Service utilisation - Individual level

Phase 2:
Lifestyle change - Population level
Public health intelligence (case finding)

EPHP's Engagement

Social marketing
Health-literacy
Informed choice
Environmental initiatives

Cardiac risk checks
Disease registers

Lifestyle change:
Health Trainers
Smoking Cessation
Five a day
Healthy schools meals
Housing
Green spaces
Etc...

Primary care:
Statins
Hypotensives
Obesity treatments

PH Intelligence
Public Health Interventions
Primary care

AE = Allocative efficiency
TE = Technical Efficiency
Here is Edward Bear coming down-stairs now; bump, bump, bump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming down stairs, but sometimes he feels there really is another way, if only he could stop bumping for a moment and think of it.

*Winnie the Pooh*
Thank you

- Karen Payne - NHS Yorkshire and the Humber
- Kate Birkenhead - NHS Hull
- Professor Malcolm Whitfield - Sheffield Hallam University