

**MAKING EVERY  
CONTACT COUNT  
(MECC)**

**IN HEALTHCARE  
SETTINGS**



## **MAKING EVERY CONTACT COUNT**

Wherever you work in healthcare, whether in an Acute Hospital or Out-Patient setting, in a Medical Centre or Pharmacy, or in Rehabilitation, you can look for opportunities to **Make Every Contact Count** (MECC) with patients, carers and colleagues.

Lifestyle issues, such as smoking, being overweight, drinking alcohol excessively and being physically inactive, can impact on the physical and mental health and well-being of us all.

By focusing on prevention we can help to address the outcomes in the NHS Outcomes Framework, Adult Social Care Outcomes Framework and Public Health Outcomes Framework. By supporting people to lead healthier lives, we can prevent people from dying prematurely, help them to recover from episodes of ill-health, enhance their quality of life and help them to make healthy lifestyle choices.

### **This pocketbook aims to**

- **Briefly explain the links between lifestyle behaviours and preventable health conditions in the UK**
- **Suggest a format for having a lifestyle focused "health chat"**
- **Support you to think about the impacts of lifestyle on your own health and well-being**

## MECC MESSAGES

**1. QUIT SMOKING WITH SUPPORT:** You are **4 times** more likely to quit smoking with support from **Stop Smoking Services** than by going it alone

**2. KEEP ACTIVE:** Aim to do **30 minutes** of moderate physical activity on at least **5 days/week**.

It is important to avoid a sedentary lifestyle even if you are regularly active. It improves insulin resistance and lipid profiles.

For common problems like **Back Pain** and other **Musculo-Skeletal Disorders**, advise people keep physically active every day and avoid bed rest. Suggest they take a simple painkiller regularly for a few days and keep active, even after the pain subsides. In most cases **Motion is Lotion, Movement is Medicine** for back pain

**3. EAT HEALTHILY, LOSE WEIGHT IF NECESSARY:**

Aim to eat **a healthy, balanced diet**, based around starchy foods and including 5 portions of fruit and vegetables. Eat less salt, sugar and saturated fats. **Control Your Calories** especially if a type 2 diabetic and overweight (an initial 5-10% weight loss is a good target). Regular physical activity combined with a healthy diet works best.

**4. DRINK ALCOHOL WITHIN LOWER RISK LIMITS:**

Men should drink no more than 3-4 units/day and women no more than 2-3 units/day with at least 2 alcohol free days/ week. A unit is half a pint of (3.5%ABV) beer, cider or lager, a small (125ml) glass of 8% wine or a single (25ml) measure of spirits.

**5. TAKE THE 5 WAYS TO WELLBEING:** Connect with other people; Keep active; Keep learning; Take notice of the good things around you; Give something back to your community

## SIMPLE STEPS TO MECC

**SET THE SCENE:** Invite patients to ask about healthy lifestyle behaviours. Put up a poster which says "It's OK to ASK". Be on the lookout for suitable opportunities to raise the issue of lifestyle behaviours in your everyday work.

**Consider Making Every Contact Count at any relevant opportunity for example** - on admission - first appointment in clinic - on discharge - at Medicines Use Review - New Patient Assessment

### ASK:

**Make a link between lifestyle and health concerns**

*"In preparation for your treatment /surgery, may I take the opportunity to have a chat with you about things that you can do to help you to be best prepared for your recovery /surgical intervention?"*

You can use a simple status question e.g. *"Do you smoke?"*

*"We are asking all our patients if you would like support to have a healthier lifestyle. Which issues concern you the most?"*

### ACKNOWLEDGE:

**Always raise the issue sensitively**, and be empathic. **Reflect back** what you have heard about the pressures people have felt and their experiences of trying to change

**Check back:** Have you understood correctly?

*"It sounds like you have tried to change but find it difficult when you are under stress...is that right?"*

### ADVISE:

**Give CONSISTENT MECC Messages** (see page 3)

### ASSIST:

**Signpost** to local services and to Change4Life or NHS Choices

## TOP FIVE CAUSES of MORTALITY IN UK

### 1. STROKE:

**Hypertension:** the most important risk factor for Stroke - linked to inactivity, being overweight and too much salt intake.

**CHD:** through MI and heart valve disorders.

**High Serum Cholesterol:** narrows arteries - a low fibre diet is a risk factor.

**Smoking:** Smokers are twice as likely to have a Stroke.

**Heavy Drinking:** more sticky platelets, leading to MI or Stroke

### 2. CHD:

**Smoking:** is a risk factor via atheroma

**Binge Drinking:** can x2 the risk of death in MI survivors and can also lead to Cardiomyopathy and Atrial Fibrillation

**Inactivity and being Overweight:** increases risk via diabetes.

### 3. RESPIRATORY DISEASES:

**COPD:** includes Chronic Bronchitis, Emphysema and Obstructive Airways Disease.

**Smoking:** irritates and inflames the lungs leading to permanent changes such as narrower airways, more mucus and damage to the delicate walls of the air sacs.

### 4. CANCERS:

**Smoking:** risk factor for Cancers of - lung, mouth, lips, larynx, oesophagus, bladder, kidney, stomach, liver and pancreas

**Habitual Drinking:** increases risk of some Cancers - pharynx, larynx, oesophagus, liver, breast, colorectal - as alcohol is converted by the body into Acetaldehyde, a carcinogen.

**Metabolic Syndrome** can also increase risk of Cancers.

### 5. LIVER DISEASE:

**Alcohol:** is toxic to liver cells, leading to liver disease and cirrhosis. The best way to reduce the risk is to drink at lower risk levels and have at least 2 alcohol free days a week

## IMPACT OF LIFESTYLE BEHAVIOURS

In order to give pertinent feedback of risk to your patients about their lifestyle behaviours, first of all, familiarise yourself with the impacts of each lifestyle behaviour that you will read about in this pocketbook. It is easier to raise the issue of lifestyle behaviours if you can make a link between the behaviour and the patient's medical condition, future health risks or recovery.

Of course, people often have more than one unhealthy lifestyle behaviour, so it is important to raise the issue; invite patients to think about which lifestyle behaviours they would be willing to make some changes to; and to consider for themselves where best to start and what support they may need.

Lifestyle behaviours tend to impact most on people from more deprived backgrounds. In this way unhealthy lifestyle behaviours impact on health inequalities. Helping people to be aware of their personal risky behaviours, being encouraging and supportive of change, and supporting people to access the help that they need is a crucial way to start to reduce the health inequality gap.

### **5 Top Tips for you to remember:**

1. Most patients express the view that they expect to be asked about lifestyle behaviours by health professionals
2. Most people want to make changes to their unhealthy behaviours. They do, however, need some support to change
3. MECC is a great way to deliver CONSISTENT lifestyle advice messages
4. You as a health professional are a credible messenger
5. You can make a real difference by making every contact count and helping good health go viral

## **SMOKING**

Chemicals in tobacco damage the lining of blood vessels and the respiratory tract as well as affecting the level of fats in the blood stream. This significantly increases the risk of **Cardiovascular and Respiratory** diseases.

Smoking is a major risk factor for:-  
**CHD, Stroke, Peripheral Vascular Disease**  
**Aneurysms, COPD**

Smoking has been implicated as a cause of:-  
**Reduced Fertility, Earlier Menopause, Dementia,**  
**Optic Neuropathy, Cataracts, Macular Degeneration,**  
**Pulmonary Fibrosis, Pneumonia, Psoriasis**  
**Dental Disease, Osteoporosis, Rheumatoid Arthritis**  
**Raynaud's Disease, Renal Failure**

Smoking worsens or prolongs:-  
**Asthma, Rhinitis, Diabetic Retinopathy, TB,**  
**Hyperthyroidism, Optic Neuritis, Crohn's Disease** and  
**Respiratory Tract Infections.**

Smoking is linked to:-  
**Impaired Wound and Tissue Healing** as well as **Impotence,**  
**Miscarriage, Low Birth Weight** and **Stillbirth**

**ASK: " Do you smoke?"**

**ADVISE: "It is never too late to get benefits from stopping smoking. Quit smoking completely with help from Stop Smoking Services"**

**SIGNPOST TO: Local Stop Smoking Services**

## **PHYSICAL INACTIVITY**

Physically activity on a regular basis can reduce the risk of:-  
**CHD, Stroke, Type 2 Diabetes, Bowel and Breast Cancers**  
**Mental Health Problems, Musculo-Skeletal Disorders**  
**Type 2 Diabetes; Pre-diabetes developing into diabetes**

and alleviate:-

**Common Back Pain, Depression and Anxiety**

Regular physical activity is also linked to reduced risk of obesity. It increases levels of HDL (good cholesterol) which is protective against :-

**Atheroma, CHD, Stroke, Peripheral Vascular Disease**

Regular weight bearing activity can help to prevent **Osteoporosis**. The pulling and tugging on bones, by muscles during exercise, stimulates bone making cells which strengthen bones as well as metabolizing excess fat leading to weight reduction and better maintenance of a **healthy weight**

A sedentary lifestyle (even if the person does some exercise) may increase the risk of **Obesity, Diabetes, Heart Disease** and some **Cancers**.

**ASK:** *"How often are you physically active?"*

**ADVISE:** *"Keep physically active and avoid a sedentary lifestyle. Aim to do at least 30 minutes of moderate physical activity on 5 days of the week. Include exercise which encourages strength and flexibility"*

**SIGNPOST TO:** Change4Life, local physical activity support services

## **OVERWEIGHT/OBESITY**

Being overweight or obese can increase risk of;-  
**Stroke, Type 2 Diabetes, Hypertension and Heart Disease.**

It also adversely affects:-  
**Musculo -Skeletal Pain and Mobility.**

It may be linked with:-  
**Depression and Low Self-Esteem.**

Weight reduction is best achieved through a healthy, balanced diet, calorie control, physical activity and making these changes into habits.

Weight reduction is NOT recommended in women who are pregnant.

A BMI chart can be a useful tool in broaching weight management

**ASK:** *" May I explain how a healthy BMI can benefit your health?"*

**ADVISE:** *"Reduce your weight by eating a healthy, balanced diet and keeping physically active. You can reduce calorie intake by eating smaller portion sizes and avoiding calorie dense foods, as well as foods containing sugar and saturated fats. It is important to make new habits of these healthier behaviours"*

**SIGNPOST TO:** Change4Life, local Weight Management support services

## ALCOHOL

Excess alcohol can disrupt the Autonomic Nervous System resulting in **Hypertension**, which can lead to **Kidney Disease**, **Heart Disease** and **Stroke**. It can reduce red blood cells, leading to **Anaemia**, **Fatigue** and **Shortness of Breath (SOB)**.

Alcohol makes **Diabetic Neuropathy** worse and **Heavy Drinking** makes **Hypoglycaemia** more likely. **Severe Hypoglycaemia** can occur with excess alcohol use especially if the person is using insulin. Alcoholic drinks can contain many calories and even Low Alcohol drinks can contain a lot of sugar.

Alcohol can increase **Depression** and **Mood Swings**. It can cause **Headaches** as a result of dehydration. Heavy drinking can lead to **Memory Loss** and subtle deficits in the ability to plan, make judgments and problem solve. It can also lead to **Wernicke's Encephalopathy** and **Wernicke-Korsakoff Syndrome**. Heavy drinking can cause **Epilepsy** and trigger seizures in people without epilepsy.

Alcohol can increase the risk of **Gout**. Drinking in pregnancy increases the risk of miscarriage and **Foetal Alcohol Syndrome**

Alcohol may influence the **effectiveness** of **medications** and may increase the **risk of falls** especially in the elderly

**ASK:** *"How often do you have an alcoholic drink?"*

**ADVISE:** *"Drink within lower risk limits which is <4 units/ day for a male and <3 units /day for a female with at least 2 alcohol free days/ week to reduce the risk of liver disease "*

**SIGNPOST TO:** [www.DrinkAware.co.uk](http://www.DrinkAware.co.uk),  
Change4Life and local alcohol support services

## Alcohol-related LIVER DISEASE

The NHS identifies the following two groups as at a high risk of developing serious types of alcoholic liver disease

1. Men who drink more than 35 units of alcohol a week for 10 years or more
2. Women who drink more than 28 units of alcohol a week for 10 years or more

Symptoms of **early stage Liver Disease** include:

-Vague discomfort in the abdomen because the liver is swollen.  
-Nausea and loss of appetite, Fatigue, Diarrhoea and abdominal pain

**ADVISE:** *“The liver will start to recover if you stop drinking for at least a few weeks and don’t exceed the lower risk guidelines after that.”*

**Later stage liver damage** symptoms can include:

- Jaundice, vomiting blood, fatigue, weakness,
- loss of appetite, itching, easy bruising
- swelling of the legs, ankles or abdomen
- liver cancer, bleeding in the gut
- increased sensitivity to alcohol and drugs, both medical and recreational (because the liver cannot process them)

**ADVISE:** *“Stopping drinking alcohol completely is essential to prevent mortality from liver failure.”*

**SIGNPOST TO:** Local Alcohol Services,  
[www.DrinkAware.co.uk](http://www.DrinkAware.co.uk) Change4Life

## MENTAL HEALTH

Mental health problems often precede physical health conditions, and are important factors in recovery from physical conditions. Risk factors include:-

Having a **Long Term Condition, Smoking** ( 50% of people who smoke have a mental health problem), **Obesity, Alcohol** and **Drug** use

**Psychological Distress, Discomfort** and **Hopelessness** can predict the onset of **Heart Disease**, and is also a risk factor for **Stroke**.

In **Severe Depression** the risk of physical illness is high. **46%** of people with mental health conditions also have long term physical problems such as **CHD** and **COPD**.

Mental ill health also increases the risk of **Cancers, Back Pain, Irritable Bowel Disease** as well as increases mortality from **CVD, Respiratory Disease and Infectious Diseases**

**ASK:** *"How are you coping at the moment?"*

**ADVISE:** *"Look after your mental health by focusing on the positive things in your life. Focus on your strengths in the here and now rather than on worries about the past or concerns about the future. Take the 5 ways to well-being: Keep in touch with people, Keep learning, Take notice of the good things around you, Keep active and Do something for others."*

**SIGNPOST TO:** *the Be Mindful online course at <http://bemindful.co.uk/>. [www.mind.org.uk](http://www.mind.org.uk), social prescribing support services*

## EXTRA CONSIDERATIONS

**Pregnancy:** Ideally, support women preparing for pregnancy to quit smoking, lose weight if necessary and cut down on alcohol use. Advise pregnant women to **quit smoking**; to **avoid alcohol during the first trimester** and thereafter to limit any alcohol to no more than 1 or 2 units once or twice a week; to **eat a variety of different foods every day** to get the right balance of nutrients that mum and baby need. **DiETING TO LOSE WEIGHT DURING PREGNANCY IS NOT ADVISABLE.** Advise that moderate-intensity physical activity will not harm her or her unborn child. At least 30 minutes per day **of moderate intensity activity is recommended.** Women who have a BMI >30 after childbirth should be signposted to professional support for weight management. **Encourage breastfeeding** where possible.

**Medications:** Advise patients if there is a likely interaction with **alcohol** e.g. certain antibiotics such as metronidazole, erythromycin or doxycycline; sedatives; hypnotics. The most clinically significant pharmacodynamic interactions with **smoking** include: hormonal contraceptives (increased risk of cardiovascular disease); inhaled corticosteroids (efficacy may be reduced in smokers with asthma); and beta-blockers (nicotine activation of sympathetic nervous system may counteract effect). A **Medicines Use Review** can be a useful time to assess lifestyle behaviours.

## HEALTH BEHAVIOUR CHANGE

The **COM-B Model** (Michie et al 2014) tells us about the 3 key ingredients necessary for change

**Capability:** Does the person understand the facts? Do they have the skills to change? Do they feel capable of change? What support do they think they need?

**Motivation:** Does the person think it is important that they change? Do they believe that change is possible? Can they make a habit of their new behaviours?

**Opportunity:** Does the person have people around them who will be supportive of change? Do they know how to access local services?



**Make Every Contact Count by using these simple behaviour change principles and techniques in your health chat:**

### **GIVE PERTINENT FEEDBACK OF RISK and CONSEQUENCES**

Make a link between the health behaviour and their health condition; eg explain that smoking may slow wound healing; explain how being physically active can support the person to remain independent at home; how being alcohol free can reduce the risk of falls etc

### **ENCOURAGE A BELIEF THAT CHANGE IS POSSIBLE**

*"People who have used our local lifestyle services have made some real changes. I'm sure that you can too"*

### **ENCOURAGE CONSIDERATION OF THE BENEFITS OF CHANGE**

*"What benefits can you think of for you, if you lost a little weight?"*

### **ENCOURAGE CONSIDERATION OF SUPPORT NEEDED TO CHANGE**

*"What information or support do you think you need?"*

### **HELP PEOPLE TO ACCESS INFORMATION AND SUPPORT**

*"Here is the list of our local lifestyle services"*

**RAISE THE ISSUE SENSITIVELY;  
USE OPEN QUESTIONS; LISTEN WITH INTEREST**

## MECC for BACK PAIN

**Musculo-skeletal problems, and low back pain in particular, are common conditions which can affect people's health, well-being and ability to work.** 8 out of 10 adults will experience back pain at some point in their lives. Think about opportunities to Make Every Contact Count for back pain, with patients and colleagues.

**ASK:** Raise the issue if you observe that someone seems to be experiencing back pain. Or simply ensure that everyone is aware of how common back pain can be and inviting people to get informed and access support

***"I notice that you winced when you got out of your chair. Are you experiencing any back pain?"***

***"8 out of 10 people will experience back pain at some point in their lives. We want to make everyone aware of some simple steps that they can take if they do. Do you experience back pain?"***

**ACKNOWLEDGE:** Back pain can be very painful, and people may be worried that they have some serious underlying condition. They may have heard that staying in bed is a good way to manage back pain, or be fearful that being active will damage their backs and make recovery more difficult.

In fact, in the majority of cases back pain will not be caused by a serious health issue. Back pain may take 6 weeks or so to recover. Certainly if the person feels that their back pain is worsening considerably, or has not improved after 6-8 weeks, they should be supported to see their GP or specialist. So we want to acknowledge that back pain can be uncomfortable, and that people may have real concerns about how to best manage their back pain.

## **ADVISE:**            **ACTIVITY + ANALGESIA**

*“Keeping active is the best way to manage back pain. You may feel uncomfortable at first, but staying active is the best thing to do. Start with a little activity every day and build up at your own pace. **Movement is medicine for bad backs**”*

*“Consider taking a painkiller on a regular basis to help you. Your local pharmacist can advise you which one may suit you best”*

**ASSIST:** Give out a leaflet which explains simple exercises to help relieve back pain. Signpost to the Arthritis Research UK website or to NHS Choices

## **REMEMBER: General MECC messages also apply to back pain and other MSK Disorders**

- **Keep active.** Aim to be active for 30 minutes a day, 5 days a week
- **Quit smoking** with support from Stop Smoking Services. Smokers are more likely to get back pain, and smoking may affect recovery.
- **Lose weight** if necessary. Extra weight is a risk factor for a number of conditions, including back pain.
- **Look after your mental wellbeing.** Reduce stress and think positively about recovery

**YOUR HEALTH AND WELL-BEING**

**MECC messages apply to Healthcare staff too.**

No-one is perfect, and in a challenging healthcare role it is important that you take care of yourself, as well as your patients. Reflect on your own health behaviours. Do you have any particular concerns?

Are you taking proper breaks? Coping well at the moment? Having a walk at lunchtime? Are you properly hydrated? Sleeping well at night? Having healthy meals?

Think about what support you need to feel good and make a plan that will help you. You can access health support in your Hospital Trust, at your Medical Centre or locally in your community. Take some simple steps to address your health and wellbeing needs.

**YOUR HEALTH & WELLBEING PLAN**

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## REFERENCES AND RESOURCES

The Behaviour Change Wheel Michie et al (2014)  
<http://www.behaviourchangewheel.com/>

<http://www.nhs.uk/Change4Life/Pages/be-more-active.aspx>

<http://www.nhs.uk/change4life/Pages/healthy-eating.aspx>

<http://www.nhs.uk/Change4Life/Pages/drink-less-alcohol.aspx>

British Liver Trust website, Cirrhosis – symptoms  
<http://www.britishlivertrust.org.uk/home/the-liver/liver-diseases/cirrhosis-updated/symptoms.aspx>

NHS Choices website, Alcoholic liver disease – causes.  
[http://www.nhs.uk/Conditions/Liver\\_disease\\_\(alcoholic\)/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Liver_disease_(alcoholic)/Pages/Causes.aspx)

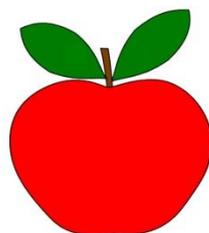
NHS Choices website, Alcoholic liver disease – Symptoms.  
[http://www.nhs.uk/Conditions/Liver\\_disease\\_%28alcoholic%29/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Liver_disease_%28alcoholic%29/Pages/Symptoms.aspx)

<http://www.mind.org.uk/information-support/>

<http://www.keele.ac.uk/sbst/> and [www.meccback.co.uk](http://www.meccback.co.uk)

Smoking Cessation training and resources [www.ncsct.co.uk](http://www.ncsct.co.uk)

Health Education West Midlands <https://wm.hee.nhs.uk>



**For copies of this MECC Pocketbook contact [derynbishop@gmail.com](mailto:derynbishop@gmail.com)  
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