BN: So, if you don’t mind if we could start if you could just explain your role at your organisation and what motivated you to work in that role.

AP4: OK. So, I work for (name of location) NHS Foundation Trust and my role within the organisation is Macmillan personalised care and health inequalities lead. So, I work within the cancer services team specifically looking at how we can improve the experience of cancer patients in addition to their clinical care, so it might be things like the practical, social, emotional or even spiritual care that we would think about, and it's how we can look at supporting the clinical teams and supporting the clinical teams also to look at the whole person and not just the condition. So, the reason I wanted to do the MECC Train the Trainer training is obviously I’ve got health inequalities in my job title, I also come from a public health background, so I am very passionate about doing things that may help to reduce health inequalities and I think MECC is an excellent way to perhaps deliver messages at scale in a format that’s sort of tried and tested and has the evidence behind it to show that it’s an efficacious way to deliver a message that can potentially lead people to improve their behaviours and to improve their quality of life.

BN: Yeah. Great. Thank you. And what would you say the kind of attitudes are towards health promotion in your cancer care team?

AP4: OK so, I think it’s, I probably need to be careful how I say this because coming from a public health background where it was bread and butter and we lived and breathed it, when I first started working within a hospital setting it was almost as if it was a bit of an add on, I think. I think that is changing now. So, I think the launch of the NHS long term plan which looks at health improvement and also the new major conditions strategy which also focused on prevention and health improvement and also seeing more people coming through with more complexities is leading to a cultural shift in the change across the organisation. So, I think there is an appetite to do things differently and to look at how we can improve the experience of people affected by cancer. That’s my perspective, obviously. That would apply to other patient groups too, but from my perspective it’s cancer patients. So yeah, I think that we’re starting to see a positive shift.

BN: Oh, that’s great. And can you describe if you’ve had any other sort of MECC training before you did the Train the Trainer?

AP4: Yes. So, as a public health practitioner historically, MECC was part and parcel of things that we did on an everyday basis. So, MECC is familiar to me, has been over a long period of time. My previous roles included being a Stop Smoking advisor, so MECC would be built into contacts that we would have, and we would deliver the MECC message to clinicians at that time when I was in that role who may have contacted patients.

BN: OK. So, when you did the Train the Trainer, was that from a previous role or did you do that in this one?

AP4: No. I did the refresh Train the Trainer, so this is quite, I’ve been in my role or a very similar role within cancer services for seven years now, so in quite a different role to I was when I was working in health improvement and in public health roles.

BN: Right.

AP4: So, MECC was something that was really interesting for me to revisit, and I did feel I need a refreshing because I’ve been working very much in a kind of project management role that’s not so much been looking at those kind of interactions. So, it was a good refresher for me, although the principles are pretty much the same as they were. It’s about using those opportune contacts to have a discussion with people about how they might improve their behaviours.

BN: Yeah. Oh, so it sounds like you already knew and were using a lot of MECC before you did that Train the Trainer. Yeah.

AP4: Yeah. And I guess I would add to that, that within cancer services we have Macmillan information and support centres who regularly have a lot of contact with patients, and we also have cancer care coordinators who support the clinical teams by being the first point of contact for patient queries, and they already use a range of skills of which MECC I hope will be one, but they use something called Sage & Thyme Communication Skill training which in a way has a similar approach. It’s looking at what people already have within them that can help resolve some of the issues they have. They are familiar with services like social prescribing link workers and signposting and being able to refer people on, but I think MECC will hopefully give them the confidence to develop the interactions a little bit further that they have with people.

BN: Yeah. Oh great, and is that part of your role is to deliver training to those people so that they can deliver MECC?

AP4: I have chosen to do that myself as part of my own health inequalities role.

BN: Right.

AP4: So, I felt this was something that it’s an at-scale programme, so the more people we can reach and the more people we can deliver MECC training to, then the more people have an opportunistic conversation which might have brought them to make some changes.

BN: Oh great.

AP4: Though I’m not a trainer per se within my team, but I will be delivering the MECC training to anybody who is interested that works with cancer patients.

BN: OK. So, yeah, so in terms of why you went to the Train the Trainer, was that more out of your own want to do that for the needs of the communities.

AP4: Yeah.

BN: Right.

AP4: I think so. I think so. I’d already started thinking about my own plan of how I could make some small changes to reduce health inequalities and some of that’s raising awareness of what they are and embedding health inequalities as something we think about in everyday practice. So, whenever we think about developing a service or changing it, it’s about asking the question, is there anyone we’re disadvantaging, is there anyone we’re not reaching, but MECC just seemed like a really nice way to do something proactive and positive and to cascade that knowledge and information to other people working with cancer patients.

BN: Yeah. Oh great. So, in terms of sort of if we think back to before you did the trainer, what were your sort of motivations like to go on to deliver MECC training at that point do you think?

AP4: Yeah, I think I already had a strong motivation to deliver it because historically I’m aware of the impact that it can have. I believe that in my trust MECC used to be sort of part of the core programme of induction for anybody who comes to work for the trust. I’m not sure whether that’s the case or not anymore now, and I have to be clear that my remit is only for people working with cancer patients, so I can’t tackle this as a trust, but certainly it was something in the seven years I’ve been there wasn’t part of business as usual within the cancer patient cohort.

BN: Yeah. Also, yeah, it sounds like it’s really been driven by you. So, what was the attitude of your leadership and management like towards you going and doing MECC and delivering MECC training?

AP4: So, I spoke to my line manager who’s the lead cancer nurse before I went on the MECC trainer training and I told her what I was doing and that I’d signed up to it because I can make my own decisions I suppose in that respect, and she was like OK right, yeah that’s good and she kind of I would say almost brushed it off, didn’t think too much of it. Eventually heard a presentation by (name of regional MECC at scale coordinator) and she came back to me, and she said (AP4), I’m sorry, I really wasn’t getting this. I did MECC in the old way years ago because she was also a practicing nurse at the time, and she was a Stop Smoking service champion in her trust at the time and she said it feels like it’s really been refreshed in that it’s quite different now. And I would agree that it’s always felt as though every contact counts, you know, it’s about asking people do they still smoke, are they exercising, but I really like the way that the programme is now framed, that it’s not judging people. So, my view is that when you have people who’ve had a cancer diagnosis, quite often they carry a lot of guilt because they’re aware that there may be some health behaviours that might have impacted on the diagnosis and what we absolutely don’t want to do is to blame those people in any way. So, we have to be very careful how we approach conversations about some of these things because they’re vulnerable and, you know, being told that actually it would be in your interest to stop smoking isn’t really the right approach. People know that. I think people know that already, so I like the approach we have now which is very much about I can see you’re still smoking, is that something you want to talk about I think is a better way to work with patients, and I think we’ll get better buy in from the clinical teams doing it that way as well.

BN: Yeah.

AP4: Because they don’t want to, they have to build rapport with their patients and they have to be very cautious about some of the things that they raise with them, and again they certainly don’t want to feel that they’re blaming them in any way for their diagnosis.

BN: Yeah, definitely. So, obviously the MECC approach has evolved a bit. Would you say that your attitudes towards MECC have changed over time in any way?

AP4: Yes. I think I feel more positively about it now and the fact the messages are framed. I feel a little bit differently to [09.51 unclear] the first time that I did it, which was when it very first came out.

BN: Right. And what do you think has been the driver to that shift would you say in the approach?

AP4: I think it is recognised that people have very little time to have an additional conversation with patients, so using that very opportunities conversation that they’re already having to shape and influence an outcome for somebody is really important. And I think there is a reluctance of people to engage in MECC if in any way the people delivering the message are feeling as though it’s difficult for them to have the conversation with patients. So, I think they would just not do it if it felt like it was a difficult thing.

BN: Yeah. And that’s kind of improved over time that more opportunistic.

AP4: I think so, yeah.

BN: Yeah. Great. So, if we go back to sort of you accessing the Train the Trainer, so you’ve decided you want to do it, you’ve checked with your management, how did you find that process of accessing and getting on to the training?

AP4: That was by stroke of luck, so I think it was on my mind, but I found the course in a health watch newsletter.

BN: Right.

AP4: So, I do think there might be scope for improvement on how the course is promoted maybe and what the purpose of it is because I did go into it being a little bit unclear about what the Train the Trainer involved. And I think because I was already committed I went on it, but had I not known a bit more about it I may have been reluctant so I think there needs to be some perhaps very clear communication but the idea behind Train the Trainer isn’t that it’s going to take a huge chunk of your job and your time, it’s about you delivering a few courses every year and about the spread, and that if that spread keeps going, you know, this is how many people we might reach, and I think that’s quite powerful if it's delivered in that kind of a way.

BN: Yeah. So, in what way do you think it was vague on that initial advert for it?

AP4: Well, one I found it by chance through a newsletter that I happened to look at. Secondly it said that there was Train the Trainer happening, in my case at (name of location) Council, and that people were invited to come along, but I wasn’t quite sure what was going to be expected from me as a trainer and if it was there it didn’t stick in my mind. So, I’m not saying it wasn’t there, but the message didn’t stick in my mind if it was, what it was likely to involved and what commitment it would involve after I’d been on it.

BN: Yeah. So, did you sort of have any specific expectations or did you go in just very unsure?

AP4: I think I went in quite unsure. Obviously from the title Train the Trainer I knew there would be an expectation that I would deliver it. I do think that perhaps some people that have signed up to it have gone to do the MECC training rather than the Train the Trainer training.

BN: Yeah. Definitely. I think we’ve heard that in previous projects. Yeah, that’s interesting you say that. So—

AP4: So, maybe there needs to be different offers, you know. There maybe needs to be an offer of find your nearest MECC training to update yourself or maybe another option would be can you then share that with some other people and come and do the Train the Trainer training.

BN: Yeah, and so when you saw the advert it was only for Train the Trainer. There was no also an advert for core MECC on its own.

AP4: Yeah. If you want to update your MECC skills or just learn about MECC there’s another option for you to do. So, I think people might have gone on it to just learn about MECC.

BN: Yeah. Yeah. And how do you think it could have been better advertised? I know I’m putting a lot on you in answering those solutions, but have you got any thoughts about how it could be?

AP4: In all honesty, that’s a golden question and I don’t know. You know, I guess in a way through the mechanisms that have already been used, which is through all the community networks, through the local authority, I feel that the secondary care trust’s probably through workforce and development and a contact through those teams might have been a good idea. I don’t know whether that did happen. It maybe did, I can’t say. But that was typically, you know, we have a lot of people. There’s typically thousands of people work in a foundation trust and having contact with those teams or perhaps somebody in workforce may be another option in the future if it hasn’t already happened.

BN: Yeah. It’s getting it to the right people. Yeah.

AP4: Yeah.

BN: And so, can you describe a little bit about your experience of the Train the Trainer?

AP4: Yeah, it was a really good afternoon actually. I remember it vividly. It was incredibly hot. Fans had to be brought into the room.

BN: Oh God.

AP4: I think there was only three or four of us on it but the trainer, and this is probably my age, I’m of a menopausal age, I can’t remember his name, he was very good.

BN: Was it (name of principal trainer)?

AP4: It was (name of principal trainer).

BN: Yeah.

AP4: Oh, no it wasn’t.

BN: No?

AP4: No.

BN: OK.

AP4: It wasn’t (name of principal trainer), and it wasn’t (name of regional MECC at scale coordinator) , it was somebody who—

BN: Oh, I’m out of suggestions.

AP4: It was good. It was really good. So, thoroughly enjoyed it. Did feel motivated afterwards. My personal circumstances meant that I had an illness not long after I went on it and was off sick for a period of time, hence I have got two courses booked but they haven’t been delivered yet.

BN: Right.

AP4: So, I think I would have got to it quicker had it not been for I came back to work and actually had a backlog of probably more pressing things that I have to attend to first.

BN: Yeah. And that was out of your control.

AP4: Because this isn’t a core part of my job, it’s something that I’ve chosen to do because it feels like it’s the right thing.

BN: Right. Yeah. Rather than part of your job description and role.

AP4: Yeah. It’s not in my job plan in any way. It’s my choice.

BN: Yeah. And do you think that would help you to go on and deliver MECC if it was?

AP4: Not for me, because my own work’s fairly well self-directed but for people who maybe are in more structured roles where they’re not self-directed maybe that would help. For me, I don’t think so. You know, I think I’m supported to make the decision to do what feels the right thing.

BN: Yeah. Oh, that’s great then. And so, do you think, it sounded like it was in person, how did you find like it being in person, the duration, the location, sort of the logistical bits and pieces?

AP4: All good. All good. So, yeah duration spot on, location brilliant. It was in the town that I work in. Couldn’t be helped that it was incredibly warm that day, so it was a slightly uncomfortable experience, but I couldn’t fault it, it was good.

BN: OK. Oh, that’s great. And do you think it makes a difference it being in person versus online?

AP4: I liked it in person. And the two courses that I’ve set up because obviously I cover (name of location) which is quite a big area, and we’ve got staff working across both. Trying to book training venues is very hard because as you can imagine there’s a lot of clinical training and mandatory training that has to take place in a trust. I have got one face to face but I’m also going to do an online one and I’d be interested to see myself how the two are going to compare.

BN: Yeah, definitely. And is there anything you particularly liked about the Train the Trainer training would you say?

AP4: I liked the fact that you went through the MECC course, as you would if you were a person that wanted to do MECC and then you did the Train the Trainer bit on the top of that.

BN: Right. Yeah, so you would keep that the same.

AP4: Yeah.

BN: Yeah. And was there any—

AP4: I suppose this is going to lead onto probably another question that you might have had, to make it easier to deliver the training after you’ve finished, I do find the Futures platform really clunky.

BN: Clunky? OK yeah.

AP4: Yeah, it’s not the easiest thing to use. You sign up to a Modern Futures platform for a number of different things and you do end up bombarded with emails. So, I end up filtering mine into a different inbox and then generally don’t look at them. So, if anything important comes through via Futures I have to go looking for it rather than seeing it because I’m on a number of work streams. And under the training resources section there’s so much stuff. So, I’ve actually been starting to do some prep this week and I think it was another email from yourself had been triggered by (name of regional MECC at scale coordinator) after I’ve contacted him to say where do I find this information. It isn’t easy, and I’m not totally hopeless with IT. I’m not the best either. Some of the younger and more switched on might be better, but I’m certainly not bad with it and I was really struggling to find everything that I needed. So, (name of regional MECC at scale coordinator) talks about the app where you register. Well, it’s a website, it’s not an app, to me. Do you see what I mean? And I think some of that terminology can be confusing and I think what it needs is a set of instructions that goes with the training that this is what you need to do to set up your first session and this is the resources we recommend you use. Because actually when you look in the Futures platform there’s hundreds of bits of stuff in there which is all important and it's all add-on information, but it’s one of the core things you need to deliver your first session rather than having to go looking for them.

BN: Yeah.

AP4: So, obviously you’d need your course line set, you’d need your facilitator notes, but it’s which other of those hundreds of things do you need to include in your training sessions. So, I think a how to guide would really help. A step-by-step this is what you need to do to get your first session going and also when you go through the slide deck as I have been you have to obviously populate it with some of your own local information. So, I think a little bit of information in that how to guide are what you need to find to put in the presentation just to make it clear.

BN: Yeah. So, you felt that guidance of that actually how to use all the resources was lacking a bit.

AP4: Yeah. So, the resources are plentiful. You can’t say there’s anything missing because there isn’t, it’s just a bit all over the place. So, I think you need to maybe section it out, not you but whoever, section it out to say this is the core session and the resources you need and that will all be in that folder. If you’re doing it in a pharmacy setting this is your core resources if you’re doing it in a community setting, you know.

BN: Yeah.

AP4: So, and then have an additional area because it is just a bit all over to me.

BN: Yeah.

AP4: You have to go looking for different bits and pieces, and I have to admit I’ve been scratching my head thinking which bits am I supposed to include, what am I supposed to give them.

BN: Yeah. That makes sense. I know what you mean. And is there anything about the training itself that you would want to change that you didn’t like so much maybe?

AP4: Maybe just to add something about the how to guide, so you’ve got away, you’ve done the Train the Trainer training and to actually show you, you know, maybe a demonstration that this is the app, as it’s called, and what you need to do on the app, this is the Futures platform and I know it’s all the thing at the moment to do a little video how to guide. I’m a person with autism.

BN: OK.

AP4: And I can’t learn by watching a video. I think you need to have something written as well. So, people have different styles for learning, but I can just look and look and look at a video and I find it incredibly frustrating. I want something written and I expect there’s probably other people out there and it’s not just because of my diagnosis that maybe find watching the videos a little bit irritating. I just want to have it on a bit of paper so I can not have to keep pressing pause.

BN: Yeah, yeah. I know what you mean. A step-by-step sort of document or something like that.

AP4: Yeah. Yeah.

BN: Yeah, that makes sense.

AP4: And actually, I feel that my own diagnosis has probably enabled me to see where perhaps there are some anomalies, you know, it’s not clear to me the how to do it.

BN: Yeah. No, that’s interesting. Very constructive. And so obviously you were confident about the MECC content itself. How did you sort of feel about the training delivery side? Is that something you’ve done before? Were you confident about [22.14 unclear]?

AP4: Yeah. I’m a trainer or was. I haven’t done it for a long time but for me I maybe have an advantage because I’ve got a post graduate certificate in adult education so I’m a little bit more confident in delivering and I present, I do a lot of presentations in my current work, so whilst there may not be training as such, I’m quite comfortable in that situation.

BN: Right.

AP4: Maybe for other people that might be a little bit of a barrier, it might feel a bit scary, but I think with a clear step-by-step guide that could be overcome.

BN: Yeah, definitely. So, do you think, obviously because you’re very familiar with educating and training, do you think you needed to go to the Train the Trainer? Was there anything you picked up that—

AP4: Yes, absolutely, because it’s a topic area that maybe isn’t part of everybody’s everyday life and even though I feel that I’ve maybe had a sort of step up that I had some knowledge of it I still felt it was really important to go.

BN: Right. OK. That’s great. So, you would still want to…is there anything else you would want to change with it apart from the step-by-step resources?

AP4: I think one of the activities, I’m trying to be really critical here on what I felt was a very good training course, we did a little bit about the behaviour change models, so the COM-B and the transtheoretical model of change, the cycle of change. And again, I’m familiar with both of them because I’ve worked in health change, you know, health behaviour change settings. I think that could be a bit scary to some people. Because one of the exercises that was done in that is a case study of how the COM-B fit in with this, and I think you’re actually asking people to understand a quite trickly concept and then apply it.

BN: Yeah. Uh-hm. Yeah. So, would you…I suppose now you’ve sort of planned future training is there anything you’re changing about the training to suit your audience?

AP4: Cast studies for me. The case studies. So, I will make them about cancer, so I’ll make them relevant to my organisation so it might be Jenny comes into the Macmillan information centre and she asks for some booklets including one on physical activity, you know, how might you deliver a MECC intervention at that point. So, I think you’ve got to make the case studies relevant to your setting and I think there are a lot on the Futures platform that cancer specific I think would be helpful. And maybe some more examples of how the COM-B model can be used and how it fits. So, we did cover it in the course. And as I say, I’m familiar with it because of my background but I’m not sure it would be an easy thing to come to terms with if you haven’t studied. I mean they’re both very complex models if you were really to drill down into them, very complex models.

BN: Yeah.

AP4: And behaviours is notoriously difficult to predict.

BN: Anything changed, yeah.

AP4: Yeah. Yeah.

BN: Yeah.

AP4: So maybe some examples of how some case studies of examples of how the theory of change fits in and how the COM-B model might fit with the examples might be helpful.

BN: OK. And that’s something maybe you would look at adding in to when you deliver training as well.

AP4: Yeah, I think so. I think so, just to try and make it a little bit easier because I think people could go away and think what the heck is that, you know, how am I supposed to remember email, what all these different things mean and personally I think the cycle of change is easier, an easier concept to understand because you can see how people can go around it and in and out. I think the COM-B is potentially a little bit tricker.

BN: Yeah. And obviously now you’ve done the training, have you had any sort of support from leadership and management to enable you to go on and deliver training now would you say?

AP4: I’ve not really felt that I particularly needed it because I think if I mention my own job, I self-direct what I do, [26.38 unclear] because I know that you can hear that.

BN: Oh no, I can’t hear anything.

AP4: I’ve got a rag and bone man that comes around singing Any Old Dime on his Tanoy and just any old dimes.

BN: Ah.

AP4: It’s very funny. I mean yeah, you know, supportive. Totally supportive of me delivering it and I can’t really say more than that, you know. It’s something that I talk about in management meetings, it’s something that I talk about in team meetings. They’re happy for me to promote it, to plug it.

BN: Yeah. Oh, that’s great. And so obviously it’s great that you’ve got the training planned, is there anything you would want, anything more that you’d want to help you go on and deliver training would you say?

AP4: Probably not at the moment because I think I would want to see how the first two sessions go and my plan would be to do one online and one face to face. Probably three times a year each, so every four months.

BN: Yeah. And would you say that how do you feel your motivation is to deliver training and was there any particular aspects of the course that influenced this motivation?

AP4: No. I don’t think so. I think the motivation was already probably there for me. I don’t know. Could you do some fun things, some incentives for people who’ve delivered the most courses or like a leaderboard or something like that. It doesn’t have to be monetary bout you could do something a little bit because I think people like that kind of thing.

BN: Yeah. That could be good. And is there any—

AP4: Oh, and also to mention, I’m going to a MECC trainer’s brunch which I think is a great idea on Tuesday next week with (name of location) Council, so I think was part of their plan to ensure that it’s rolled out. They’re trying to bring everyone together so I’m really looking forward to that. That’s face to face.

BN: OK.

AP4: And it will give the opportunity to get ideas and talk to other people and maybe make links with different people.

BN: Oh great. And have you had any other sort of networks or things like that before this brunch?

AP4: No. There has been the opportunity to take part in the trainer’s forum. As I’ve mentioned I was unwell for a period of time, so I haven’t been able to join in with that yet. But I have had a good dig around the Futures platform. I saw your post on there actually [29.09 unclear].

BN: Oh yeah.

AP4: So, I mean the Futures platform is good, I just think the way it’s organised could be clearer so you’ve got this is what you need to do, this is the generic module, everything you need to deliver your first session is in this folder.

BN: Yeah, that makes sense. It is all a bit I know what you mean, it’s all in different folders and it’s a lot.

AP4: It’s all in different folders and it’s like oh which bit do I need to include and there’s some great resources in there and being me I’ve had a good look at pretty well all of them and totally gone down rabbit holes because my bread and butter is things like your alcohol reduction, your stopping smoking and [29.48 unclear] reviewing all the resources. I’ve been reading about [29.51 unclear] documents but that’s all extra stuff, so I think this will be who maybe doesn’t necessarily have the time for that, they just need it one place and I think that would a step-by-step guide and all the things that you need to deliver a basic course in one place.

BN: Yeah, that makes sense. And have you been to the strategy meetings before? Do you think they’re helpful in any way?

AP4: Average.

BN: No.

AP4: No, I haven’t. I haven’t been to any of them.

BN: And was that sort of a conscious choice, or do you feel like—

AP4: I’m not aware of them.

BN: Oh really? Ok.

AP4: Yeah.

BN: So yeah, that could be a bit better sort of communicating.

AP4: But I must say, you know, it was literally by chance that I found the Train the Trainer course. That was the Health Watch newsletter which is a brilliant newsletter and probably a great place to promote it. I know it was straight like oh that looks interesting. I was emailing straight away saying can I book the place.

BN: Yeah. All right. Great. And so yeah, you feel like all the resources are there, but it is more the accessing. There’s no other sort of resources that you would want, and how do you find sort of the is it the ICS app to sort of log your training.

AP4: Yeah.

BN: Is that OK?

AP4: Yeah. Again, I think a link to it in a step-by-step guide would be good because I had to really dig around to find it again after I came back after being off.

BN: Yeah.

AP4: So, I think, again, having that in one place, you know, so that you’re not having to go into different places to look for things. So, a quick link in the folder of delivering your first course. Step 1, you know, make sure you register the course here, because that’s what I’d emailed (name of regional MECC at scale coordinator) about.

BN: Yeah.

AP4: Oh, and there is something else I think would help, an editable PDF poster.

BN: Oh right. To sort of advertise.

AP4: About the course.

BN: Yeah.

AP4: Yeah, so there are posters in there and there’s plenty of them. You know there’s a print version, there’s a digital version, the social media things for MECC. But I think a PDF poster that you can put your trust’s logo on and put the date and time in and you can then send out rather than it just being all text. You’ve got text and the visual.

BN: Yeah.

AP4: Might help.

BN: Oh yeah, that makes sense. Definitely. And what about the MECC Gateway, is that something you’ve used? How did you find that?

AP4: So, is that the website with all the resources on with the square boxes.

BN: You design the poster, yeah.

AP4: Love it. Absolutely love it.

BN: Oh, do you?

AP4: So, yeah, I will make sure that that is a resource that I suggest everybody uses when they come to the MECC training because I think it’s the evidence base credible, reliable, valid information in there you know, that people can access should they have a query about a particular topic. So yeah, I think that’s great. I like the way it's laid out. I think it’s spot on.

BN: Oh right, oh that’s excellent. So, I’m just checking I haven’t missed anything. Does your organisation have sort of an implementation plan around MECC, or again is it very just led by you?

AP4: So, it might have. So, there is because I work for a foundation trust, a secondary care trust that employs, I believe, over 2,000 staff. We have an organisational development and a workforce department so that would be where anything at trust level would be coordinated. But we also have a wellbeing for life programme which is the health improvement arm of the service for (name of location). It’s a commissioned service. I believe they deliver MECC training, so you can do that online and that’s something that’s accessible to anybody. It’s like a capacity building offer that people in (name of location) can access. Potentially could have just signposted people to that, but I wanted to do something specifically for people working with cancer patients so that we can use examples and think about examples that are relevant to that population and also to really raise the profile of it where I can.

BN: Yeah. So, to have it more.

AP4: There could be, but I don’t know if there is an overarching organisational policy. There probably is a link. There used to be an online link, and this would be the old version of the training, there used to be an eLearning module I believe. I don’t know whether there is for the new MECC. Not sure.

BN: Yeah. And how do you think the training fit with your sort of learning style? Do you think it fit with how you learn or is there any ways that you would want it to be adapted for MECC training?

AP4: Yeah. I mean I’m very mindful of the fact when I—

BN: Oh, you’ve gone mute. Don’t know what. I don’t know what’s happened there. You’ve just randomly gone mute. I can’t hear you or see you. Still can’t hear you or see you, (AP4). I’ll leave as well.

[Reconnect]

BN: Oh, I can see you. You’re on mute. I think you actually are. It does say that you’re muted. It’s got the little cross sign through your microphone. How strange. It says that you’ve almost muted it, but I don’t know.

AP4: I’m back.

BN: Yay.

AP4: It’s my computer. It does this. It just like completely loses the sound.

BN: Really?

AP4: It’s actually a brand-new laptop so it’s yeah [38.40 unclear] apologies.

BN: I was like you didn’t look surprised when it went off. You just kind of looked like oh this happens.

AP4: No, I didn’t, did I? It happens all the time. Oh IT. So sorry about that. Where were we? What were we talking about?

BN: No don’t worry. I’m trying to think. Yeah, how to pick up where we left off really. But yeah, I guess my next question was around the Train the Trainer model as a whole and how you think, whether you think it’s an appropriate model for the delivery of MECC training and ultimately MECC conversations.

AP4: I do, but I think as I mentioned earlier in the conversation, I think there needs to be two options for people for those who want to just do MECC so that they can use it personally. And I think because that wasn’t there, there were potentially people on the course who would use it in their own practice but maybe didn’t necessarily want to go and cascade it to others. So, I think there needs to be that differentiation.

BN: Yeah.

AP4: I know the point is to deliver it at scale. It’s that cascade but I do think not everybody would want or feel confident to do that.

BN: Yeah, that makes sense. And do you think there is any sort of ways to help people feel more confident, for those people who don’t feel confident with it?

AP4: So, maybe being clear that you don’t have to have previous training experience to deliver it. Maybe having, maybe buddying people up with somebody who is delivering it that they can go to for advice rather than having to keep emailing (name of regional MECC at scale coordinator) for information, so maybe having a network of people in a very specific area so I know I can go into my trainer’s brunch next week but actually it might have been really good to have had a buddy to say actually where the heck do we find this stuff or somebody to [40.31 unclear] those but not no question’s a daft question but what might feel like a daft one that might be a barrier so people might not feel confident to maybe email (name of regional MECC at scale coordinator) and say oh I can’t find this or I can’t do that, so they just don’t.

BN: Yeah. Oh, that’s interesting. So, a buddy for support not even for because I know what’s come up in previous projects the idea of a buddy for delivering the training, but do you mean more the support side of it and the learning thing?

AP4: Yeah, just to go to the person like what do you think of this, or how would I do that, or if you’ve delivered your training, I got this question asked, you know.

BN: Yeah.

AP4: This is what I said, what would you say? So, just somebody else, maybe in your organisation maybe somewhere else. I mean I do get that the buddy to deliver it would be helpful. That would instil a lot of confidence as well. I think that’s a great idea actually but maybe somebody just to go to someone to ask questions.

BN: Yeah. That makes sense. Yeah, that’s interesting. So, yeah what I’ve remembered that I asked you before we got cut off was about the learning style and the sort of approach of the Train the Trainer training.

AP4: The learning style. Right. So, I was saying it used to be this thing that you had to deliver things, people learnt in either visual, audio, I can’t remember what it is. It’s visual, audio and kinetic learning styles used to be the preferred thing. I think that’s all gone with the wind now they say. You need to include a mixture of all of them in all training. And I think it did. So, I think there was something there for everyone.

BN: Yeah. Oh, that’s good. And do you think it fit with your own learning style would you say?

AP4: Yes.

BN: Oh, that’s great.

AP4: Yeah. Yeah. For me, personally, I like to see what I’m going to deliver so I think you need to see what you’re going to deliver, see the course being delivered by someone. But then the additional bit that supports you to be the trainer as well was a good approach.

BN: Yeah. Oh, that’s great. Yeah, it sounds like you’ve had a really positive experience overall.

AP4: Oh, it’s brilliant. I can’t rate it highly enough. I would recommend it to anyone.

BN: Oh, that’s good.

AP4: And it’s only really a few small tweaks in my opinion, you know, that would make it easier for me.

BN: Yeah. Yeah definitely. And so last couple of questions, so these are a couple of strategies that have come out of sort of past literature both on the Train the Trainer model more generally and MECC for research and just wanted to sort of run them by you in terms of how feasible they kind of are as strategies to help with that cascade. So, in terms of things like affordability, how acceptable you think they would be. Equitable for everyone. Practical, things like that. So, in terms of delivering refresher MECC Train the Trainer sessions, how feasible do you think that would be?

AP4: Oh brilliant. I think it will be great, but I think that could be online.

BN: Right.

AP4: I think, you know, having an hour refresher just to say you’ve been on the training, let’s get together, you know, maybe pick up on some of the areas that people in the training want more information on. Two hours most but I think that would be a good idea and a good way to instil confidence and give people a boost.

BN: Yeah. OK. That’s great. And what about we kind of talked a bit about the peer support networks like the brunch I suppose. What are your thoughts regarding that as a strategy to help with cascading training?

AP4: Yeah. I think that’s really good. I’m looking forward to going to see who else is delivering in my local area and to see what their approach is, who they’re targeting, how they’re doing it.

BN: Yeah.

AP4: So, I think that’s a really good idea and I like, you know, it is appealing to have a brunch and a coffee, and I think there is still something about face to face. Actually, I’ve got COVID at the moment.

BN: Oh no.

AP4: It’s my first time.

BN: Wow, that’s pretty incredible, really.

AP4: Yeah, yeah. And I’ve done well up until now and now I’ve got it, it doesn’t want to go. But I’m OK.

BN: That’s good.

AP4: I do think there’s definitely an advantage to doing some of these things face to face. I think it’s just nice.

BN: Yeah. So, there’s an advantage to have those networks face to face and do you think then does that sort of lend itself to more local networks then?

AP4: I think so. I think that would need to be local so for me, I probably wouldn’t be able to find the time easily to travel say an hour in each direction to do that, but it’s on my doorstep so I think very local ones would work, whereas if you need to do something more regionally maybe then that would need to be an online forum.

BN: And in terms of people, you would want to learn from and share experiences from, are you happy with that being on a local level or would you want a mixture or—

AP4: Yeah.

BN: Yeah.

AP4: I think you could do something online. I mean I know there’s a regional trainer’s forum which I think is good. It’s a great opportunity. I happen to be honest that it’s one of those things if my work load’s really high it’s a thing that I can feel I can pass off. But maybe if I was less confident, I’d be keen to join and I still feel I’m missing things by not joining, but something on your doorstep I think, you know, very local to like a city or a small area definitely is appealing.

BN: Yeah.

AP4: As soon as that invitation came through for (name of location), I thought that’s great, that’s people working with the same groups of people that I’m working with, you know.

BN: Yeah.

AP4: We know the population, we know the demographics, you know, we know the challenges. So, I think that’s going to be a great opportunity.

BN: Yeah. No, that sounds great. I know what you mean with in person. I just think for some things you just can’t beat it can you?

AP4: Some things it’s good. A mixture, isn’t it? I think we’re in a world where a mixture is good. Something that’s just popped to my mind that I thought would be interesting, and I’ve not really been able to find much about, might be just how I think, and it might be because I work with clinical people who like their evidence, I’d like to see some evidence included in MECC about its efficacy, how effective it is. How many, it’s like the numbers needed to treat scenario. How many MECCs do you need to deliver to see a behaviour change, and I think that would be good.

BN: Yeah.

AP4: And maybe compare it with something like screening programmes, you know, like out of every 200 people screened, one might be picked up, and I think to use that for MECC, sit in a clinical setting, well not just a clinical setting because everybody knows about screening, you know, to have some kind of numbers needed to treat approach would be a great way to demonstrate how important it is.

BN: Yeah, within the training.

AP4: Yeah. I think that would be a part of the core training for me.

BN: Yeah.

AP4: I think it would give it credibility.

BN: Yes. Definitely. No, that’s a great suggestion. So, that was all the questions I had to ask you. Is there anything you want to go over you feel like was in your mind before the interview and you haven’t had a chance to talk about? Anything like that.

AP4: No. The main thing that was in my mind that I’d thought of before the interview was just making it easier for people to have that step-by-step guide and all the resources in one place for the core training with all the other stuff available for if you want to look and you want to find out more. But to just tidy it up a bit I suppose.

BN: Yeah. And that sounds like a pretty feasible solution, I think. So, I think that can definitely be done. Well thank you so much (AP4). I really appreciate it.

AP4: Thank you.

BN: I’ll stop recording.

[End of recording]