BN: So, if you don’t mind if we could start, if you just talk a little bit about your role within the organisation and what organisation you work in.

AP5: OK. So, I’m a health improvement specialist and I work in the public health team at (name of location) NHS Foundation Trust. Bit of a mouthful. It’s the mental health trust for the (name of location). I work with there’s another health improvement specialist in the team, and we’re managed by (name) who is the physical health and wellbeing lead for the trust. So, she has all public health and physical health in her remit, and we also have, as a slightly separate part of our team, the Quit Team, which is the tobacco dependence treatment team, so there’s (name) who’s the manager of that team, and then five other staff who are advisors. So, (name) and I work on anything to do with, well I was going to say anything to do with physical health, but it’s public health related physical health, so we split our kind of remits between us, split the workload, so I’ve got the lead for MECC and community smoking cessation services and we both do bits on the (name of weight management programme), so that’s my three main ones. (name) does a bit on the (name of weight management programme) but more around alcohol, oral health, sexual health and then we kind of sort of join everything up in the middle with campaigns and if there’s anything else that needs doing. Sorry, screening, (name) does screening. That’s a massive part of (name)’s work. So, she’s off at the moment so I’m kind of rapidly trying to get to grips with the screening side of things, but yeah, so that’s basically it in a nutshell.

BN: Great. Thanks. And what motivated you to work within this kind of role?

AP5: I think I kind of got here by default. I would say it would be great to say it was planned and it’s a strategic career move, but I did my degree in sport and exercise studies, and I quite liked the health side of that. Wasn’t as keen on this kind of teaching, PE teachery coaching sort of side of things and went in to work in gyms. Ended up in GP referral schemes doing physical activity and was part of a pilot weight management project which I really enjoyed. And then ended up through fixed term contracts ending and kind of jumping from job to job to sort of keep my employment going, ended up just kind of going for a job as a tobacco control officer at (name of location) Council and kind of really enjoyed doing that work. It was to support the introduction of the smoke free legislation in 2007 and then I suppose just by default really, I kind of somebody left and I went in to their role as tobacco control health improvement officer in what was (name of location) PCT. And then the rest is I worked there for sort of nearly eight years and then another redundancy situation. Been very lucky in that respect. And the redeployment kind of team help you look for a job that’s appropriate and I ended up being sort of slotted into this role, which was, well it looked exactly the same, it was health improvement especially. It was working around smoke free sites and kind of introducing the smoke free sites for the mental health trust which was really, really tough. And in between I’ve had a couple of maternity leaves, and I went on secondment for almost 18 months to the CRC which was a integrated COVID hub for the North East. It was like a pilot programme for when COVID was first sort of causing problems. And I worked as a coordinator there for a little while but then April 2022, so April last year, I came back. So, that’s a potted history.

BN: Yeah.

AP5: And I think I’ve just, I probably if it hadn’t been for moving in to other areas of public health I probably would have got bored doing smoking related stuff all the time, but because I’ve had the opportunity to kind of mix, it’s a sort of mixed portfolio, it’s nice because I’m just doing the smoking stuff which can be quite hard work because not a lot of people that are patients in our trust really want to stop smoking. It’s very kind of hard sell and it’s often the hard sell for the staff, to the staff as well. So, you meet quite a bit of resistance which is a bit challenging, a bit tiring. But having been able to do the MECC stuff and the (name of weight management programme) stuff is just a bit lighter.

BN: Yeah.

AP5: A bit more rewarding and yeah, a little bit easier in some respects.

BN: Oh great.

AP5: So that’s kind of I like that public health side of things. That’s how I ended up doing this.

BN: Oh great. Yeah, it sounds like you’ve done a bit of everything health promotion wise.

AP5: Well yes.

BN: So, what other, because obviously we’re going to be talking about the MECC core Train the Trainer training but what other MECC training have you had other than that one?

AP5: I don’t know that I’ve had any other. A few years ago, before (name) came into post, because (name) came into post as a result of me going on a maternity leave and then she was kind of kept on permanently. So, before that it was just me. (name) has only been around for the last couple of years so back, way back when, it was kind of just me in my role. We didn’t really have a public health team, but we did do a little bit of work. I was asked to go to a conference about MECC when MECC – might have been sort of 2018 ish – and that was first coming around. And I’d heard of MECC. I think MECC’s been around in sort of theory for quite a while. I’d heard about it sort of in my old role, so that’s over kind of eight years ago. Probably even longer to fair. And I’ve always done that kind of brief intervention type training or approach because I did some training around second hand smoke or smoke free families. (Excuse me, I’m just getting over a cold. I’m a bit snotty).

BN: Oh, I’m the same.

AP5: So yeah, so back when I was working at, well it ended up being Northumbria Healthcare, but it was originally (name of location) PCT, I did the Smoke Free Families training through (name of) Lung Cancer Foundation and they had the similar sort of ask, advise and act approach, that brief advice approach. So, I delivered that for a few years and then I’d received a lot because I worked in smoking cessation as part of the tobacco control stuff, so I’d done quite a lot of smoking cessation training which uses the 3As and the ask, advise and act sort of brief advice approach and really is all smoking cessation seems to be kind of based on that for either very brief advice, brief advice or then a slightly more extended intervention. So, I did loads of training around smoking cessation, not particularly to deliver but to use as a smoking cessation advisor. And – just losing my train of thought there – so when we did the MECC training, at the time I did the – sorry not the MECC training, the MECC conference. At the time I did the MECC conference the trust here didn’t really want to take that on board at the time, but I obviously went away, had maternity leave, had a secondment, came back and it was especially with COVID I think, people really saw the benefit of using every contact for whatever reason or whatever issue. So, when I came back into the trust (name) asked me to deliver or to take the lead on MECC, which was fine with me, and I had done some training back in I think 2020 but then COVID came along so I’d kind of forgotten all about that.

BN: Yeah.

AP5: So, I did it again. When we started rolling out training and (name of principal trainer) from the regional team, the regional trainer, he delivered some for our staff and I sat in on that first session and did the MECC Train the Trainer there and then sat in on several sessions. Well, sat in on all the sessions he did with them.

BN: Oh right.

AP5: So, I’ve had the training about five or six times now.

BN: Oh, that’s great for this, you know it inside out. That’s excellent.

AP5: So, and then obviously I delivered, I’ve delivered that training now for well I’m going to say somewhere between 22 and 26 times. Exact numbers I’m not sure. I’ve done about 20 something sessions. I can find that out for you if you need to know. Doing actual sort of MECC delivery. It’s a core MECC training to others. So, I can’t even remember your first question, sorry.

BN: Oh no. You’re a great person to speak to.

AP5: But [09.41 unclear] me if I’m going off track.

BN: No, no. So yeah, obviously you’ve had a lot of related training, and it sounds like you’d already sort of delivered training yourself before you’ve come to deliver MECC training, is that right?

AP5: Yeah. A little bit, yeah. I mean I was quite nervous about delivering the MECC training because before I started doing it, it wasn’t something that I’d done for long, like for quite a while.

BN: Right.

AP5: But I used to deliver other training. I used to do brief advice or the IBA, alcohol, identification and brief advice for alcohol while I was at Northumbria Healthcare. But again, I hadn’t done that for a long time, and I’d started to look at developing some brief advice training around smoking cessation, not particularly badged as MECC, because it was before we actually got into MECC, but that brief advice approach. And I’d developed some training and just never got around to delivering it in this trust. We knew that we needed something but then when I came back last year, (name) who’s the lead now for the Quit team, or the tobacco dependence team, she really recognises the need to have something and we kind of built, we developed some training together, some brief advice, smoking cessation training, and it felt so much better having an ally and having somebody to co deliver it with. So, (name) and I, at about the same time as I started delivering the MECC training, (name) and I started delivering the smoking cessation brief advice training as well, specifically for mental health.

BN: Right.

AP5: So, I think that really helped because just that kind of thing about getting up in front of people and delivering something that’s when you first deliver it it’s not necessarily all that familiar to you, it’s a bit nerve wracking. But having her there, I think, was really helpful. So, and actually because that’s a two-hour session we do tend to deliver it together because it just gives you that break in between and sort of I think just breaks it up for the people that are listening a bit, having a change of voice. But yeah, she knows more of some areas, I know more of other areas and we kind of just it’s just a bit of support. It’s nice to have somebody there doing it with you.

BN: Yeah.

AP5: But I don’t do that for MECC. I just deliver MECC by myself.

BN: OK. Right. And so why do you think that was, that initial training before MECC didn’t go anywhere. Can you sort of pinpoint a reason why that was do you think?

AP5: I think, well the first sort of sight of MECC when MECC first came around, I think the trust was sort of trying to get staff to do the smoking cessation training and the alcohol brief advice training, and they were quite a focus and I think the sort of senior people thought another training session that we’re going to have to, why – and I think they saw it as duplicating, although MECC I think is more general than those specific topic areas. And there was sort of I suppose an argument that MECC would cover all whereas I think at the time there might have been a CQUIN, I think, around – a CQUIN target around the alcohol and smoking training. So, I think those were the specific sessions that they would have been kind of measured on delivering. So, I think it just was the senior view that we weren’t going to be delivering at the time. And then when before I came back to work last – no sorry, it was while I was on maternity leave, I’m getting the years muddled up – while I was on maternity leave, they did start rolling out some MECC training here. So, it was late 2019, early 2020, and they did a round of MECC training and trained quite a lot of staff. I think about 70 or 80 staff in MECC Train the Trainer, and then it was COVID that stopped that.

BN: Right.

AP5: It was people, everybody went into lockdown. I mean literally it was the December, January, February, March that people had received the training and then literally everybody was into lockdown so that training was just the wrong time.

BN: Yeah.

AP5: And it just went out of their minds, they didn’t get chance to practice or deliver any training whatsoever. It was kind of like panic stations in terms of wards and capacity and caseloads and stuff like that, so there was absolutely no activity whatsoever on MECC for a good couple of years really. And then when I came back into post last year and tried to sort of reconnect with those people a lot of them have either moved jobs or they haven’t got the capacity to do it anymore, or they don’t feel comfortable. They’re keeping their heads very, very low. I tried quite a few things to kind of try and engage with them, set up like a little (name of NHS trust) MECC trainers forum and had a couple of education sessions sort of where I was going through the slides again, almost like a refresher session. And out of the 80 odd staff I think I only got about 10 that came along to that, and even then, I don’t think many of those are delivering now at all. One of the guys in exercise therapy’s been really good at delivering, certainly to his kind of departments and areas, and that’s all we can ask really. I did about three of those sessions and yeah, they weren’t any better attended than 10.

BN: Right.

AP5: And then we did a MECC workshop I think it was last October, a regional workshop, and it was (name of regional MECC at scale coordinator) kind of invited everybody to come together at the university to talk through some of the other MECC research and I kind of caught up with colleagues that were doing bits of – we got put into kind of workshop tables with your local area and I got put with colleagues from (name of location) and (name of location) Healthcare and (name of location), and we kind of said we were all in the same boat really trying to reengage with the trainers that had already been trained and it was becoming really difficult. Well not becoming, it was. It was just really difficult. So, we said we’re planning to develop some education sessions, sort of awareness sessions on a monthly basis, and I was saying well I was going to do that as well, and I was going to do that, so everybody was thinking the same thing, so we decided to join together and do that as a partnership so that it took a little bit of pressure off actually coming up with a monthly topic because we’ve got four different organisations that we could tap into. So, we’ve done a few of those. It’s not been as well, I suppose, again as well attended as we would like. But I think that’s partly to do with the fact that we’ve all been so busy we’ve probably not promoted it quite as well as we could have. So, we’ve had sessions. Like we started them last January, so we had one, like dry January awareness session. We did one on smoking cessation. We did one on oral health, a physical activity. I think there’s been a sexual health one as well. And then we missed a couple of months, I think during the summer and yeah, we just lost, it’s lost its way a bit and I think we’ve just, we’re meeting up in a few weeks’ time to kind of look at that again and catch up and try and establish a bit of a schedule or a timetable to just re- and I suppose the idea was that anybody from any of our organisations could log in to those sessions and it would be more efficient than doing those sessions four times, basically.

BN: Yeah. So, I’m sort of wondering if there had have been such a big-time interval of COVID obviously, because that sounds like it was the detrimental thing. Do you think the engagement and the attendance would have been better to those sort of follow up sessions that you’ve had?

AP5: Yeah. I think probably, yeah. I don’t know that we would have…I mean I don’t know that we would have ordinarily thought of having a (name of NHS trust) MECC trainer’s forum. I think that was really my kind of desperation to try and find some way of getting people together, but actually I think it’s probably a good idea anyway because people are doing that training and I know how it feels when I do a new training session to deliver, and I’ve done a fair amount of training. Some people that are trained haven’t done any training and feel really lacking in confidence or just intimidated at the thought of presenting to a group of people. So, I think having that kind of community of trainers that come together and where they can talk to each other, but also link up with each other and perhaps co deliver. Because I know I’ve felt better having (name) there when I’ve been doing my other training, so the idea was that they could come, and they could ask me to co-facilitate with them.

BN: Right.

AP5: Or I mean ideally, they could ask each other to co-facilitate with each other and support each other and buddy, and if they’ve got any issues or any suggestions or anything that they put in their training which has been really helpful they can have that forum to discuss it. So yes, I think it would have been much better attended had COVID not happened.

BN: Right. Yeah. And so comparatively how do you feel delivering those MECC sessions yourself without sort of a buddy for you?

AP5: I think at the time I felt a bit nervous about it, but because I kind of came back into post last April, was given lead for MECC, did the training and to me it was quite a quick turnaround to actually delivering it. But I mean it was OK for me. It’s a short…we only put it on for an hour and a half. It’s not like it’s a full half day. I think if it was a full half day session, I’d probably just want somebody else there just to give your voice a break. I find even after an hour of talking quite a lot you’re getting croaky, and you need that, and often when you’re doing the session online, as often our sessions are, because that’s what the staff are saying that they want, but they don’t put their cameras on, they don’t engage often and yeah, you can barely see them. I think when (name)’s there, there’s a smoking cessation training. While I’m presenting, if I’ve got my sort of presenter screen on and I can’t see anybody or can’t see the hands going up or can’t see the chat, she looks out for that side of things, and looks out for the questions so that helps, whereas when I’m doing the MECC training by myself there is a lot of flicking between screens and kind of trying to watch out for questions. We haven’t done a lot of face-to-face sessions. Have done a couple but they just they were terribly attended. I don’t know whether it’s just people—

BN: Really?

AP5: Yeah. One session I think there was going to be one person who actually turned up for it.

BN: Oh wow.

AP5: I mean, I obviously cancelled that session. Poor person would have been…it would be awkward to kind of present into one person but the session that I did with, I think there was five or six people, was OK. But yeah, I think people just really feel a bit aggrieved at having to travel these days.

BN: Right.

AP5: To a face-to-face session. They’re like oh that’s, you know, unheard of whereas a couple of years ago it would have been absolutely normal to be travelling.

BN: Standard, yeah.

AP5: Yeah. So, I don’t – what was the question again – I don’t think I feel too bad about having to deliver that training by myself. But it definitely would have, I think helped to have a buddy to deliver it.

BN: Right. Yeah. And I suppose that’s another point, is how do you think the training, when you’re delivering the training, is online compared to face to face, is there any sort of differences, do you think?

AP5: Yeah. I think – what, in terms of my delivery or in terms of people’s receipt of that?

BN: Both, I suppose, yeah.

AP5: I think people are definitely able to remain very anonymous online. As much as I even ask people, you know, I’d really like you to leave your cameras on if you can. I’d really like you to engage in the session, I’d really like you to answer the questions. It’s more difficult to have interactive activities online and because it’s such a short session as well it’s not like we can really break, because the session as well used to be a half day, and we were advised by, you know, we did a bit of kind of discussion in various meetings and people were saying there’s no way we can release staff for three hours, it needs to be sort of half that, and because we actually put the (name of weight management programme) sort of section on to it as well the MECC training is actually probably only just an hour. It’s an hour and a half because of the additional section. So, we’ve really crammed all that stuff into that time. So, it doesn’t really feel like there’s a lot of time to do those sort of interactive activities that obviously to ask questions to people during the session, and I suppose that is one of the things that I’ve been thinking about recently when I’m delivering the session., maybe I just need to make the time for something, more interactive activities rather than just saying to people what do you think about this, what, you know. Rather than it just being sort of a question and answer thing. But it just feels like there’s not enough time to kind of get through that.

BN: Yeah.

AP5: In terms of my delivery, I think I’d probably now feel more secure delivering it online just because I’ve done that more often, the sort of doing a face-to-face session now feels a little bit intimidating.

BN: Right.

AP5: I suppose as much as it’s easy for people to hide when there is – hide, do you know what I mean?

BN: Yeah.

AP5: It’s sort of be anonymous online. It’s, I suppose, also easy for me to almost try and forget that they’re there whereas, as a kind of aid to boosting my, or reducing my intimidation, it’s sort of I’ve got one screen which is showing the presentation, I’ve got one screen which is showing my notes. I usually keep a little the actual Teams box just in the corner just so I can see, but there’s usually nobody who’s got their camera on anyway.

BN: Wow.

AP5: So, I can’t see them so it’s actually really me presenting to a screen. So, if I just put a bit of an actress kind of actor kind of thing on there’s a performance. It doesn’t feel as intimidating whereas being in person now, you’re very aware that people can see you and you could see them and their reactions and things and I think sometimes that’s what I worry about, like seeing people’s reactions, will that put me off the training if they look as though they’re bored or if they look as though they disagree with what I’m saying, and I suppose I kind of worry about people’s reactions to the content of the training.

BN: Right.

AP5: Whether people think oh I could be doing something way more interesting or way more important, I think I just because I’m mostly online I can tune that bit out and just [26.40 unclear].

BN: Yeah.

AP5: I do try and flick – it sounds like I just go into a robotic, which I don’t think I do, but I kind of do flick backwards and forwards and kind of click onto the screen sometimes to see if anybody’s put their cameras on, which they usually haven’t, but when I ask the questions I often just wait for probably, it’s probably awkward, but I sort of say is anybody there, are you going to talk to me, come on let’s engage with each other, it makes the training much better.

BN: Yeah.

AP5: And usually, people will answer the questions. But yeah, I think there’s definite differences between online and face to face. I think face to face people just engage with each other better. You can’t get that in kind of chat amongst the people in the session when you’re online because they can’t see each other. They don’t know whether it’s OK to, and I always tell them it is OK, but they don’t know whether it’s OK to just chip in, and I say you don’t have to put your hand up to ask a question, just jump in, say what you need to say. But people don’t. They kind of think they feel when they’re online it almost feels like there’s a real spotlight comes on you.

BN: Yeah.

AP5: I think, anyway. I don’t know what they think but it feels like you really put yourself out there when you ask a question online because it feels like everybody can see you, everybody can hear you which actually the same is true of being in a face-to-face session. Even more so you might think, but I don’t know [28.17 unclear] just—

BN: You can see others’ reactions. There’s more interaction I suppose isn’t there?

AP5: Yeah. And I think when you’re in the room with people you can read the room and you can read when there’s…how friendly people are and how well received your comment’s going to be, whether you feel safe enough, you know, safe, socially kind of safe enough to chip in with something. If it’s a room of friendly people you would feel quite at ease, but online I don’t think you can get the same measure of a group.

BN: Yeah. And that’s interesting you say about you’re sort of worried about what people’s reactions are going to be to the training. Is that a kind of a worry you get with the different types of training you deliver, or just is there something about the MECC training?

AP5: No. I think it’s to a certain extent, it is across the board, but I think with MECC, for me there’s just it’s a bit more…it’s almost a bit more obvious and it sometimes feel like you’re telling people to do…not telling people, you’re training people to do something which they may already do, just not badged as MECC. So, it almost feels like will somebody see this as a real waste of time if I’m telling them to have a conversation with somebody and help them and support them when actually that’s what they do. It’s not always that way and actually sometimes I’ve been quite surprised that people have been so receptive and gone actually this is really helpful. I think maybe it’s a bit of my own paranoia that creeps in and that’s potentially because I’ve worked in public health for a long time so MECC to me sounds pretty obvious.

BN: Yeah.

AP5: The thought of, the top, we call them the five core elements of MECC in like the smoking, alcohol and all those, and we go through a bit of a brief introduction to each of those areas and I mean it’s really bog standard kind of public health messages to me so I sometimes think are people just going to think well I’ve heard this like a million and one times before, but perhaps they haven’t. I suppose yeah, it’s a bit more of a nice, it’s a less serious training session. It’s not like you’re training somebody in safeguarding or first aid, something that’s really like life crucial. That’s really badly phrased but nobody’s going to die if you felt – I say that – in theory nobody is going to immediately die if you don’t do MECC with them.

BN: Yeah.

AP5: And I suppose when people are busy, I think oh how are they going to receive this but to be fair, people generally wouldn’t book on the training if they weren’t interested.

BN: Yeah.

AP5: So, I think that’s partly to do with my insecurities in delivering that. Again, sorry I’ve forgotten the original question. I’ve just gone on a tangent.

BN: No, no, that’s perfect yeah. Can you kind of remember what, if we zoom back a little bit to before you had the MECC Train the Trainer training, can you remember what you thought about MECC, what your feelings were towards it?

AP5: I think right the way back I think I thought MECC sounded a bit clunky. MECC has a…I thought maybe it sounded a bit nice to do, like a bit what’s the word? A bit blue sky thinking sort of no that’s not the right word. I am struggling to think what I’m trying to say. I think I thought it was – that perhaps it was a bit obvious. It felt, I can’t think of a word that wasn’t airy fairy, a bit fluffy, a bit kind of woolly and not very specific about what we’re actually asking people to do. And I didn’t, at the time, I didn’t really like phrase.

BN: Right.

AP5: But it’s…and I thought surely we can come up with something that’s a bit more catchy. But actually, over time it’s really become quite a common and quite a well-known phrase in public health, in health improvement. So now it bothers me a lot. Not bothers me but bothers me a lot less. It’s more, I think at the time back when I first heard about it people weren’t necessarily talking about it all that much, but over time it’s become more renowned as a really helpful approach and I think now that it has and now that it’s got a bit more backing and I can see a lot more of the evidence around it I feel like it’s got a bit more weight to it whereas before it just seemed a bit yeah, I’m really struggling with the words.

BN: I know what you mean, yeah.

AP5: But kind of like a bit oh that’s nice, well do some MECC. Oh lovely, lovely, let’s—

BN: A bit rosy and—

AP5: A bit, yeah. A bit like in an ideal world let’s all, you know, let’s make every contact count, yay kind of. But yeah, and sometimes I feel like is this just a teaching granny to suck eggs a bit because people do say oh well, we do that anyway. And sometimes I kind of caveat my training with you may already be doing this. It depends on the group in terms of if I get – some people will say well we do that and I say oh you might already do it, it’s just kind of putting it into this framework and badging it under this approach and maybe sometimes it comes across as a bit trivial or it certainly did. That’s probably the word.

BN: Right.

AP5: But I think as the years have gone by there’s a lot, as I say, there’s a lot more kind of publications and things that have come out about MECC. You can see the kind of drivers, the links with government papers and things and all the sort of Public Health England stuff that they produced on MECC. And you can see if you just Google MECC you can see all the like evaluation frameworks and the action plans and it’s obviously an approach which has been taken on board by a lot of organisations across the country, and that makes it feel sturdier, for want of a better word.

BN: Right. Yeah.

AP5: And obviously we’ve got our regional MECC kind of lead and trainer and it’s obviously a sort of funded initiative across the region, so all that stuff’s been put into it. We’ve had conferences, all the trusts and the colleagues that I’m working with in other organisations, well certainly NHS and local authority organisations have all heard of MECC and they all have somebody that’s taking the lead on MECC and that makes it feel a bit more – I’m really rubbish with making out the words under pressure Bethany.

BN: Sorry.

AP5: Yeah, just makes it feel more important. I’m going to go for important.

BN: Yeah. Yeah, and like it’s here to stay, I suppose.

AP5: Yeah.

BN: Yeah, that makes sense. So, I suppose have your motivations to deliver the training changed over time along with your attitudes towards MECC?

AP5: Yes. I suppose they have. Before I came back last year I wasn’t a big fan of MECC and I did think oh it’s a bit, like I say, a bit woolly and a bit like I thought it was a bit general and when I’m delivering training I feel like sometimes it’s good to be delivering a bit more knowledge and a bit more specifics about certain topic areas and MECC seemed to not really have room for the specifics. It was quite general in its approach, so I suppose the idea that you’re asking people to give somebody a brief intervention and ask, advise and act and use these kind of behaviour change models and approaches around these, here’s these top five key areas but then not actually telling them what they should be advising people in any great detail. I mean yes, we say smoking is bad for your health and here’s where you can get support, but it feels like people sometimes need to know a little bit more than that. And it depends, you know, we say oh MECC is about, it can be about anything, and our regional website has sort of 28 different or 30 or something different topic areas listed on there and that’s helpful and I definitely think without that we’d be a bit lost because at least we can fall back on that and say to people if you need information about the specifics of some issues or conditions then go to the MECC website. But for example we say people can talk about whatever the conversation leads to, so it might be something that you don’t even think that is an issue for that person but they might raise that they’re really struggling financially at the minute and I think if I was in the role of a practitioner who was faced with that I wouldn’t necessarily know what to do at that – I could have done the MECC training but unless somebody said this is what is the best idea for, or the best advice you can give to somebody, I wouldn’t necessarily know that. So, sometimes I think it’s a bit, it can be a bit difficult. You might know that there’s a stop smoking service, you might know that there’s a healthy weight service or you could refer someone to Slimming World or Weight Watchers or whatever. There’s some obvious examples but some of the more not obscure but unusual kind of issues might be difficult for you to come up with an answer to on the spot.

BN: Yeah.

AP5: So, I think my thoughts about MECC originally were I wasn’t really sure if it was a bit too generic, but I think – sorry I’m just going to have to get a tissue.

BN: That’s all right.

AP5: I thought I was overcoming this cold, but it seems to be lingering.

BN: Oh, I’m the same. I feel horrible today.

AP5: I think it’s because I’ve suffered with a headache all through the night, taken a decongestant this morning and I think it’s making my nose run.

BN: It’s working at least.

AP5: Yeah, after my headache. So when I came back, and to be honest, I’ll be perfectly honest, my ex-manager left the trust and I really liked her and she moved on to a different role and she said that she was going to be leading on MECC and she said oh well if you’re doing any of the MECC work I might catch up some point, see you at meetings and things, so I think in my head when I came back I really wanted to do the MECC so I could catch up with her and I thought well because I really respect her as a professional I thought well if she’s doing it I feel quite justified that it’s the right thing to do. So, I put myself forward to deliver the MECC, to be the lead for MECC. I suppose feeling a bit better about delivering it because I knew that she, my ex-colleague, was delivering it as well. It's not the only reason because actually I don’t see her all that much through any MECC meetings, but I feel like if’s if I need a sort of role model or an ally or a mentor or something I could call her because she knows about it as well.

BN: Yeah.

AP5: So, that’s definitely been a factor although now I feel like in the last year MECC has just been better received by people. It’s more of an approach that I think comes through in the work that, or the values of the trust and the work, so it kind of feels that it fits quite well, especially since capacity has been such an issue like throughout COVID and doing MECC is almost an approach that can I suppose really benefit capacity because it’s making sure that people don’t leave without the information that they need, that they don’t need to go and ask another professional or another professional or another professional or that people just don’t ask at all, and sometimes it’s not the most, well certainly not always the thing that somebody comes to see somebody about that is the real issue in their life. So, particularly in relation to mental health and working in a mental health trust, I think mental health issues can arise as a result of a number of other factors, contributing factors, which if they are addressed, whether it be smoking or bereavement or finances or alcohol, it can support the sort of symptoms of that kind of depression or anxiety or whatever that mental health concern is.

BN: OK. Yeah, that’s interesting. So, your kind of motivation to deliver MECC training has grown around your attitude sort of changing as well, yeah.

AP5: Yeah.

BN: Can I just ask, sorry, have you got to be away at 11, just so I kind of know.

AP5: No. No, you’re all right.

BN: Just in case we run over a bit. I was just checking. So yeah, if we kind of go back to accessing the Train the Trainer training, how did you find out that the training was happening? How did you access it?

AP5: Well, when I came back to the trust in April last year it was there was already the regional kind of team there and it was really just through my work so my line manager said get in touch with (name of regional MECC at scale coordinator), get in touch with (name of principal trainer), you need if you’re taking the lead on MECC, you need to organise some training sessions. And we also a part of the research, the other research with I don’t know if you know(name)?

BN: Yes.

AP5: And (name). And the stuff around (name of NHS trust) and health weight, so that was already the wheels had been set in motion to do that, and I think they’d even been set in motion prior to COVID, it’s just because of COVID that we couldn’t start anything. So, when we came back my line manager said we need to set up some sessions, we need to get them rolling so that the research can be done around them. So, that’s really, I was told. I was told how to access it and I think I probably…I think because I’d done it before I didn’t necessarily put myself forward to do the Train the Trainer again. But actually, it was really beneficial for me to listen to it again because it had been a couple of years since I’d done it as well so the resources had changed, some of the language might have changed and (name of principal trainer), you know, they’d obviously developed a good training package which was more standardised for the whole region.

BN: Yeah.

AP5: I mean we have obviously tweaked it for our own organisation but at least you know you’re kind of working to a bit of a template around that. So, it was very easy to access and very easy to organise sessions for our staff.

BN: Oh, that’s good. And what would you say the attitudes of your sort of leadership of management are like and were like towards MECC and you going to that MECC training?

AP5: I mean, in since I’ve been back in this trust since April last year very much an approach which is the value of which is seen. My line manager is absolutely definitely on board with MECC.

BN: Right, great.

AP5: And as the physical health and wellbeing lead for the trust, she passes that up to the physical health, the trust wide physical health and wellbeing group, and so her line manager is like deputy director of safer care and she said that she gets the MECC stuff, she sees its importance as well. It’s not to say that it’s not…there’s not some work to do around cascading that message more broadly across senior managers.

BN: Right.

AP5: But there’s certainly some key people who are definitely on board which is definitely helpful. And I know I’ve done a couple of presentations to we have a trust-wide managers meeting every couple of weeks. I don’t generally go to it but it’s more a senior meeting, but I have delivered MECC presentations a couple of times to there and I think that just helps to get the message out, and in all the…I go to a lot of we have physical health link workers and community champions. We have meetings of those and in all those meetings I go along to them, and they’re basically ward staff or community staff who have a lead for physical health, and we often promote the sort of public health side of things along with the physical health, and MECC is something I often talk about and I often even I’ve delivered MECC at some of those meetings as well. I think back a few years ago, I think pre COVID, just pre COVID, there was obviously a big push on MECC because we did get about 80 or so staff trained. So, at that time they must have, in order to do that, they must have been – as I say I wasn’t around then because I was on maternity leave – but there must have been enough senior kind of support to get those, that number of staff trained as trainers. And I know that Lisa who had a leading on that at the time was a real advocate and she was really good at kind of pushing that agenda forwards. But prior to that, I suppose when I first heard about MECC I remember being asked to go along to the sort of regional conference which might have been 2017 ish, maybe 2016 even, then it was by the – I can’t remember her title now – chief nurse for our trust, I think.

BN: Right.

AP5: And she had the portfolio for physical health, and she’d asked me to go along in her place because she couldn’t go and I took loads of notes and I gave a bit of a feedback kind of spiel to her and she kind of just said it’s not something that we’ve got capacity to really put in place at the moment. We don’t want to bombard staff with other training when we’ve already got the smoke free, and we’ve got the alcohol training.

BN: Right.

AP5: So, it was less…seen as less of a priority back then. But I mean, as I say, because I was on maternity leave kind of through those couple of years, I don’t really know what happened to change that.

BN: Yeah.

AP5: I assume it’s just the fact that MECC just got a lot more renowned and a lot more evidence around it and those kind of Public Health England sort of documents and the guides to, there’s like an implementation guide and there’s an evaluation framework kind of guide as well and there’s also guides now for the mental health settings and I think they came out and it was just oh well this is obviously something that lots of trusts are doing because it’s now there’s a full on guide to doing it and I think it just, yeah, it was like well we can’t ignore this now, it’s something that is taking up a bit of speed or it’s gaining some weight and it needs to be put in place.

BN: OK.

AP5: And really, I suppose if you think about it, if you do it right, MECC is the foundation for having all those brief intervention kind of conversations and I suppose as a baseline level of how you have a brief conversation with someone that’s quite good as long as you, and I think as long as you’re then providing them with that additional information that they need, and which I think the bits of training we do and the sort of conversations we have in meetings, we fill that gap with that information and also the MECC Gateway website which wasn’t there before. I think that really helps because you can signpost people to that and on it. I mean you’re familiar with that website.

BN: Yeah.

AP5: So, where you’ve got the conversation starters and you’ve got the post code search, I think people find that really useful and they’re like oh wow, that’s a really good resource to use. I can just click onto there. If I don’t know where to get such and such information for my service user, I put the postcode in, there’s conversation starters, I can quickly learn, you know, find out how to ask, what to ask and what to signpost them to.

BN: Yeah.

AP5: So, I think that’s really bridged a bit of a gap.

BN: Yeah. Oh, that’s good, and what would you say sort of the attitude of your colleagues and sort of your peers at work were like, because obviously there’s been more of a top down sort of push for MECC, but what about the sort of organisational culture towards MECC?

AP5: I think it’s been better than I originally thought it was going to be. I think my preconceptions about how people would receive MECC were not necessarily founded in any evidence whatsoever. I think people have been quite keen to receive MECC training and when I’ve said in meetings and things, you know, we’re offering MECC training, we can do bespoke training for your teams. We’ve had actually quite a few staff teams have come and said can you come and do, we want this for all our staff, can you come do this staff training on such and such date. So, actually in the last couple of months I haven’t scheduled any training sessions, like general sessions. To advertise for people to come to, I’ve just literally schedules ones that I’ve prearranged with a particular group of staff, so it’s good to know or good to feel that people are actually wanting that training and are coming to seek it.

BN: Yeah.

AP5: And it’s not so much me having to push that kind of agenda with groups. The workplace, I did some training for, sorry not workplace, workforce absence line team and then we’ve done like some key groups. A lot of the community teams, it varies in different departments but all based community workers, have been quite interested in doing the training. And then more recently some of the other groups like volunteers have come forward and said we’d like to do some training for these groups, and just some of the contacts I tried to make before and it’s fallen a bit flat, kind of not had a response and things. People have just started actually answering so I don’t know whether it’s just me sending emails and being a bit tenacious or whether it’s actually they’re getting the message about MECC and going actually yes, they might have seen something which it clicks and joins everything together and you think actually that’s what was being offered to us, we need that. So, we’re delivering tomorrow. I’m delivering to about 200 preceptees and I suppose the benefit of online training is that you can do that. Obviously, we’d never have a venue that was available to deliver to 200 people, but they come on and do their inductions and so I’m kind of trying to integrate that, or infiltrate, the training days so that we can actually get in to speak to people right at the beginning of their careers.

BN: Yeah.

AP5: Students, preceptees, so that they have that information already as this is what should be kind of really standard practice of your team in your interactions with service users.

BN: Yeah.

AP5: So, I think that’s helpful because it means big chunks of staff or potential staff are going to have these messages already and have this understanding already.

BN: Yeah. Oh, that’s fab. And so now I suppose if we go on to your experience of the training yourself, and you’ve had a lot of that experience of it.

AP5: Yeah.

BN: Can you sort of describe your experience of it, what you think of it, things like that.

AP5: In what sort of sense, in any?

BN: We can break it down a bit if you want because it’s a bit of a broad question.

AP5: Well, that’s a start.

BN: So, has it all been either online or face to face, or have you been to a mixture.

AP5: So, is this in terms of my delivery?

BN: So, you actually going to – I’m assuming did you go to (name of principal trainer)’s Train the Trainer.

AP5: Yeah.

BN: So, your experience of being an attendee I suppose.

AP5: OK. So, I suppose when I was attending, the first session I attended with him was I suppose technically I wasn’t meant to be a trainee, although I sat in that session. In order for me to deliver it I was there to really observe and shadow and that’s why I wanted to go to every session he delivered because it helped me to kind of ingrain that into my mind as to what I would say.

BN: Yeah.

AP5: In the sort of semi-structured script of the training. So yeah, I think (name of principal trainer)’s got a really personable relaxed manner of training and I think that helps. I think he makes people feel at ease in the training sessions, so they always felt quite unintimidating. I think sometimes I’ve thought, I don’t know, some of the stuff that was in the sessions or in the training, I’m not sure how to present that in mine and I’ve taken it out so there was a slide in about the expectation effect and it was a rabbit and a duck.

BN: A duck, yeah, I know the one.

AP5: A picture of a rabbit and a duck. I’m glad you do because it was a bit like an optical illusion.

BN: Yeah.

AP5: And whilst I thought that was really interesting, after the first time I could never remember how (name of principal trainer) had kind of woven that into the training and I just never, I’ve never included it in mine because I feel like it’s very random and when (name of principal trainer) would say it, I’m sure I never thought oh that’s a bit weird, but I could never remember how to actually use that in my own training, so I’ve left it out.

BN: Yeah.

AP5: I think for our staff, I liked (name of principal trainer)’s session, and we did do – did we do a three hour session? – it might have been two. No, I think it was three hours. We did three hours. But I think I was thinking when I deliver the core MECC training I’m not going to have as much time.

BN: Yeah.

AP5: So, some of the stuff from the Train the Trainer session, although some of the Train the Trainer session was you had to do your core MECC bit as you would do the core MECC training and then you do a sort of Train the Trainer bit on the end.

BN: Yeah.

AP5: And I think the Train the Trainer bit on the end was really useful because I think people aren’t necessarily natural trainers. They haven’t necessarily done a lot of training before, so I think you do need that kind of how to, almost, at the end of it.

BN: Yeah.

AP5: You can’t just receive the content and then go – or you can’t necessarily just receive the content and go away and just do it, so the bits about kind of having that confidence and how to include some interactive activities or doing ice breakers or what to do if you don’t know the answer to a question or even just preparing for the training. It almost seems a bit I say trivial, but actually I think that part of it is really useful for especially if you’re not – well I found it beneficial and I think if, especially if you haven’t done any training ever or for a long time it’s useful to get that refresher about actually what I need to be thinking of.

BN: Yeah.

AP5: You know, the practicalities of delivering a session, promoting it, bookings, registers, IT facilities and kind of it’s a bit more of a full package rather than just leaving people to it and sort of throwing them out into the sort of training arena and going here’s the programme of training, deliver it.

BN: Yeah. So, just to be clear, so you obviously deliver core MECC training, but you also deliver Train the Trainer as well.

AP5: No, I don’t deliver Train the Trainer.

BN: Oh no. Right, OK.

AP5: I’ve only delivered…I’ve organised Train the Trainer sessions for our staff.

BN: Right.

AP5: And I’ve sat in on them, I’ve sat in on pretty much all of them, so I’ve received (name of principal trainer), and it’s been (name of principal trainer) that’s delivered them each time, so I’ve received (name of principal trainer)’s training in a sense because I’ve been part of that session with our staff just to keep registers and make sure he had things he needed. So no, I don’t deliver, I haven’t delivered any Train the Trainer.

BN: Right. Core. Yes.

AP5: Just the core MECC.

BN: Yeah. And is there anything you have obviously changed their expectation slide, is there anything else that you’ve changed in your training delivery that you think has been useful compared to how you initially experienced it yourself?

AP5: I mean, I think for me some of the stuff around health inequalities is really beneficial. It’s a core part of my work and I find that very interesting. But I have taken a fair chunk of that out for some of the sessions I deliver, or for most of the sessions I deliver to others because I feel like the bits on actually how to have a MECC conversation are the most important, and with a really right timescale the stuff on obviously I mention health inequalities, I mention where MECC originated from, how it was developed.

BN: Yeah.

AP5: And I mention health inequalities and do relate it back to our trust a lot more than (name of principal trainer) obviously had. So, I’ve got a slide in there about the rates of physical health conditions for people with mental health problems in comparison to the general population, so it’s almost like a why it’s important for (name of NHS trust) kind of slide. So, it’s got like double the rates of obesity amongst our patients, double the rates of COPD etc. etc. and all the higher death rates or mortality rates. And so, I think that’s been helpful because it highlights to people that in our trust that it is really about them, for them, and it’s really relevant to our service users which, and I know (name of principal trainer) and having a regional training session you can’t put that in for every organisation. I think you’ve really got to try to make it as relevant for your staff as you can and as specific to your staff as you can. So, we’ve tried to do that a bit with the training. I’ve just I’ve moved things around a bit just because I think when you find yourself delivering the training sometimes your brain doesn’t necessarily flow in the same way that (name of principal trainer)’s would, and the conversation doesn’t necessarily go that direction. Whilst it’s got the same things in it, I might have moved something further forward. So, I think in one of the when I first received the training (name of principal trainer) had got some of the five core elements of MECC in early on and then the conversation starters, the ask, advice and act conversation starters, but to me the whole concept of MECC is around that ask, advise and act. And I felt that should be earlier on so that you know what ask, advice and act is prior to learning about the topics.

BN: Right.

AP5: So, that you definitely fit that in so when you come to the ask, advise and act conversation starters on the topic sides you’re not going well what is ask, advise and act.

BN: Yeah.

AP5: I’m just trying to think if there’s anything else. And then obviously we’ve added in the (name of weight management programme) slides just because we wanted to push that a bit more, raise awareness of why healthy weight is an issue.

BN: Right.

AP5: But particularly for our service users, so I’ve added a few slides on the end of the training. So yeah, just adapted it slightly.

BN: Yeah.

AP5: But it’s still got that kind of those core slides.

BN: Right.

AP5: I think I took out one of the – a couple of the slides that were in relation to some of the behaviour change stuff because I felt that was quite a heavy – well not heavy but quite a long section.

BN: Yeah.

AP5: And I think again it’s useful for people and if people are interested great, but I think the priority should be actually telling them how to deliver a MECC conversation and where to get the resources and things and then anything else. I’ve obviously kept in some of the behaviour changes of like COM-B and Cycle of Change, not Cycle of Change. Yeah, Cycle of Change is [01.06.21 unclear].

BN: Stages. Yeah, that kind of—

AP5: Stages of Change. I couldn’t think of the word, yeah.

BN: Yeah. And is – sorry I’ve lost my trail of thought there. What do you think about the sort of approach of the Train the Trainer in terms of how you learn, your sort of learning style? Do you think it fit with that or not?

AP5: Yeah, I think the training was well designed. It had a good amount of interactivity in it, and it had various I suppose teaching methods and there was a lot of pictures, there was a lot of chances to discuss, particularly in the way that (name of principal trainer) delivered it. And I thought that the videos and things were quite useful. Again, I think if the videos had just been a little bit more specific towards our staff, we might have had…it would have been easier to engage some of them a bit better.

BN: Yeah.

AP5: There’s things in there with like the fire officers and pharmacists and GPs and stuff, but not necessarily mental health practitioners in a community setting or mental health practitioner on the ward.

BN: Yeah.

AP5: And I know it’s difficult to produce videos for every possible profession, but I think I’ve tried to pick the ones that are the most like the situations that our practitioners might be in.

BN: Yeah. That makes sense.

AP5: But no, I think the training was really good training and all the feedback that we got from others, I think, was really positive as well about the actual training, Train the Trainer.

BN: Yeah. That’s really good. And obviously you’ve shortened it a bit now you deliver it. Was that kind of that you had to shorten it and then you’ve picked bits to shorten, or did you shorten it because you felt like there were irrelevant bits? Do you know what I mean?

AP5: I think ultimately, we had to shorten it.

BN: Right.

AP5: I had to. Yeah. Staff were just, when we had conversations about it staff were just saying can we do it in two hours, can we do it in an hour. It would be much easier to release staff and I suppose the kind of weighing up whether it would be better to have people come on the training at all, or people not potentially come on and have this more detailed option. I think we’ve kind of decided that in the grand scheme of things it would be better for people to have some of that knowledge, a lot of people to have some of that knowledge and only a few people to have all of that knowledge.

BN: Yeah, it’s interesting.

AP5: So, and I think then it was sort of a mixture of both. I think I’ve shortened it because I had to, but then also as a result of that I took out the things that I didn’t feel as comfortable delivering. So, that expectation effect slide.

BN: Yeah.

AP5: More of the stuff around the health inequalities and all the kind of UK maps. I took those out because I just thought it’s just I feel like it’s getting a little bit long winded about health inequalities and I want to get to the kind of crux of this topic.

BN: Yeah.

AP5: People want to see – I think people want to see – that it’s relevant to them as soon as possible, otherwise you can easily lose people early on in a session if they’re not thinking that this is important for them.

BN: Yeah, definitely.

AP5: So yeah, I think a mixture of those two.

BN: Yeah. And obviously you’ve been very successful in cascading the training. What do you think has helped you? What would you kind of recommend to someone else who was looking to cascade the training?

AP5: I mean, ultimately, it’s part of my job and I think that’s where I’ve succeeded and others, if that’s the measure of success, then it’s where I’ve succeeded, and others haven’t. But because working public health it’s my job to deliver that training, so I have time set aside to do that, whereas people who are doing the core, sorry who are receiving the Train the Trainer training, weren’t necessarily in that kind of role.

BN: Yeah.

AP5: They were practitioners, or they have a day job and so I think they found it very difficult to prioritise MECC around everything else.

BN: Yeah.

AP5: Even in terms of core MECC and receiving core MECC training, I think people sometimes think oh this is more work for me, and we obviously try and highlight that we’re not expecting people to take on more work, it should just be part of their conversation. And I think that does come across, but the Train the Trainer side of things definitely I think, I got so many emails back when I first started trying to round up the trainers again when I started last year, got so many emails back from people saying I just haven’t got the capacity to deliver this at the moment or it’s not…it’s not my role – not that it’s not their role because I don’t think it ever was their role – but I’m not able to have this in my remit notes, it’s not seen as relevant to my role so despite the fact that I would argue against it necessarily being anyone’s role, it can be anyone’s role, they obviously didn’t see it that way. So, yeah, for me it’s having the time to do it and nobody else that’s done the Train the Trainer will – and that comes from me being the lead for MECC in public health for our trust – nobody else has it in their remit. I think things like the admin of it, setting up the training sessions, promoting them in the bulletin, promoting them through Teams, my job is worked around that sort of engagement with staff. I have the time to set up the app, I have the time to evaluate and go and look at the sessions. I mean, I spend a lot of time on MECC and that’s why I’ve been successfully delivering it, whereas we’ve had other staff who have trained as trainers and have delivered it out to other staff, but just they’re exercise therapists or they’re specialist nurses and they might have done it once or twice so it’s not really anybody else who’s delivering it successfully is really putting a lot of work in outside of their actual role, I think.

BN: Right. Yeah.

AP5: And I feel like I do, it is a big part of my role.

BN: Yeah.

AP5: So, feeling more comfortable in delivering the MECC training comes from me having the time to look at the training slides, look at the other documents that come along with that, the stuff that’s on the Future NHS shared kind of platform resources, and I think that other people who are doing this as a sort of add on to their role just don’t have the time to do that.

BN: Yeah.

AP5: I had a conversation with someone yesterday, actually, who’s recently done the Train the Trainer session, not through anything I’ve organised, just off her own back. I think she went to a session in Newcastle and she contacted me and asked me if I would be happy to kind of spend some time with her going through the training stuff, which obviously I am so we met up yesterday and she kind of I suppose was a bit nervous about setting up her first session and she wanted to familiarise herself with the slides and wanted to know how I did it and she knew that I’d scheduled a session in a month or so’s time, say the end of this month, I’d scheduled a session for her team and she said can I joint deliver that with you so it gives me the opportunity to kind of have a go without feeling like I’m thrown into the deep end. So, we’re doing that and it’s nice that somebody is well I don’t mean putting the effort in but able to spend the time and kind of support me in trying to cascade it, because it is meant to be a cascade model and at the moment there’s very few, I mean considering we trained 80 plus staff as trainers originally, there’s very, very few who are actually delivering.

BN: Yeah.

AP5: And I think one of the guys who’s done a lot of training has really kind of saturated his local site.

BN: Right.

AP5: So, he hasn’t got the sort of job where he can just travel to other sites. He’s done the training with as many of the wards, as many of his colleagues as he can, and he sent me an email, bless him, saying I feel like I’ve done, nobody else is interested now, I’ve saturated this site, and we can’t ask that he goes travelling off to other sites to deliver it because that’s beyond the call of his kind of role.

BN: Yeah.

AP5: And I’ve forgotten your original question, sorry again, off on a tangent.

BN: No, that’s perfect. So, and what do you think that is, the reason why there’s so little people who cascade? Is it the whole that it’s not in their role, but do you think there’s any other sort of reasons?

AP5: Part of me thinks that a lot of, because I always think well why on earth are people coming to do a Train the Trainer session and then not delivering it, because even I understand the people that have done the training a couple of years ago and then COVID’s you know, life has changed dramatically since then.

BN: Yeah.

AP5: Easy to forget. It’s easy to forget a training session if you haven’t delivered it for a few weeks, never mind a couple of years. So, I get that. So, it almost can wite out the ones that did it a few years ago but we did train 30 or so staff in September to December last year and so that’s very recent, you know, as Train the Trainers.

BN: Yeah.

AP5: And to me, I always said to myself why are people putting themselves forward for Train the Trainer training if they’re not going to deliver the sessions, and all that we’ve ever asked of them is that they send me the registers. I’ve offered the support to deliver it, I’ve offered the kind of shadowing, the cofacilitating, tried to make it as easy for them to do as possible. I’ve said I’ll set up the bookings, I’ll do the admin, you know, I really basically said that in fact some of the sessions I actually set up sessions and said does anybody want to deliver this, all you need to do is log on and present it for an hour and a half, everything else is taken care of. And I think, and it might have been a bit unfair or a bit sceptical, but I think possibly having a Train the Trainer course on your CV looks very good.

BN: Right.

AP5: It looks really positive, and nobody is going to really ask you whether you actually delivered any sessions or not.

BN: Right.

AP5: So, I think having that training element on your CV is potentially what’s luring people in.

BN: Right.

AP5: I don’t know. I don’t know for sure, perhaps I’m being unfair and perhaps people do really intend to deliver that training at the time that they’re going on it, and then life just takes over. But fair to say there’s potentially been two, two people that came on a course with (name of principal trainer) that I know have delivered, sorry three, three people that have delivered some training, or have delivered one or more sessions. And then this woman that I met with the other day, I think, and she’s obviously going to deliver some. But other than that, nobody’s really been in touch about how or, you know, about actually delivering it and I’ve sent all the trainers that have ever been trained are on my – I have a distribution list for them all – so it should be virtually impossible for them not to know that I’m here if they want some support.

BN: Right.

AP5: It’s almost virtually impossible for them not to have seen that if they deliver a session, please send me a register so I can record who’s been on it. And only, I mean even the person that did loads of sessions didn’t send me a register. He didn’t have the, I don’t know whether he didn’t have the capacity, or he just didn’t do it. He just went to his team meeting and he delivered the session.

BN: Right.

AP5: So, later on when I came back to ask him how many you trained, and he was like oh I don’t know. So, yeah, I don’t know. Maybe some of the stuff about actually using the app, and I don’t know, that might have changed now, but I don’t remember all that much content in the Train the Trainer sessions about organising your sessions via the app.

BN: Right.

AP5: And booking, the booking system and things. So, maybe that would be helpful but yeah, I think sometimes people just see it as oh well that’s good for my CV, I’ll go on a half day training then.

BN: Yeah.

AP5: I never have to actually deliver it but I’ll be seen as a trained trainer.

BN: Oh, that’s really interesting. Yeah.

AP5: But again, I might be being a bit unfair to some, but it just feels a bit weird that we’ve had I think 34 staff since September last year and I don’t think any of them, as I say, other than these three, have delivered one session. Certainly not to my knowledge.

BN: And you’ve given them the resources. You’ve given them the support.

AP5: Yeah. Yeah.

BN: So, it’s not that.

AP5: I don’t think so.

BN: No.

AP5: Unless I’m totally intimidating and not very friendly. I don’t know. I hope it’s not that.

BN: No, I’m sure it’s not. No, that’s really interesting. And so what do you think of the Train the Trainer model? Do you think it is an appropriate model for the ultimate delivery of MECC to individuals?

AP5: I think in some circumstances it would probably work really well. It just needs you to find the right individuals.

BN: Right.

AP5: I don’t know whether there potentially needs to be some interaction with the individual’s manager to say if your staff member is coming on this training there is an expectation that they deliver X number of sessions in a year or I mean it doesn’t even have to be like a really tight requirement, you know, we’ve never said you have to deliver to X number. We’ve sort of said deliver one session or to ten people. And I mean I’ve never really pushed that either because people just aren’t doing it.

BN: Right.

AP5: But I think some engagement with line managers, almost like line manager approval to attend.

BN: Right.

AP5: Almost like an informal contract to say you’re allowed to come on this training. In your role you will be allowed, or you will be expected and therefore given the time to deliver this number, a session, one session a year, two sessions a year, either to colleagues or to staff within your kind of department or your local network of whoever you’re working with. So, I think it definitely could work but the way things have been going for us, I think, and maybe I don’t know, not a victim of kind of…and I wouldn’t say a victim of our own success but like because I’m doing sessions and promoting them through the bulletin maybe people see them and think oh well the session’s available I won’t bother doing another one, you know, for our staff.

BN: Right.

AP5: I don’t know. I’m just trying to think of reasons why people might feel like they can use it as a kind of get out of jail free card, like I don’t need to do it if I see there’s some available I don’t need to deliver them.

BN: Yeah.

AP5: And maybe because I do have a lot of, you know, it’s a big part of my remit MECC, so maybe because I do a lot of work and a lot of kind of talk about MECC maybe people don’t see the need to be actually delivering it themselves.

BN: Yeah.

AP5: Yeah. I’m not sure.

BN: Yeah. That’s really interesting. So, do you think there is any sort of resources or extra support that would help those people? Or is that sort of already there?

AP5: I sometimes wonder if I think that people used to get a MECC training file, a physical file.

BN: Right.

AP5: And for all I’m really conscious of the environment and things just sitting on shelves, I think people like to go away from a training session with something physical that they can see, especially when it’s to do with delivering training session. If they’ve got the manual, it’s almost like a safety net, they’ve got the manual there that they can take to a training session with them, they’ve not faffing, because sometimes people are just it’s the IT skills that people struggle with.

BN: Right. Yeah.

AP5: And I think I still come across a lot of staff who are a bit IT phobic and really don’t like to, you know, or don’t know how to use IT in the same way that other staff do. So, logging on to things like training apps and the NHS, Future NHS forum, and using the passwords and having to log on, I think, becomes a bit of a barrier.

BN: Yeah.

AP5: And then downloading things and where do I save them, and is this the latest version and stuff. I think if people, so what I’ve tried to do for people is if they ask for the training slides I just send them to them because I’m all right with that, pretty all right with IT, so it’s easy enough for me to say don’t worry about going on there, I’ll send you the slides that I’ve adapted for (name of NHS trust) anyway.

BN: Yeah. Right.

AP5: I’ll send you this, I’ll send you that, because I think the future NHS forum is a good resource, but I think it scan be a bit daunting looking in it and there’s lots of things in different places, so there’s not necessary, things aren’t necessarily in the place where you might think they are. There’s lots of folders, I think.

BN: Yeah.

AP5: So, it’s not always really obvious where to find things.

BN: Yeah.

AP5: So yeah, I think people possibly would benefit from just being spoon fed a bit more, especially when it’s not their role and they think immediately oh I need to go and look at that to get the latest slides, or I need to print that out or I can’t even remember what the slides look like or what the notes look like whereas if they just have that MECC folder on their shelf they can kind of flick through. I don’t know. I’m just guessing.

BN: Yeah.

AP5: From what I think people have, yeah, have suggested to me. I think they really do find the IT side of things a bit daunting sometimes.

BN: Yeah. To be honest, we’ve heard that before. It’s not the resources per se, it’s more the access and the resources is the barrier.

AP5: Yeah. Yeah.

BN: Yeah. No, that’s really interesting. So that was everything I had to ask you. Is there anything you feel like we haven’t gone over enough, you were kind of thinking about before the interview that you want to add you haven’t spoke about yet?

AP5: I’m sure I was just thinking of something before.

BN: OK.

AP5: And it’s gone out of my head. No, I don’t know. I think we’ve probably covered it in the last question. I think it was more about why people aren’t delivering the sessions. Yeah, I think we’ve probably covered it with the IT side of things.

BN: If anything does come to mind just pop it in an email and we’ll add it on.

AP5: Yes. Yeah.

BN: Oh well, thank you so much (AP5). I’ll stop recording.

[End of recording]