BN: So, if we could just start if you explained a little bit about your organisation and your role within it.

NA1: Sure. So, I work for the (name of organisation), (name of location), which is an (name of) body and you’ll probably be aware of them, you may have heard of them before, and my role is research operations officer with the local authority. So, our roles are research operations officers embedded with the public health teams and there’s four local authorities who we work with in the region, one of which is (name of location) Council who I’m embedded with. And our role was really loosely defined, it was part of a national pilot project to embed people from the (name of organisation)s into local authorities to maybe try and establish research infrastructure and research culture and research activity partly with the emphasis on (name of body) portfolio, public health studies being carried out in local authority settings, but also just a real general loose role in that we were there to kind of find out what the picture was like in local authorities for research, how joined up the activity was, whether there was any coordination of it, what infrastructure do they have if any. And so, I’ve been doing that since (date) 2021 alongside (name), who I’ve mentioned who works in (name of location), (name) in (name of location) and (name), I don’t think you’ve met, who does the same job over in (name of location).

BN: OK.

NA1: So, nationally I think there’s about twenty of us, so maybe a few more how are part of the pilot and al working with local authorities and public health teams, but all of our roles are different and job descriptions are different across the country, which has confused matters, I think.

BN: Yeah.

NA1: But we do have national meetings and I think where the (name of location) and [02.00 unclear] or [02.02 unclear] has retuned, I’ll explain that in a second, we’re quite standardised in the (name of location). We’re all of a particular grade, we’re all NHS employed because the (name of organisation) is hosted by (name of location) Hospitals.

BN: Right.

NA1: So, we’re technically NHS contracted employees. We’re part of the (name of location) (name of organisation), so we have access to all the support there and they’re our day-to-day line managers and we’re embedded with public health teams. Across the country the role is a bit different. Some people are university based, some people are council employees who have one day a week to look at research in their role, so I suppose we’re barely unique in that way, dedicated full time staff working with public health teams to develop research infrastructure.

BN: Oh great. So, what motivated you to work in your current role?

NA1: Well, I worked prior to this in clinical trials research.

BN: Right.

NA1: So, in a much more clinical setting with the (name of) Hospital, and this role, I suppose with it being a new role it’s quite open ended. It seemed quite interesting in that rather than just doing what I was used to, it’s like just this set up of trials and sort of being in that sort of research treadmill of just hamster wheel doing the same sort of thing but then there’s a new study doing the same sort of thing for that. Just repetitive. This seemed quite like an open ended task and you kind of shape the role to what you want it to be and I suppose it’s a better opportunity as well, widen my network and the people you were working with, it wasn’t just clinicians in a hospital in the odd pharmaceutical company, it was university, it was the academic networks, it was local authority staff, voluntary community sector, so I think it was to widening the skill set and the people I would get to meet and things I would learn. So, that was primarily the reason. And also, the (name of organisation)’s quite a good place to work, it’s quite a laidback vibe and I’d heard good things about it.

BN: Right. OK. That seems like a really interesting role. So, what would you say the attitude of the (name of organisation) is like towards health promotion?

NA1: Health promotion in terms of general health promotion towards the physical wellbeing of the public or just in terms of research?

BN: Yeah, more so I suppose the public and staff, people that work there.

NA1: Yeah. Culturally, I mean as far as like staff wellbeing and things go there’s some really supportive staff wellbeing and mental health and physical health kind of networks that they have, and I think that comes from (name of location) Hospitals as well, from the NHS is probably pretty good at it at the moment, like the sort of physical and mental wellbeing of their staff and the (name of organisation) is pretty good for that. But I suppose my cynical side of things is that towards public health or just health and fitness in general is that there’s a real misconception of what it takes to be physically fit, which I think will also impact how mentally fit you can be, and I usually I would probably say that there’s no fitness comes before the mental fitness in terms of correcting it. So, if you want to be mentally fit, I think you probably, my personal opinion, is you have to start with physical fitness and physical wellbeing.

BN: Right.

NA1: But I know probably in the social science side of things there’s probably absolutely diametrically opposing views as that your mental health will affect your physical wellbeing, which is true, but I think to address that you have to address the physical side as well as all the social determinants of health and all that kind of thing.

BN: Yeah. And in terms of the research side, is that all sort of public health research that you’re involved with?

NA1: Yeah, so the (name of organisation), you can probably tell by the name, the clinical side of research is probably the main core of their business, although public health is part of what they do and there are obviously some public health studies which overlap between clinical NHS type stuff and what they call non-NHS setting which is the NHS has got a terrible habit of talking about the NHS and then everything else is non-NHS as if like there’s now another world out there. So, predominantly the research that we get from the (name of organisation), or the questions we get asked, are can you do this particular type of study, public health study, in the local authority. We’re offering it out to there’s an ex-study looking at this type of thing, doesn’t fit clinically, doesn’t fit within the NHS, it’s a public health study, can you promote that at the local authority, and part of what we do, we do do that but understanding that if you want to really engage local authorities in research, especially public health research, the best way isn’t just to do it in top down projects that have come from the (name of body) as the topic of interest to them or an academic, the best way to do it is to get the local authority to start thinking about their problems and what they need to do research into and look at how they’re working and then give them the infrastructure and the capacity to do it themselves, to develop those skills inhouse and where possible make those networks with academics and make sure that the research is local authority led. So, that’s partly what our role is designed to do, and what we found out in doing the role is that you can’t just use local authorities to do your studies to get on your portfolio (name of body). It’s probably going to be the other way around; it’s probably going to get better fit for public health in general.

BN: OK.

NA1: Not discounting that there are some good studies that do come along and that are important, I mean like an obvious one from the last three or four years is like the vaccine studies. It’s passed as a public health study and pretty much carried out using the help of the local authorities in different networks but yeah, so that’s in general the (name of organisation), probably 95 per cent leans towards to the clinical type stuff.

BN: Yeah.

NA1: Or care home settings, but they are reaching out and looking to do stuff in schools, prisons of non-NHS world.

BN: Yeah. OK. That’s great. So, you kind of mentioned briefly before I hit record of your sort of experience with MECC so far, so can you describe a bit about what you know about MECC, how you came to know about it, things like that.

NA1: Yeah, so as I’ve mentioned before, there’s (name) is in the public health team at (name of location) Council, and I know she’s like the MECC guru there and she’s got her community of people that she has involved in that and I’ve spoken to her very briefly about it, back when I first started my role and I was getting introductions with all the public health team, and I’ll be honest, I don’t know too much about what goes on practically or how it works other than that there’s a I would imagine a group of residents that hopefully reflects some of the demographics across (name of location) Council’s patch and they’ve morphed from MECC to community champions to COVID champions during the pandemic, and we attended the discussion when we were doing our bid for the (name of network) at (name of location) Council as to whether we could use MECC or the people within the MECC setup as research champions.

BN: OK.

NA1: And that’s really as far as I know about MECC and I know it stands for Making Every Contact Count and I understand the premise of what that means, but I don’t know much about it operationally or how it works or how I would even tap into that resource.

BN: Right. OK. And so, do you have sort of any feelings or opinions towards MECC as a concept?

NA1: I suppose if you’re looking at like well probably an example of it, I work in this kind of [10.21 unclear] and I don’t know a lot about it, so you hear Making Every Contact Count or MECC mentioned quite a lot and I don’t really know what people mean by that. So, what does it mean practically? What does it do? And I suppose more clarification as to what it is. And maybe that’s probably my duty to come and find out about it or look that up, but I suppose it's to anyone who’s not involved, it seems quite an abstract concept I would imagine.

BN: Right.

NA1: You hear it all the time, but what is MECC?

BN: Yeah.

NA1: Who are they? Like what does it consist of. Like you kind of get a vibe about what it is, but I don’t know any details.

BN: Right. Yeah. And so, I suppose do you have any sort of motivation to go and deliver MECC training?

NA1: If I could understand a lot more about it and no doubt see the positive impact that I’ve no doubt it has, then sure, I think that would be something positive. I think if you are in a position where you can teach someone about something then you’re probably going to be knowledgeable about it in your own right and understand it a bit more. So, I think going back to that point about whether the train the trainer programme actually filters down, I wonder if some people are using it just to understand a little about MECC more themselves rather than to go on and train.

BN: Yeah.

NA1: So, I suppose there the train the trainer aspect and there’s maybe just a MECC awareness aspect I think would be interesting, some sort of course like that. But yeah, and there’s a motivation personally in my particular role. I think if I was…yeah, I would probably be more inclined just to know a bit more about it rather than to become a trainer to train someone else how to do it.

BN: Yeah. Uh-huh. So, if you were kind of to seek any MECC training it would more be you doing the MECC training rather than learning to be a trainer.

NA1: Yeah. Yeah. Personally, in my role for what I do, probably because I think there’s people far better placed than me to interact with the community and establish links already either the voluntary community sector or the likes of (name) in the public health teams who’ve already got those links established. So yeah, I think it’s good to have an awareness of it and know what it does and where it could possibly help me out in some of the things I do, but I don’t know whether personally it would benefit me to be a trainer for it.

BN: Right. Yeah. And so, is that kind of anything you’ve done before as part of your role is deliver training of any sort?

NA1: Not in a formal sense, no. As part of the (name of network) actually we’re trying to do like a research awareness type thing where it’s very informal and we try not to call it training.

BN: Right.

NA1: We’re trying to make it much more interactive and informal. Prior to that, I suppose, it’s some line management duties that I’ve had in the past and past roles at the Freeman Hospital where there are elements of some training but it’s usually very niche, not a particular topic about something to do with the job rather than a larger [13.43 consensus]. It’s usually with people who need to know and are there because they’ve been paid to know this sort of stuff rather than on a voluntary basis, like MECC would be.

BN: Right. Yeah. So, how would you feel about that sort of training delivery side?

NA1: I think I suppose if the support is comprehensive and what you’re expected to deliver is clear, I think that would be a good thing. I don’t think it’s something that I would be in objection to. I think so long as the programme is clear and supportive and there’s materials you can rely on and there’s almost, I suppose like maybe peer support or a mentorship while you’re developing your training skills for this particular topic then I think that would be good.

BN: Yeah. OK. But yeah, you’d want to know more about MECC first probably.

NA1: I think so yeah, because I mean the first thing someone’s probably going to ask me is what is MECC, and I don’t know myself. I’m supposed to be here telling you about it. It’s like not a good look, is it?

BN: Yeah. So, have you ever been invited or sought out any MECC training before, or you’ve seen any invitations to go to MECC training of any sort?

NA1: No, but I was at an event, it was at (name of location) Hospitals maybe it must be nearly a year ago, maybe even longer than that now, and I remember on the day there’s some I think it was a health inequalities day hosted by (name of location) Hospitals and it was at the RVI.

BN: Right.

NA1: And there were some speakers there. I think it’s probably where I first sort of heard or was aware that MECC was a thing that was like a wider network or a wider concept, not just particular to a local authority or an NHS trust, and it was people from, I think it was from (name of) Healthcare Foundation Trust did a talk on MECC.

BN: Right.

NA1: I can’t remember the specifics. I could probably dig it out because I’ve probably still got the material from the day in an email somewhere, and yeah, they had all sorts of charts and statistics about the number of interactions they had, and the number of contacts and things and I suppose I wasn’t really aware as to what they were looking to achieve with it. I understood like OK you’re contacting people, you’re speaking to people but what is it you’re trying to do?

NA1: Right. Yeah.

BN: And that was probably my lack of understanding at the time and maybe the presentation wasn’t geared up to tell you all about MECC, it was more, I think, to do with a particular thing that they’d done, an event they’d held or something like that.

BN: Right. So—

NA1: So yeah, as I say it’s a vague concept to me. It’s quite abstract. I don’t know much about it.

BN: Yeah. So, seems very vague and abstract, yeah. So, what would you think in regards to how suitable if you were to go on and do the MECC train the trainer, and they did go over what MECC was in the training, do you think what is the suitability of that to your role at the (name of organisation)?

NA1: Well, we do have, our already, there’s already a team at the (name of organisation) who do sort of engagement and I think called different things, calling it PPI, ICE like public engagement and so I suppose it would overlap with that kind of work that does go on at the (name of organisation) all to do with, I suppose, trying to involve those who are maybe underrepresented in research, in research. So, I suppose it would have benefits if I was involved in that line of work at the (name of organisation).

BN: Right.

NA1: In terms of working with the local authority as I do with the public health teams, I feel like there’s already people doing that, as I’ve mentioned like (name). And she’s got her team there who do all that work already, and whether I’d be maybe duplicating it or treading on their toes or see anything MECC related or anytime that word’s mentioned or we’re looking to utilise that group of people, everything would go through (name) anyway. She would be either gate keeper for it, we would always consult there for it.

BN: Right. Yeah.

NA1: So, whether, so if I was, I suppose, trained to be one of these MECC trainers or anything like that, or using it my job, I think I would always still want to make sure I wasn’t treading on anyone’s toes.

BN: Right. Yeah. And so, do you know how you would go about accessing the training if you did want to go and do it?

NA1: I’d imagine it would be as most people do, isn’t it, it’s a Google search and seeing what’s out there and trying to…well I’d probably actually contact (name) at (name of location) Council and probably ask her, how would you go about doing this. And I’m sure, I mean at local authorities I’m not sure how it works, whether it’s part of their mandatory training, or part of their induction.

BN: Yeah.

NA1: So, given that I’m not technically an employee of the local authorities but working with them, I suppose that’s where I’ve missed the boat and it’s not something we have to do at the (name of organisation). It’s not something we’re really made aware of.

BN: Right. Yeah. So, how kind of faraway do you think you are from contacting (name) about the training?

NA1: I suppose it’s coming up to two years now and I haven’t done it yet, so I’d imagine it’s not something that’s high on my list of priorities, probably because of the job role that I’ve got. (name of location) Council was one of the recipients of the funding for the (name of network). So, that’s kind of taken up the bulk of what I do in my role, and also who the (name of network) at (name of location) is where a lot of the anything to do with MECC might be done. So, we’ve got research leads that would maybe speak to (name) more about that kind of thing and we had talked about concepts such as like peer researchers and coproduction, that type of thing, using the (name of network) to do that and community champion, research champions. I’m not a big fan of the champions rage but and that kind of thing. Yeah, so I’m probably unlikely to contact (name) about it unless it really hit me in the face as something that I really needed to do to get past a particular hurdle or something like that. Because, like I say, I think at (name of location) Council it’s pretty well established anyway, it seems to me, looking out on the outside in and they do have quite a few links with the voluntary community sector through organisations like (name of organisation) and yeah, so it’s not something I’ve really touched upon or felt the need to as yet.

BN: Right. Yeah. You just don’t feel the need’s there for you to do it.

NA1: Yeah. Personally, in my role, yeah.

BN: Right. Yeah, fair enough.

NA1: But I would say that’s just for me personally. I don’t want to say it’s particular to the role because you might speak to some of my colleagues who are doing these roles in the other councils and they might say yeah, it’s exactly what I’m involved in and something I like, but because our roles were so vague and they were new, and the job descriptions were really very open ended, when we got into the local authorities and got into the public health teams we all got involved in different things, we’d gone down different paths.

BN: Yeah.

NA1: So, I suppose it’s particular to me rather than particular to the role that I do that I haven’t really contacted (name) and looked to do any training on MECC.

BN: Yeah. You’ve carved out your own role and already noticed that (name) is kind of got it covered, sort of thing.

NA1: Yeah. Yeah. And protects it.

BN: Right. OK.

NA1: Guards it quite understandably given that it’s taken her a while to build up this network of people that she’s got. So, I think that’s I suppose one of the things that anything MECC related is all like deferred to (name) in a way.

BN: Right.

NA1: That’s my impression anyway. That’s how I feel, and I think it’s probably the case that a couple of others in the (name of network) team had maybe thought that as well, so if you ever wanted anything MECC related speak to (name).

BN: Right. So, when you say kind of she protects it, what do you kind of mean by that?

NA1: I suppose given that she’s put a lot of work into it over the years and she’s I suppose gone through different phases with it and it’s more from develop over time that she’s built those relationships and I suppose when you’re looking at relationships between a local authority and residents and gaining that trust, and I suppose it's something that could easily be broken if it’s not gone about in the right way with someone who understands the relationships and the trust of those people. So, I wouldn’t want to walk into it and upset anyone or not understand certain things, like she’s just got that knowledge and experience having done it for so long, and that’s, I think, a real value in something like this.

BN: Right. Yeah. And so, what do you think about the train the trainer model for MECC? Obviously, it’s a bit hard for you to answer with, got a vague idea of MECC, but yeah, what do you kind of think of the train the trainer model?

NA1: I think I suppose because you need more than one person doing this thing. You will need a way of expanding the ability and for organisations to train people because there’s all sorts of different geographical locations, different I suppose hidden different audiences. I understand that, for example, people might be more comfortable being trained by someone who has similar life story to them or similar demographic, similar capabilities and abilities. So, I understand the need for it that you can’t just have one individual saying this is how I trained and it’s going to work for everybody. So, I understand that it would be best to try and disseminate that information, that ability to train to other people who are probably going to get more buy in or going to be able to deliver it to people that maybe the initial trainer couldn’t do.

BN: Right. Yeah.

NA1: I suppose the risk is the dilution isn’t there as you go along, so it’s a bit like Chinese whispers I suppose. It starts off and then it gradually changes as the further down the chain of command it goes.

BN: Yeah.

NA1: So, as a concept it does have its pros and cons, I suppose. And I would imagine that it can’t be a one off. I would think that the best way to roll something like that out is that you don’t just do train the trainer and off you go. I think it should be maybe rolling competencies or an annual refresher or come back to us on how is it going, like a rolling programme would probably be more beneficial.

BN: Yeah.

NA1: I would say that I don’t know what the training, the trainer programme does. Maybe they do that already. I don’t know. And not just a tick box exercise like, you know, people do at the mandatory training. They go through online, yeah, yeah, yeah, yeah and that’s me qualified again for the next year. I think it probably needs to be really interactive because in two ways like lots of feedback as to how is your training going, what are the problems you’re encountering, right, and we then redesign the train the trainer programme to help you with those things that you’re encountering at the moment.

BN: Yeah. Yeah. That make sense.

NA1: So, I think that’s probably a good way to roll it out.

BN: Yeah.

NA1: And continued support as well because it can’t be easy going out and delivering something like I find abstract already, that kind of concept that people who have got no idea what it is, and this might be the first time they’ve ever even heard of it.

BN: Yeah. Definitely. And so is train the trainer anything that you’ve been familiar with before for other things?

NA1: Probably informally, I suppose.

BN: Right.

NA1: In the workplace, yeah. And maybe go on a course for something and then you’re told right, now you can do this, off you go. And I suppose that’s where you get that problem with the lack of it actually taking place in the real world. Like one or two will pick it up and go with it and go yeah, I’m confident enough to do that. But seems to be there’s if it’s a one-off enterprise, you know, well you did the course, you should know how to do this, and it’s not necessarily always going to be a success.

BN: Yeah.

NA1: Because I suppose it’s whether people still have that confidence. They might even have done the course maybe, God knows how long, 18 months ago, and then in three months’ time they’re told you did the course so you’re going to have to go and deliver this now and it’s like well forgotten everything about it, I don’t know how to do it.

BN: Yeah.

NA1: So yeah, I think that’s something that with the, I don’t know, I suppose it will be quite a challenge I think for some people to go out and do that.

BN: Yeah. And so, do you think obviously we kind of talked about your like what you would feel about doing the training, delivering training, is there anything else that you would kind of want support with or you think you might find difficult about that?

NA1: I suppose it’s access to I suppose standardised materials to make sure that you’re not going too off message or you’re not having to design your own materials. I get it, like for different audiences you could probably tweak things, but there’s that overarching I suppose support you can fall back on. It’s like well I know I’m delivering the right kind of things here because this is the syllabus for want of a better phrase. And you don’t want to make it too strict and academic but like in that you’re actually, you could refresh yourself then in that sense and going back to what I was saying before, if it’s 18 months since you did the course at least you go right, I’ll look back over what it was, there’s a theme, there’s a syllabus I can fall back on, there’s training materials, and maybe access to support and maybe a mentor. As I say, like it’s not just train the trainer and off you go. That person who train the trainer is there for advice and for feedback.

BN: Right. Yeah.

NA1: And maybe I don’t know, maybe observation to see how his sessions are going and could maybe coach you through things. Like I said before, it’s probably better if it’s an ongoing scheme rather than just you’ve done the training now off you go in the big wide world and deliver it and get it right. Get it right first time.

BN: Yeah.

NA1: Never make a mistake.

BN: Because that was what I was going to ask you about what you thought of refresher training, which obviously you’ve answered already. What do you think of the idea of kind of peer support networks to help MECC trainers?

NA1: Yeah. I think they always work whether they’re formal or informal. As I mentioned in my particular role, so four of us went into it not knowing really what the hell we were supposed to be doing. Job descriptions were really open ended. We rewrote our own job descriptions after six months because we weren’t doing what we thought we’d be doing, and that’s I suppose having three others in the region who’ve got the same thoughts as me as like are you getting involved in these things, do you think we’re doing the right thing. That peer support is massive, and it’s been an advantage to us actually in the (name of location) because there’s four of us here and there’s some parts of the country had one person sort of ploughing away doing their job as best they can. So yeah, peer support is a big thing, and it doesn’t have to be a formal thing because that can put people off as well. It’s just knowing that there’s other people around who you can speak to. So, I suppose in terms of a peer support network, maybe just having the contact details of people rather than saying right, there’s this peer support network meeting we have to go to once a month.

BN: Right. Yeah.

NA1: Like maybe have that but not so often, but just that ability for people if they so wish to tap into it, because I do think that helps.

BN: Yeah. And more informal as well. Yeah.

NA1: Yeah. Yeah.

BN: Yeah, that makes sense.

NA1: Especially, I suppose, in the concept of MECC as well where it is, I suppose it’s not designed to be academic is it, really?

BN: Yeah. Yeah. So, do you mean it’s an easier thing to support each other around [30.51 unclear].

NA1: Yeah, in that environment and maybe make it say a bit more, what’s the word, a bit more user friendly and less formal. If you’re going to have a support network and break down those formalities, you know, even for contacting trainers and contacting those people that are delivering it and breaking down those barriers and like I said, making it an ongoing relationship between the trained trainers and the trainers, does that make sense?

BN: Oh, I know it’s a mouthful isn’t it, train the trainer trainers. Well, that was everything I had to ask you. Is there anything you wanted to add, you feel like we haven’t really gone over?

NA1: I suppose maybe if you could, I suppose not necessarily the topic of today but just maybe if you could explain a bit more about who comprises the communities that make up MECC, like what do they do, what is the purpose, the overall aim of something like MECC in Making Every Contact Count sounds quite a vague statement.

BN: Yeah.

NA1: So, organisationally if someone wants to say we’re going to be MECC aware and we’re going to train people to train others, like what is it that it’s all looking to achieve?

BN: Yeah. So, it feels quite fuzzy and vague and not very concrete. Yeah. No, that’s fair enough. So, that’s something that you would want to know more about, I suppose.

NA1: Yeah. And I suppose if someone’s going to say well is it worth my while being one of these trainers, it’s the sell, like what is it that you will then be able to go and do and influence and how good will that impact be for you personally and for those that you’re training thereafter.

BN: Yeah.

NA1: And will you be able to see a benefit somewhere down the line. Or an impact that you’ve had.

BN: Yeah. And so, at the minutes does it sort of feel like you can’t really see that benefit or that aim of MECC?

NA1: Yeah. I would imagine that’s probably the feelings of those people that have gone through MECC awareness training or whatever and thought well what’s that got to do with me or my role. And maybe they’re not aware of what part they could play in it, even if it’s just a small part.

BN: Right. So, that could sort of be improved maybe.

NA1: Yeah. It’s like I say have not had any formal MECC training whatsoever it’s difficult to comment but even the fact that probably I hear it a lot I still don’t know a lot about it.

BN: Yeah.

NA1: And I’ve never been signposted to any particular training.

BN: Right.

NA1: It’s probably almost assumed that you know what it is.

BN: OK.

NA1: In some sense.

BN: Interesting.

NA1: Maybe that’s because I’m talking to those who are employed by a local authority and it is known to local authority employees and they hear it and they talk about it a lot, especially in the public health teams. But in my role maybe it’s not something that is mentioned so much.

BN: Yeah.

NA1: And at the (name of organisation) it’s more to do with public engagement and in terms of representation for different demographics and studies.

BN: Yeah. And I suppose do you sort of get an idea of the NHS side and what they’re like towards MECC?

NA1: Yeah. And I suppose in my head I probably confuse it with different types of initiatives or things that you hear. I mean not so much in (name of location) Hospitals now because I’m not in there, but there are all sorts of different things you hear. Other than MECC there’s like the patient liaison, the PALS and all that sort of stuff and the big community champions this and that. There’s I suppose similar types of concept maybe all under the MECC umbrella. And so, I do hear about them but I’m not necessarily aware of them, what they do.

BN: Yeah. That makes sense. Well, that was everything I had to ask you thank you very much for doing that. I really appreciate it.

NA1: Oh no worries. I hope I didn’t ramble on too much.

BN: Oh no, that’s perfect.

[End of recording]