The health coaching experience in NHS Midlands and East

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A tsunami of need

- People with LTCS:
  - 58% over 60 have one or more LTC
  - The poorest have a 60% higher prevalence and 30% more severity
  - Multiple morbidity (3 + LTCs) is predicted to rise by 1 million to 2.9 million between 2008 – 2018

- Account for 50% of GP appointments, 64% of outpatient appointments and over 70% of inpatient bed days

- Treatment and care accounts for £7 in every £10 of health and social care spend.
The impact is overwhelming
“Doing things to people instead of with them can be profoundly disempowering. It encourages patients to believe that professionals have all the answers and that they themselves lack relevant knowledge and skills, and hence have no legitimate role to play in decisions about their healthcare. Paternalism breeds dependency, encourages passivity and undermines people’s capacity to look after themselves. It may appear benign, comfortable and reassuring, but it is a hazard to health.” (Coulter 2011 p.2)
Coaching

• Coaching is the art of facilitating the development, learning and performance of another

Myles Downey
What is Health Coaching?

**Coaching**
- Coaching is the art of facilitating the development, learning and performance of another

**Health coaching**
- A method of patient education that guides and prompts a patient to be an active participant in behaviour change
  - Helping people gain the knowledge, skills, tools and confidence to become active participants in their care so that they can reach their self-identified health goals (Bennett & Bodenheimer, 2010)
Summary of activity in NHS Midlands and East

- Practice Nurses
- GPs
- CCG LTC multidisciplinary teams
- Procurement to roll out across the East of England LETB
NHS Suffolk

Supported by £100K Regional Innovation Fund

- 4 day accredited health coaching training
- Up to 16 practice nurses from 8 rural and urban practices
- Followed up by
  - Longer appointments – one hour and 2 X45 minutes
  - 20 patients x 3 sessions / nurse
  - In situ practice skill observation/feedback
- Patients selected by a variety of means mostly ad hoc referral

Evaluation
- A pre- and post-coaching self-efficacy questionnaire
- Patient survey and case studies
- Nurse interviews
- Data analysis
Independent evaluation

• University College Suffolk - 199 patients, 360 coaching appointments, 68 personal health plans completed

• Key findings:
  – Statistically significant improvements in self efficacy
  – 98% expressed very high or high levels of satisfaction
  – 86% would recommend to other patients
  – 74% report understanding their condition better
  – 61% understand their tests and treatments better

• “There is strong evidence that coaching techniques have been used effectively by nurses and that these have contributed to an improved support for patients seeking to increase their levels of self-care”
CCG and GP programmes

- One 4 day programme for GPs
- Five 2 day CCG programmes with national LTC work stream
  - Organisations selected through application
  - Recruitment done by the CCG
  - 8 participants – all multidisciplinary
  - Qualitative evaluation
What clinicians say they are using the skills for

- Patients with long term conditions
- Lifestyle and behaviour change
- Adherence and compliance
- Working with unexplained symptoms
- Pain management
- Recovery and rehabilitation
- Mental health issues (well managed)
Benefits for clinicians, patients & NHS

• Increased patient satisfaction and self efficacy
• Mind-set shift - can see a different way of interacting with patients (and colleagues)
• Role shift from expert (responsible for fixing) to enabler
• Personal development and resilience
• Developing champions for self care support
• Emerging evidence from studies....reduced utilisation, attendance and costs, improved outcomes ....but difficult to measure
Next step is roll out across East of England LETB

Categories of Innovativeness*

- Early Adopters 13.5%
- Early Majority 34%
- Late Majority 34%
- Laggards 16%

Innovators 2.5%

Levels of training

- Train the trainers – 4 day training
- Health coaching – 2 day training
- Basic awareness of health coaching – e learning
- Consultation training refreshers
Key questions

• Can we be clear on terminology, objectives and QA?
• Are quick interventions effective given focus on cost, pace and scale?
• Who should be trained, at what stage of career, to what level?
• When should skills be used - in the consultation, in coaching clinics or on the telephone?
• Which patients benefit most and how to identify them?
• How can skills be maintained?
• How can training align with patient activation and system change?
• How can innovation be spread to gain evidence required?
Innovation elsewhere

• Health Foundation - Co-creating Health and Centre for self management support - Addenbrookes
• Coaching for health (multidisciplinary) - London Deanery
• Decision coaching – National Shared Decision Making Programme
• Practice development East of England - 19 practice teams, 232 participants, 3 x 2 hour workshops
• Telephonic coaching for decision support, LTC and wellness programmes – BUPA members and West Kent pilot – 46 practices, 29,000 calls, 8,600 patients
Where do we want to get to?

Activated Patient AND Activated Clinician

Learnt dependency to active participant

Expert in knowledge and expert in process (behaviour change) - helping patient find their own solutions

+ supportive system
With patients – apply a flexible consultation style vs premature focus on diagnose and fix
As clinical leaders – commission, champion and build systems in our own organisations