Chapter 1

Why is health coaching vital for patients and the NHS?

The following chapter is written for everyone interested in helping people become more active in managing in their health and care. It describes:

- **Why it is essential for patients to be informed and empowered, why conversational skills are so vital and how this guide can help**
- **An analysis of 162 patient stories that illustrate the impact of patients being involved in their care**
- **The evidence on the impact of health coaching as a different type of conversation to empower patients and communities**
- **A carers story and account of clinicians experience of health coaching in the East of England**

The guide's initial focus is on health coaching and it's use by clinicians in NHS settings. Later chapters then describe its use by volunteers and others in the community.

Why is it essential for patients to be informed and empowered?

The sustainability of the NHS depends upon patients and communities playing a greater role in their health and care:

- **Detrimental health behaviours cause 60% of deaths[1]**
- **The impact of long-term conditions (LTCs) on patients' quality of life and NHS costs (around 70%) is escalating[2]**
- **The number of people with three or more long-term conditions is rising especially in older people and more deprived groups, who experience them as more severe[3]**
- **Patients often ignore professional advice e.g. comply with only a third to half their prescribed medications[4]**
- **Though shared decision-making is associated with improved outcomes, only about 60% of patients feel they are sufficiently involved in decisions about their care[5]**

At a glance

Health coaching is a partnership and different type of conversation between clinicians and patients that guides and prompts patients to be more active participants in their care and behaviour change

This guide provides a range of suggestions, contacts and scenarios to enable anyone interested in commissioning or providing health coaching in the NHS and community to get started

Patients tell us that they have

- Positive experiences of their care when they and their knowledge, experience and resourcefulness are respected

- But negative experiences when they are not respected, their concerns are ignored, and they are excluded from decisions which lead to distress, loss of confidence, lack of compliance, inappropriate use of services and poorer health

By tapping into the resourcefulness of patients, growing evidence indicates health coaching is associated with high practitioner and patient satisfaction, increased patient motivation to self-manage and adopt healthy behaviours, reduction of waste and positive impact on the culture of services and health inequalites

"I felt as though I had been listened to for the first time in over 2 years... I had got to the point of thinking I was making up the pain I still felt"
Woman with long term shoulder pain, Cumbria
www.patientopinion.org.uk/opinions/233681

Informed, empowered patients have the knowledge, skills and confidence to manage their own health. They make healthier lifestyle choices, personally relevant decisions, adhere to treatment regimes, and experience fewer adverse events[6]. Patients who possess the skills, confidence and knowledge to manage their own health, use services more effectively resulting in savings of between 8% and 21% of costs[7].

However, while there are many initiatives to support patients to self-manage, and behaviour change interventions at a population level[8], clinicians may not have had an opportunity to acquire the necessary interpersonal skills to share responsibility with patients and empower them to self-care and change behaviour[9].

Why are conversational skills so vital?

Conversation has been called the most over looked skill of the 21st century[10]. Every day the NHS treats a million people and holds millions of conversations. This guide aims to ensure the NHS increases the value from those conversations to help more people, particularly those with long term conditions, feel more in control and motivated to improve their health and thrive.

Evidence suggests that the quality of conversations between clinicians and patients are fundamental to wellbeing, enabling clinicians to pose questions and listen, and patients to take control of their condition. The #HelloMyNameIs campaign has demonstrated the need for improvements in basic communication. Complaints to the GMC are rising and over half are about clinical care and communication issues[10]. Misunderstandings impact on service use, patient outcomes and satisfaction.

The rapidly changing nature of health care, the emergence of frailty, multi morbidity, dominance of long term conditions, and rising patient expectations, mean professionals now need more complex interpersonal and communication - as well as technical - expertise. Clinicians need to work in partnership with patients to encourage lifestyle change, support self-management, increase medication compliance and aid complex decision making[12]. People want to be in control of their health, and they want to be listened to and heard.

Health coaching is used widely in the United States where it is delivered by a range of providers who offer health coaching to individuals and as part of health programmes and systems to increase patient activation, wellness and uptake of interventions, reduce risk and support decision making[13].

In the UK health coaching is still an innovation. As such it was selected for accelerated diffusion at scale in an NHS England funded programme to contribute to it's Five Year Forward View (FYFV)[14] following extensive piloting and roll out across the East of England (case study 1).

How can this guide help?

This guide is for health and care leaders and clinicians, and others interested in health coaching, and was written by a coalition of 18 pioneer organisations and experts in the field. It covers:

Part 1
Why conversations matter to patients, what health coaching is and the growing international and UK evidence of its impact; training for health coaching

Part 2
Tips and prompts to help organisations get started and commission health coaching, set up a community service, embed it in service provision, and evaluate the outcomes of health coaching

Part 3
How health coaching can be integrated with other approaches including use of new technologies, care and support planning and shared decision making

At a Glance and Case Studies

All chapters have short summaries and case studies are to found throughout the handbook illustrating the health coaching in action in different settings, in the UK and internationally. Here is a list of the case studies;

Chapter 1: Health coaching in the East of England; a carer's story; recovery coaching in an acute older people's rehabilitation ward

Chapter 2: Preventing medicines related readmissions

Chapter 3: Health coaching 'train the trainer' - a whole organisation approach

Chapter 4: My Health, My Way - health coaching in a community setting

Chapter 5: Being Well, Salford - a coach-led health and wellbeing service

Chapter 6: Health and wellness coaching intervention for fibromyalgia

Chapter 8: Proactive health coaching in Scandinavia

Case study 1

Health coaching in East of England

Long term conditions account for 50% of GP appointments[1]. To provide primary care clinicians with new skills to support self-care and behaviour change in their patients, in 2010/11 thirteen practice nurses from seven GP practices received a four day pilot accredited health coach training funded by a Regional Innovation Fund. Pre and post coaching questionnaires to nearly 200 patients showed improved self-efficacy and health status[15,16].

Following this positive evaluation, in 2013 Health Education East of England (HEEoE) rolled out a two day health coaching training for multidisciplinary teams across the East of England. The aim was to equip a wider range of clinicians with the right skills, knowledge and behaviours to support self-care and encourage behavior change and further evaluate the health coaching approach.

Between April 2013 and February 2015 almost 800 clinicians were trained in health coaching from across the East of England:

- **From 45 organisations including acute and mental health Trusts, community services, County Councils, CCGs and General Practices**
- **Including nurses (44%), allied health professionals (28%) and doctors (9%)**
- **Twenty local trainers underwent a 10 day accredited train the trainer programme and subsequently delivered a 2 day programme to a further 800 clinicians**

Clinicians reported successful use of health coaching skills to help patients self-manage[19]:

- **Long term conditions**
- **Lifestyle and behaviours**
- **Mild mental health problems**
- **Medicines - optimisation and adherence**
- **Other health issues including falls and palliative care**

Research indicated very high practitioner satisfaction with the approach, broad applicability of the skills, longevity of the skill set, cost savings, reduction of waste, and positive impact on the culture of services[20]. Health coaching training based on this approach has since been commissioned in multiple geographies reaching thousands of clinicians[21].

At a glance

- Accredited health coaching training was first developed as a pilot with practice nurses in the East of England
- 2 day training was then rolled out to nearly 800 clinicians from all professions
- 20 local trainers attended a 10 day train the trainer programme
- Training has now reached over 3,000 clinicians and the train the trainer model adopted in 5 other regions
- Health coaching was chosen as an innovation worth scaling as part of NHS England's NHS Innovator Accelerator (NIA) programme
- For evidence of impact see page 17

"The biggest thing for me was the shift in my mind-set from the 'doctor knows best' approach, to where the patient is the 'expert' of their own life, and already has the means within themselves to improve their own health and life experience"
General Practitioner

Useful resources
RCP Future Hospital patient empowerment issue
http://futurehospital.rcpjournal.org/content/3/2/147

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Vital for patients - What do patients say?

What difference does it really make whether patients and carers feel "listened to" or "involved in their care"? Perhaps the best way to answer this question is to hear from patients themselves.

One hundred and sixty two stories reported over a two year period between January 2014 and December 2015 on the public website Patient Opinion were analysed and key themes identified to understand what happens when people feel listened to and involved in their care, and when they don't – and how this impacts on their health and wellbeing, and future use of services.

Why does involving people in their care matter?

When people say they feel involved in their care, many patients describe very positive experiences. People feel happy and even empowered when:

- **They are given time, and/or listened to**
- **They are given clear accessible information and explanations**
- **Communication is two-way, not one-way, and their knowledge is recognised and respected**
- **They are treated 'holistically': as a person rather than a set of problems; as a whole person not just a condition or body part; and as an individual, sometimes with idiosyncratic needs**
- **They are given options and encouraged to share in decision-making**

These features add up to a 'partnership', resting on respect for the patient and their knowledge, experience and resourcefulness.

In one story, a patient makes clear what a joint decision looks like:

"Yesterday we both agreed that I would be discharged from her care – please note 'both agreed'." [233433]

And a young person describes the impact of being treated with respect:

"At no time has (the school nurse) ever judged me as a person; she has always listened to what I have said and given me strategies and ways to cope... she will challenge me and ask me a little bit more but never ever says I am to blame... This has made me feel so much better in myself as a person. I am now looking forward and not back..." [239440]

Organisational cultures which support and encourage such a "partnership" are noticed and valued by patients:

"This is clearly a very busy but exceptionally well-run hospital with all professionals working together and the patient and family as equal partners". [247643]

And the result is a direct positive impact on health and wellbeing:

"I now feel I have the tools to improve my quality of life ... The staff have empowered me to deal with different situations through their individual skills and techniques. I feel like a different person leaving here today." [243398]

Where a "partnership" is present, the impacts on patients and carers include:

- Feeling valued/cared for
- Enhanced confidence (in services and/or in own recovery)
- Enhanced motivation
- More effective self-management
- Greater resilience
- Better health/quality of life

Why can people feel alienated from their care?

Some of the stories described more negative experiences, when people felt:

- **They were not given respect**
- **Their questions and concerns were ignored, dismissed or contradicted**
- **They were excluded from decisions about their health and care**

Experiences like this demonstrate disregard for patients' entitlement to a professional service. But perhaps worse, such experiences show a failure to recognise the necessity for people to be active partners in their own care.

One patient described direct clinical consequences of not being listened to:

"One GP prescribed medication even though I said I would react to it... I then did react to it and had to go to the walk-in centre. The GP did apologise afterwards, but I hadn't been listened to". [233764]

Another recounted their ongoing struggle to have their own priorities (rather than professional priorities) recognised as important:

"I have had type 1 diabetes for 35 years. Same HbA1c since I can recall. Always good control. Same weight since I finished school, always active and lean build ...because of that, I no longer let the NHS weigh me or test my HbA1c because it's always the same. I have no problems with my control, and it's not what I'm interested in measuring. My health care team are consistently openly frustrated and annoyed about this. One time a nurse would not let me see a doctor unless I let her take my blood ... I've become better at ignoring all of their patronising and offensive behaviours and I write down what I need out of each appointment and stay focussed on getting that addressed. I've managed to do that, but each appointment is made so awful because the health care providers show no concern about what's important to me."[208033]

One service user described the impact of being excluded from an important decision about their care:

"A locum psychiatrist I had met only once for a routine appointment for 10 minutes made the decision to discharge me ... Purely based on case notes, no assessment, no discussion with other staff who knew me ... I wasn't given a chance to air my point of view, concerns ... His manner was rude. I was shocked and upset and confused. I have always been involved in decisions about my treatment, care and support."[262603]

In patients' own accounts, the impacts of such experiences of care include:

- **Distress**
- **Loss of trust/confidence in professionals**
- **Lack of "compliance" with treatment**
- **"Inappropriate" accessing of services**
- **Poorer health/quality of life**

What can we learn from patient experiences?

It is clear from these many experiences of care being shared on Patient Opinion that a model of health care in which professionals actively engage patients (and their families) in their own care produces a range of important positive outcomes. Such 'partnership' working involves recognising, tapping into and/or enhancing a patients' own skills, abilities and resourcefulness.

Conversely, it is also clear that an approach to care which disrespects patient knowledge and experience, ignores concerns, fails to provide information or excludes patients from decisions about their care, results in a range of negative outcomes for patients and services alike.

These findings are not new – but these stories shared on Patient Opinion in 2015/16 suggests that communication problems remain very real for some patients. Even if only a minority of patients have a negative experience, the overall adverse impact on health and wellbeing, use of services, and health care costs will remain significant - and entirely avoidable.

Case study 2

A carer's story

As a carer for my son (with cystic fibrosis), I used to see my role as a passive one, in which I was the mechanism by which the treatment decided by clinicians was carried out. Health coaching has come as a breath of fresh air, which has enabled me and my son to engage with the management of his condition in a much more positive way.

Cystic fibrosis requires a heavy, relentless treatment burden to stay alive. Traditional methods of ensuring treatment adherence include; nagging, criticism, bullying, threats of hospitalisation, and a default mode of assuming non-adherence. These approaches create dysfunctional working relationships between clinicians and families, resulting in resources being wasted on over-medicalisation and misdiagnosis. The critical patriarchal approach also disengages children and teenagers, often resulting in declining health during adolescence.

I instinctively knew this approach wouldn't work for my son. I also know that I don't want to go to my son's funeral (the median predicted survival is 41 - Cystic Fibrosis Trust). When health coaching came into my life I knew I had found the answer. Health coaching has given me permission to do what I had always wanted to do, but thought that it 'wasn't allowed'.

I now allow myself to listen to my son and enable him to set his own treatment goals. The traditional fear is that the patient (especially a child or a teenager) will opt for low or zero goals; this is a myth. My son wants to carry out treatments in ways which mean something to him. He uses a nebuliser three times a day. The relentless burden of doing this every day means that the average adherence is 40%. Factors affecting adherence are obviously very complicated. My son's average adherence is 80%, because he set himself a goal to avoid having intravenous antibiotics (a regular treatment for CF) as long as possible. He knows that one way of avoiding this treatment is to keep up with the nebuliser which prevents chest infections, thus giving him the internal motivation to stick to his plan.

People with cystic fibrosis struggle to put weight on and are often 'threatened' with tube feeding. They are often given a target weight to achieve by a certain date. This target can then become a disempowering obsession. Instead, my son set his own goal of taking a certain number of digestive enzymes a day, which translates into eating a certain number of grams of fat per day. He has managed to stick to this without developing an unhealthy relationship with the bathroom scales.

Health coaching has enabled myself and my son to find ways of managing his relentless treatment regime, without the negative baggage which comes with 'telling' someone what to do. Health coaching isn't a luxury or an extravagance. It's the only option for positive, humane health and care relationships.

"It's the only option for positive, humane health and care relationships"

Vital for the NHS – what is the evidence on the impact of health coaching?

Health coaching is described more fully in chapter 2. The following description of the evidence of impact is based mostly on:

- **A rapid review commissioned by Health Education East of England (HEEoE) "Does health coaching work?"[17]. This led to health coaching being selected as one of five national priorities in NHS England's "Realising the Value" programme to deliver on Chapter 2 in its Five Year Forward View[18]**
- **Evaluation of the case studies described throughout this report**

Assessing the evidence of the impact of health coaching is difficult because of lack of ability to compare studies, poor study design and a lack of definition of health coaching. However, despite these limitations, an evidence base is growing that demonstrates a real benefit of health coaching.

Studies show that health coaching can:

- **Produce positive physiological, behavioural, psychological and social benefits for adults with long term conditions[22]**
- **Save costs for inpatient, outpatient and prescription drug expenditures[23]**
- **Take the burden off clinicians while building trust and increasing patient accountability[24]**
- **Increase clinician resilience through boundary setting and prioritization, self-compassion and self-care, and self-awareness[25]**

Summaries of key studies particularly relating the growing UK evidence base are described in Figure 1. More research is needed on outcomes and cost effectiveness in NHS settings. However, these studies show that health coaching:

- **Increases patients' activation and motivation to self-manage and adopt healthy behaviours**
- **Works best for people most in need**
- **Can improve outcomes including goals such as HBA1c, cholesterol and pain scores**
- **Can reduce unplanned admissions in high risk groups and from medication related admissions**

Figure 1. Growing evidence on the value of health coaching

STUDY	FINDINGS
INTERNATIONAL LITERATURE	
Patient activation is a measure of a person's skills, confidence and knowledge to manage their own health related to health behaviours, clinical outcomes and patient experiences[7]	Health coaching can increase patient activation. More activated patients experience 8-21% lower health care costs
Review of qualitative and quantitative peer reviewed studies yielding 15 that met study inclusion criteria[26] (2010).	Six studies identified significant improvements in one or more behaviours of nutrition, weight management, physical activity and medication adherence. Health coaching shows promise and more rigorous study design needed
Systematic review, 5 studies met inclusion criteria, 3 studies of diabetes[27] (2013)	Two studies of HbA1c showed promising results; disadvantaged patients may benefit
Systematic review of 13 studies which met inclusion criteria of coaching by health care professionals for long term conditions, RCT or quasi-experimental design[22] (2014)	Health coaching improves management of chronic disease; positive effects on patients physiological, behavioural and psychological conditions and social life; significantly improved weight management, increased physical activity, improved physical and mental health status
A rapid review of 275 studies mainly in USA commissioned by HEEoE[17] (2014)	Health coaching works best for people in most need, increases patients' motivation to self-manage and adopt healthy behaviours, is widely applicable, and can be adopted by all professionals. More research needed
Review of 94 RCTS that used health coaching, 16 met the inclusion criteria[28] (2015)	94% of RCTs reported at least one positive outcome
An RCT of 56 patients with type 2 diabetes who received fourteen 30 minute telephonic coaching sessions over 6 months compared to usual care[29,30]	Coaching group experienced increased patient activation and perceived social support; improvements exercise frequency, stress and perceived health status; significantly increased medication adherence and reductions in HbA1c, sustained at 6 months
An RCT in USA in primary care of patients receiving health coaching by medical assistants[31]	Significantly improved goal attainment at 12 months (HbA1c, blood pressure and cholesterol) which was sustained at 24 months, with the exception of HbA1c
Targeted intervention where four Wellcoaches (Boston) worked with 9 fibromyalgia patients for 12- months (case study 8, Chapter 6)	Increase in self-compassion and self-kindness; pain scores decreased 30% and fibromyalgia impact scores improved 35%; 86% decrease in health care utilization during and 6 months post-intervention
Proactive health coaching by Health Navigator (Scandinavia) provided to over 12,000 patients across a population of six million, 17 hospitals and 450 primary care centres[32] (case study 9, Chapter 8)	Health coaching delivered 20–40% reductions in unplanned hospital activity within the target patient groups. Three years after implementation, Stockholm County Council has achieved a reduction in readmissions from 19% to 16%

GROWING UK EVIDENCE	
Primary care health coaching pilot evaluation in Suffolk used pre and post coaching patient completed self-efficacy questionnaires in 290 appointments with 17 practice nurses[15,16] (case study 1, Chapter 1)	Patients reported statistically significant differences in motivation and confidence to self-care and very high or high levels of satisfaction (98%) with health coaching based consultations
An overview of progress of the HEEoE health coaching programme from April 2013 to April 2014 based on 3 feedback surveys with 355 clinicians who attended a 2 day training, including nurses (44%), allied health professionals (28%) and doctors (9%)[19] (case study 1, Chapter 1)	Clinicians reported: • A shift from "fixer" to enabler, becoming more patient-centred and adopting a more flexible consultation style • A wide application of skills especially in the management long term conditions, for health improvement and with some mental health problems • Tools for when patients were non-compliant; increased resilience; a renewed enjoyment of consultations; skills used in management roles and for appraisal • Reports of reduced tests and activity resulting from more effective consultations
Qualitative review of five organisational case studies in the East of England including CCGs, mental health and community services, hospitals and GP surgeries[20,21] (case study 1, Chapter 1)	• Nearly all (96%) of clinicians reported good/very good content, learning opportunities and application to their work. More than two thirds of clinicians continued to use their health coaching skills up to one year after their 2-day programme • Two thirds of clinicians were using health coaching with a wide range of patients and conditions and finding it useful including depression, weight, smoking, foot ulcers, pain, anxiety, COPD, coronary heart disease, poor kidney function, hypertension • Reported efficiency benefits to the NHS included improved patient compliance, quality and consistency; reduction in episodes of care, appointments and quicker discharge off caseload; potential to cut waiting list times and for less acute admissions; less waste from unnecessary tests and medication • Reported benefits to patients included increased confidence, empowerment and satisfaction; more personalised care; reduced dependency and medication • A case study demonstrated a 63% indicative cost saving or annual saving of £12,438 per FTE physiotherapist for reduced clinical time
Economic analysis following health coach training of staff on a 28 bed acute rehabilitation ward [33,34] (case study 3, Chapter 1)	An estimated net savings of about £4,973 per patient in reductions in length of stay and care home placement, equating to savings of up to £3,620,657 per annum for health and care and £28,000 per annum for the NHS alone
Eighteen pharmacists trained in an integrated medicine management service in acute Trust (case study 4, Chapter 2)	Demonstrates a significant reduction in preventable medicines related readmission within 30 days of discharge; improved identification and communication of medication issues; and improved staff and patient satisfaction
My Health My Way Dorset, a community based peer coaching service (case study 6, Chapter 4)	Independent evaluation of 323 participants showed significant improvements between baseline and follow up in emotional distress, health services navigation, social integration and support, skill and technique acquisition, constructive attitudes and approaches, self-monitoring and insight, positive and active engagement in life and health directed behaviour
In 2014/15, Big Life, Salford received 1,560 referrals, leading to 1,085 assessments and 6,000 coaching sessions (case study 7, Chapter 5)	After using the service 48 per cent fewer people smoked 11 or more cigarettes a day; 44 per cent reported weight loss; 58 per cent felt that they were increasing their physical activity; 66 per cent said that their mood had improved

Case study 3

Recovery coaching in an acute older people's rehabilitation ward

Patients are frequently disempowered by acute care provision, environments and attitudes, which debilitates individuals mentally and physically. For elderly patients this can mean prolonged rehabilitation and care.

To enable staff working on an acute inpatient elderly care rehabilitation ward to work better in partnership with patients and help them identify their own goals for getting home, a programme was designed using health coaching skills and techniques. Supported by the Health Foundation, this project aimed to challenge the fundamental basis of "I do it for you" and shift staff mindsets to "I will do it with you", enabling the person to become an integral partner in their health care.

Data were collected from 46 participants; 22 in the pre-intervention stage and 24 in the post-intervention stage. Improvements were seen in patients' Barthel (activities of daily living score) and self-efficacy mean scores (motivation and confidence to self-care) suggesting that the intervention supported an overall improvement in functional ability and independence on discharge.

Length of stay was reduced as patients were discharged 17 hours earlier. Two thirds of patients went home with the same level of care as on admission and 8% of patients required residential care home placements on discharge compared to 27.3% before the training. All staff felt it gave them the additional skills needed to work in partnership with patients using a caring and dignified approach. Improved job satisfaction was also found within the ward staff.

Health economic analysis indicated a net saving of up to £4,973 per service user in relation to reductions in length of stay and care home placement. For a 28 bed ward over a year this would equate to net benefit savings of up to £3,620,657 per year.

At a glance

Patients are frequently, disempowered by acute care provision, environments and attitudes

Health coaching skills enabled staff on a rehabilitation ward in an acute hospital to support patients to become more active participants in their health

Training led to reduced length of stay, improved functional ability and greater independence leading to a reduce health and care cost equivalent to £3m/year/ward

"We had forgotten how to listen to patients but now we listen to the patient's wishes and decisions too"

"It was really brilliant that it was the whole team and now we work together as a team around our patients"

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Although the largest financial benefit fell to the local authority from avoided residential care placements, the intervention was still cost effective if only NHS costs are included i.e. the net benefit per service user is £38 per patient, or £27,933 per annum per ward based on 728 patients admitted and an average 14 day stay [33,34].