better conversation
better health
health coaching

better conversation tools for action

the health coaching coalition

Innovation Unit
UCLPartners
NHS
Health Education England

Introduction

"Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it is the only thing that ever has.'

Margaret Mead

A social movement is a voluntary collective of individuals committed to promoting or resisting change through co-ordinated activity.

Social movements produce a lasting and self-generating effect, and create, as they do this, a sense of shared identity[1].

Join the social movement for better conversation

1. Bibby J, Bevan H, Carter E, Bate P, Glenn R The power of one, the power of many: Bringing social movement thinking to health and healthcare improvement (2009) Institute of Innovation and Improvement

About this work

The health coaching coalition is a collection of organisations and individuals unified in wanting to improve conversations between the health and care system and people seeking care, their families and communities.

Our aim is to enable people to thrive by feeling more motivated, confident and in control of managing their own health and care.

We believe great conversations can transform relationships and health behaviours to benefit patients, staff and the NHS.

To achieve great conversations, we advocate a health coaching approach based on the science of behaviour change.

You are invited to join this social movement.

The following resources are available for all to download, use and share from **www.betterconversation.co.uk**

- **A short film of clinicians and patients describing health coaching**
- **A booklet and call to action**
- **A resource guide with detailed information and evidence to help individuals and organisations get started**
- **Training materials tried and tested by over 3,000 clinicians and peers**
- **An online community to share resources and experience with other areas**
- **The brand and logo for the social movement**

In return please use the brand, reference the source and join the network to grow the social movement.

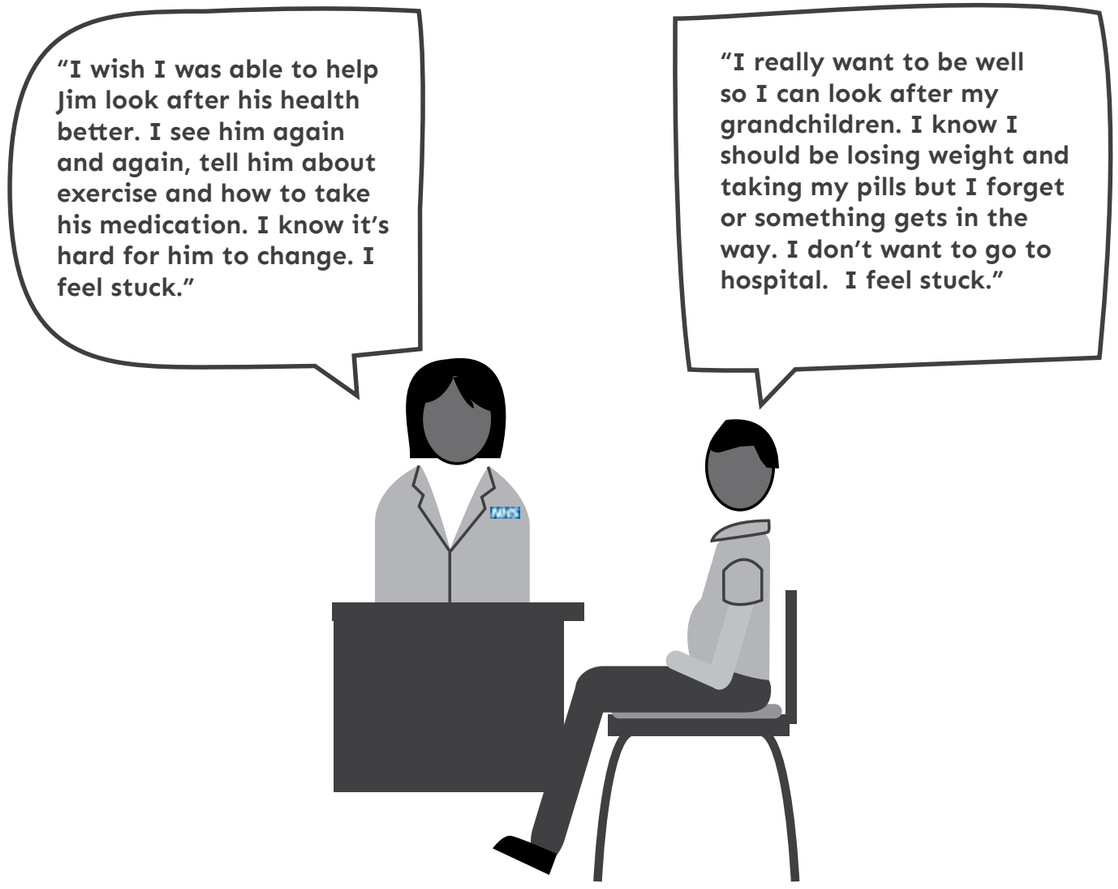
How these materials were created

This call to action booklet and brand was created over the course of four co-design events attended by more than 100 participants from a range of organisations. The work was facilitated by the Innovation Unit, commissioned by Dr Penny Newman and funded by the NHS Innovation Accelerator (NIA) Programme which aims to scale innovations of proven benefit to improve patient care. https://www.england.nhs.uk/ourwork/innovation/nia/

Overview

NOTES ON THE LANGUAGE

This guide refers to coaches mainly as "clinicians", because its main audience is the NHS. Our first priority and experience was of training clinicians in health coaching. The term "clinician" in this context refers to nurses, doctors allied health professionals, psychologists and other health care professionals who have been trained in a coaching approach. Evidence is that the skills are equally effective when used by non-clinical coaches such as carers, social workers, health trainers and volunteers (see chapter 5). Similarly, although we wish to avoid language which suggests dependency, for clarity we use the term "patient" to refer to a person or "client" who is seeking care and support.



How effective are every day conversations with patients?

For patients

Responses from 83,116 people and 159 Trusts indicate only 60% were definitely involved as much as they wanted to be in decisions about their care and treatment and 9% felt that they hadn't been involved at all

CQC in-patient survey 2015

"The first time my doctor warned me about my chest and smoking he scared me - I didn't go back for over a year after that"

Only a third to a half of patients comply with prescribed medications and 10% with lifestyle advice

Bennett H, Coleman E, Parry C, Bodenheimer, 2010

"I never thought what I was doing would do any harm - it's my life, why would I let someone else tell me how to live it"

"I saw about 15 health professionals and no-one asked me how I was coping. I was close to the edge"

"I don't want to be defined by my illness"

"I dread going to clinic appointments for fear of being reprimanded"

20% of patients feel doctors and nurses talk in front of them as if they aren't there

CQC in-patient survey 2015

Only 3.2% of patients with long-term conditions (LTCs) report involvement in developing their own care and support plan

NHS England, Overall Patient Experience Scores: 2014 Adult Inpatient Survey update (2015)

"People don't listen to me, they don't help me change. I can almost put my finger on it - what I want to do - but I never felt I could sit down with my doctor and figure it out"

205,000 written complaints in 2014-2015, up by 30,000 on year before

Health and Social Care Information Centre

For clinicians

Workplace Stress

In London, 1497 nurses across 31 NHS trusts – one in every 29 nurses – took time off (an average of 38 days) because of stress during 2014, up 27% on the 1,179 who did so in 2012

https://www.theguardian.com/society/2015/jan/17/nurses-nhs-stress-leave-staff-breaking-point

"NHS workplace stress could push 80% of senior doctors to early retirement"

The Guardian 10 Sept 2015

Insufficient Patient Time

43% of GPs report having insufficient time with each patient

BMA National Survey of GPs: the Future of General Practice 2015

Only 39 per cent NHS staff feel they able to deliver the quality of care they wish to patients

31 per cent NHS staff did not agree that they would feel happy with the quality of care in their organisations if a friend or relative needed treatment

Only 42 per cent agreed that their roles actually make a difference to patients

Michael West, Kings Fund http://www.kingsfund.org.uk/blog/2016/03/nhs-staff-survey

"The traditional system of doctor-patient advice giving does not appear to be working now that the majority of patients have chronic conditions and require behaviour change to improve their health. The health professional may seek to give advice and the patient may seek to be 'lay' in receiving advice but this so often doesn't result in behaviour change"

Renal Dietician

Job Dissatisfaction

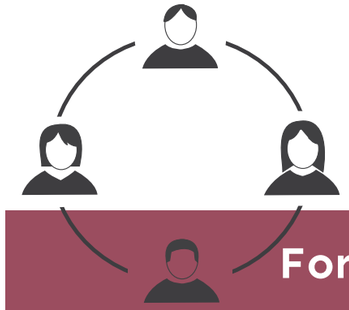
The level of overall job satisfaction reported by GPs in 2015 was lower than in all surveys undertaken since 2001. On a seven-point scale ('extremely dissatisfied' (=1) to 'extremely satisfied' (=7)), average satisfaction had declined from 4.5 points in 2012 to 4.1 points in 2015

J Gibson et al. Eighth National GP Worklife Survey, University of Manchester, 2015

The proportion of GPs expecting to quit direct patient care in the next five years had increased from 8.9% in 2012 to 13.1% in 2015 amongst GPs under 50 years-old and from 54.1% in 2012 to 60.9% in 2015 amongst GPs aged 50 years and over

J Gibson et al. Eighth National GP Worklife Survey, University of Manchester, 2015

"I'm bored of telling people how to take their medicines"



For the system

This is a big problem not just for patients and clinicians but for the NHS as a whole:

- **escalating costs (including costs of poor medication compliance)**
- **increasing rates of hospital admissions**
- **overwhelmed system**
- **under-utilisation of patients' assets**

The NHS wasn't built for today's or future needs.

Many long-term diseases affecting our population are closely linked to behavioural risk factors, with 40% of the UK's disability adjusted life years lost being attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive. Recent figures for England show:

- 2 in 10 adults are smokers
- 7 in 10 men and 6 in 10 women are overweight or obese
- a third of people have drinking patterns that could be harmful
- half of women and a third of men do not get enough exercise
- a quarter of the population engages in 3 or 4 unhealthy behaviours

The National Institute for Health and Care Excellence (NICE) estimates that the annual cost to the NHS of physical inactivity is £1,067 million, of smoking £2,872 million, of alcohol misuse £3,614 million, and of obesity and being overweight £6,048 million

Supporting people to make behaviour changes can help reduce premature deaths and disability, helping achieve long-term health, social care and public sector savings.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf

The gross annual cost of NHS primary and community care prescription medicines wastage in England is currently in the order of £300 million per year.... Improving adherence in medicine taking can improve health outcomes

http://discovery.ucl.ac.uk/1350234/1/Evaluation_of_NHS_Medicines_Waste__web_publication_version.pdf

The NHS is unsustainable without a greater partnership with patients

How can things be better?

The relationship, the conversation between clinicians and patients, is key.

A mindset change

Clinician as Fixer

what's the matter with the patient

Clinician as Enabler

what matters to the patient

Health coaching

Health coaching is helping patients 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 et al, 2010 http://www.aafp.org/fpm/2010/0900/p24.html

Guiding principles

Health focused: conversations that aim to improve patients' health, care and wellness

Goal-oriented: the conversation involves goal setting and goal clarification, based on what is meaningful to patients

Person-centred: the conversation is for the benefit of the patient, producing an individualised approach where their preferences and decisions are honoured

Partnership: clinicians and patients actively working together to meet desired outcomes through dialogue and planning

Process: health coaching involves movement forward, a recurring process where action is taken

Enlightening: insight is part of the process, leading to patients achieving more significant or tangible outcomes through health education, reflective inquiry, identification of barriers and strategies, and self-awareness

Empowering: empowerment is a consequence of health coaching.

Adapted form Olsen, J.M., (2014)

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Help change the conversation

Better for patients
Better for clinicians
Better for the NHS

Offers patients

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Healthier lives

Feel more confident and motivated to manage their own health

Achieve goals and outcomes that are important to them

Studies have shown that health coaching leads to improvement in self-efficacy, health outcomes and self-care behaviours, including increasing physical activity, improving diet, improving lifestyle, reducing smoking, and medication adherence

Does health coaching work? A rapid review of empirical evidence Health Education East of England, April 2014

Clinicians reported benefits to their patients including increased confidence and empowerment, increased satisfaction, reduced dependency, more personalised advice and less medication

Carter A. et al, The Case for Health Coaching: Lessons learned from implementing a training and development intervention for clinicians across the East of England Institute for Employment Studies/Health Education East of England, 2015

"I would say I'm now empowered. I feel better, but really importantly I feel like I have a clear path in front of me, of what to do, who to ask and I know my doctor is there for support, and to keep an eye on my progress and give me a nudge if I need it"

"I am committed to the goals I set, and see the potential in myself"

"Coaching encouraged me to consider where I wanted to be and how I could get there. It enabled me to take back control"

"I feel like a person, not just a patient"

"It's the first time anyone has listened to what I want"

"I have the tools to communicate and take positive action"

"I'm now in the driving seat, not a silenced passenger"

Health coaching works best for people with low levels of self-efficacy, self-management or medication adherence and most severe symptoms, at highest risk or who are vulnerable

Does health coaching work? (2014)

Offers clinicians

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Improved relationship with patients, greater patient and clinician satisfaction

Builds on what clinicians know and adds new skills to tool box for use in difficult conversations with patient's and in leadership roles

More sharing of responsibility as patients and clinicians work together to improve health

In an RCT in primary care, patients receiving health coaching by medical assistants showed significantly improved goal attainment at 12 months (HbA1c, blood pressure and cholesterol) which was sustained at 24 months, with the exception of HbA1c

What happens after health coaching observational study 1 year following a randomized controlled trial? Sharma A, Willard Grace R, Hesler D, Bodenheimer T, Thom D, Annuls of Family Medicine Ann Fam Med May/June 2016 vol. 14 no. 3 200-207

Benefits for clinicians include increased resilience in boundary setting and prioritization, self-compassion and self-care, and self-awareness

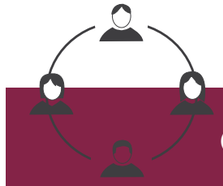
Schneider, Kingsolver and Rosdahl, 2014

"A normal caseload for me used to be 60 to 67 patients with 12 to 13 new patients per month. That all changed after my health coaching training. Within three months my caseload was under 30. I was dealing with the issues quicker and able to discharge them back to their own management. It was partly I didn't feel so responsible for them and was able to let go but mainly it was that the patients felt confident to carry on without me, knowing they could come back if they needed to."

Community physiotherapist

"Very useful in teaching people how to self-manage chronic conditions, especially those who were having multiple hospital appointments trying to seek a cure. [Health coaching] taught me how to help people feel like they were part of their cure and take ownership of it. It was helpful to have the techniques to engage passive patients and help them make positive changes."

Acute renal nurse



Offers the system

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Health coaching as fundamental to the patient-clinician relationship

Improves patient experience

Improves patient outcomes

Improves clinician resilience, leadership and engagement

Delivers on national priorities in NHS England's Five Year Forward View

Reduces costs

Reduces waste (tests and follow up appointments)

Economic analysis following health coach training of staff on a 28 bed acute rehabilitation ward demonstrated estimated savings of up to £4973 per service user through reductions in length of stay and care placement, equating to net benefit savings of up to £3.6m pa for health and social care and savings to the NHS of £28K pa

Kibble. S., Gray. D., Prat-Sala. M., Ross. K. Johnson., Packer. J., Shire. E., Cross. R., Harden. B. (2014) Recovery coaching in an acute older people rehabilitation ward.

BMJ Quality Improvement Reports

Health coaching can increase patient activation – a measure of a person's skills, confidence and knowledge to manage their own health related to health behaviours, clinical outcomes and patient experiences. More activated patients experience 8-21% lower health care costs

p16 Supporting people to manage their own health. An introduction to patient activation. Hibbard J, Gilbert H. Kings Fund 2014

Proactive health coaching has been provided to over 12,000 patients across a population of six million, 17 hospitals and 450 primary care centres in Scandinavia. The intervention has delivered 20–40% reductions in unplanned hospital activity within the target patient groups. The impact has also been visible on a "macro level". Three years after implementation, Stockholm County Council has achieved a reduction in readmissions from 19% to 16%

Edgren, G. et al. 'A case management intervention targeted to reduce healthcare consumption for frequent Emergency Department visitors'. European Journal of Emergency Medicine, 2015

Benefits to the NHS from health coaching identified by clinicians included higher patient compliance, reductions in episodes of care, reductions in appointments per patient, improved care quality and consistency, quicker discharge off caseload, potential to cut waiting times and less waste from unnecessary medication

Carter A. et al, The Case for Health Coaching: Lessons learned from implementing a training and development intervention for clinicians across the East of England Institute for Employment Studies/ Health Education East of England, 2015

How do similar approaches relate?

is at the heart of person-centred care

In person-centred care, people who use services work in partnership with their health and social care professionals. They are treated with dignity, compassion and respect. They are supported to develop the knowledge, skills and confidence they need to make informed decisions about and to better manage their own health and care and their care isco-ordinated and tailored to their individual needs

Health Foundation

is used in care and support planning

Care and support planning is a process to enable people with LTCs and their carers to work in partnership with health and social care professionals to design their care shaped by their own assets, goals and priorities. It encompasses five steps including preparation, conversation, recording, making it happen and review

RCGP

supports self-management

Self-management is a portfolio of techniques and tools to help patients choose healthy behaviours and a fundamental transformation of the patient-care-giver relationship into a collaborative partnership

de Silva 2011

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taps into patients' assets

The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. The vision is to improve people's life chances by focusing on what improves their health and wellbeing and reduces preventable health inequalities

Health Foundation

contributes to shared decision-making

Shared decision-making is a process in which clinicians and patients work together to make decisions about care and treatment based on both clinical evidence and the patient's informed preferences.

NICE

enables co-production

Co-production acknowledges that users are experts in their own circumstances and capable of making decisions, while professionals must move from being fixers to facilitators. To be truly transformative, co-production requires a relocation of power towards service users. This necessitates new relationships with front-line professionals who need training to be empowered to take on these new roles.

Health Foundation

Some organisations and initiatives with complementary aims

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Paths to participation

Paths to participation highlight ways everyone can get involved to enable better conversations with health coaching: Patients (including the general public), clinicians (nurses, doctors, allied health professions, psychologists and other health care professionals) and commissioners (such as CCGs and charities).

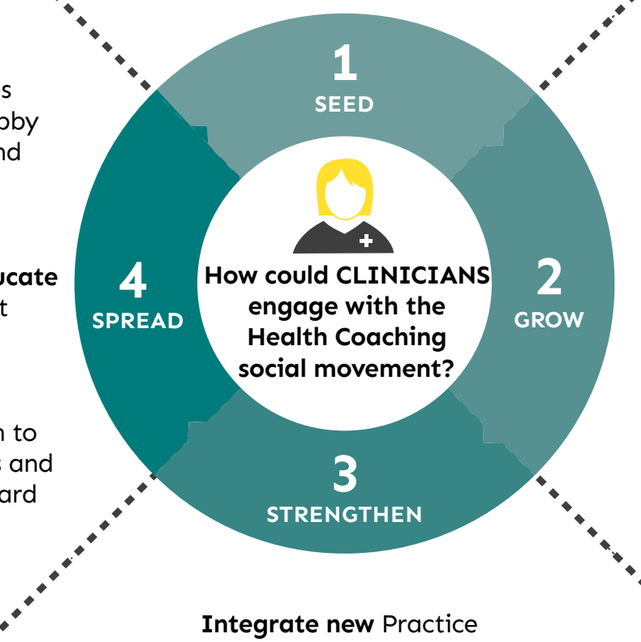
Each path follows four stages, from discovery to advocacy. It highlights which channels, activities and experiences could be focused upon to successfully:

- Seed
- Grow
- Strengthen and
- Spread health coaching

Be introduced
to health coaching via peers, seminars, web-links, email

Seek new ways
to manage poor patient health and inequalities when planning resources

A formal introduction
e.g. apply for health coach training



Evolve your role
and share successes with your peers, lobby your institutions and challenge ways of working

Introduce and educate
Peers, and seek out patients to coach

Demonstrate effectiveness, push to measure outcomes and present to your board

Support patients
to identify their own meaningful goals about real-life outcomes

Create a plan
and recommend apps, activities, information and peer groups

Train in health coaching
ask more open questions and consider personal and local assets and challenges

Integrate new Practice and encourage measurement of impact

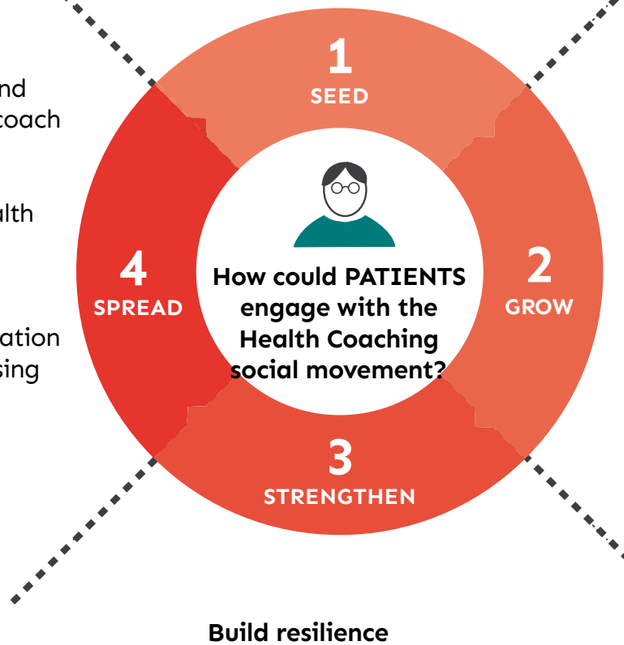
Regularly re-assess
and adjust support when barriers emerge

Build a culture
of exchanging stories, knowledge and support

Decide to act
after a health crisis or recognition of a need for change

A referral
via your GP, carer, peers, loved one or a self-referral

A success story
via media, awareness campaigns, events, social media or word of mouth



Volunteer
your experience and become a health coach

Share your story
and advocate Health Coaching

Introduce others
with a link, information or tools for discussing with a health professional

See a health coach
and start an open, trusting conversation and collaborative relationship

Create meaningful goals
in a conversation about what's important in life, not just in treatment

Connect
to peer groups, activities and what people and things in your life may help

Build resilience
by tracking and sharing progress with your support network

Arrive prepared
with notes and points to offer in the consultation

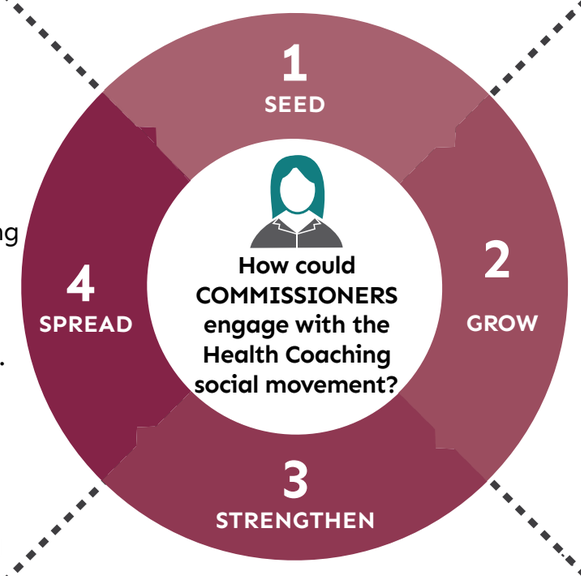
Share progress
via apps, social media and wearables

Seek outcomes
and evidence from trusted sources, institutions, case studies, patient participation groups and webinars

Respond to demand
from workforce and patients for Health Coaching e.g. patient satisfaction surveys

Network with senior health and care leaders
and key stakeholders including charities and the third sector

Promote inclusion of health coaching
in CCG awards for best practice, and sponsor Fellowships



Propose exploring health coaching
within service developments in board papers. Leverage the case for change

Present case studies
to the board highlighting the application and benefits of health coaching across pathways and localities. Present the costs of not adopting Health Coaching

Establish ROI,
financial requirements and resource implications

Grow evidence base
through funding more research in the UK and internationally

Embed in strategy
Embed health coaching in workforce strategy and job descriptions

Champion health coaching
in bids, write it into operational and service transformation plans and service specifications

Measure positive staff impact
and see it as an investment in people as well as reaching KPIs

Align with national directives
such as the Vanguard Programme and 5-Year Forward View

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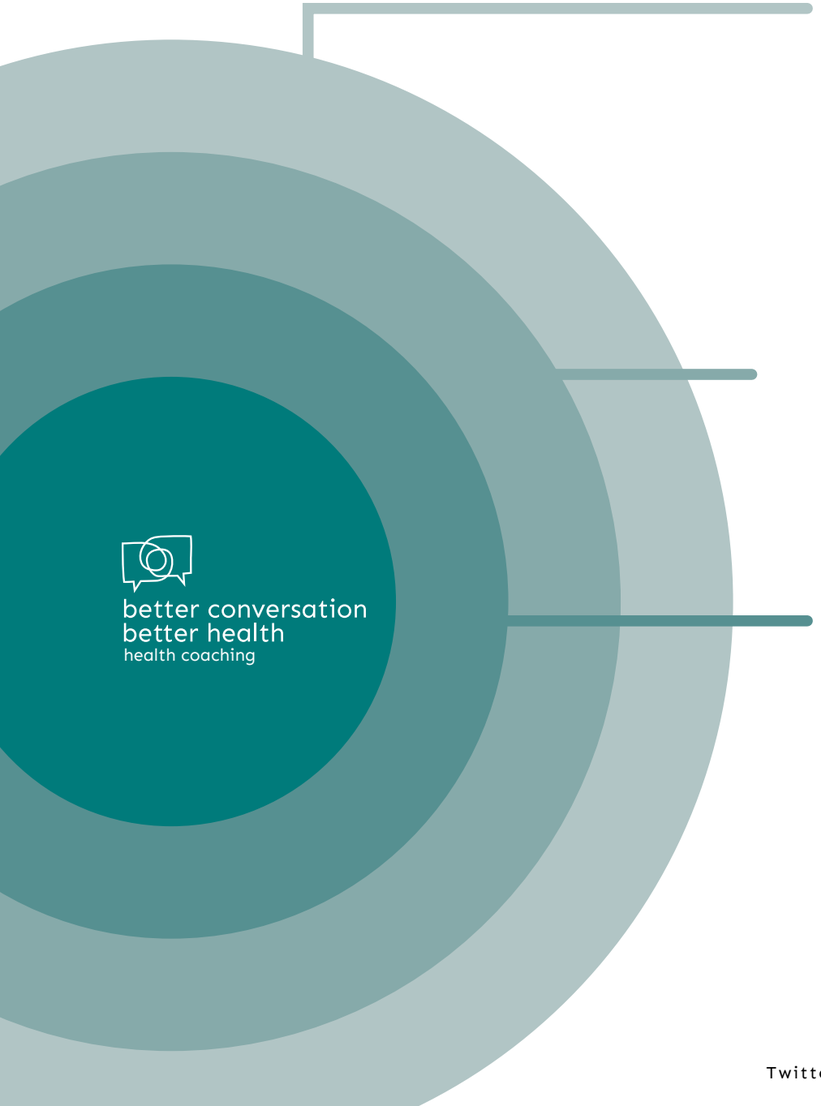
Growth plan

Building the momentum for change

- Revalidate: Make health coaching daily practice
- Publish: NIHR research
- Go viral: Through a TED talk
- Interview: Health and care leaders (and celebrities) to promote
- Connect: To all staff trained in coaching e.g. performance coaching
- Invest: Commission health coaching as part of undergraduate training
- Align: Embed within Strategic Transformation Plans (STPs) and NICE guidelines
- Tour: Showcase through pop-up events e.g. linked to other initiatives
- Present: At multiple conferences and workshops
- Share: Powerful stories and case studies from patients/citizens
- Sign up: Build collaborations and offer individuals different ways to engage with health coaching
- Launch: Create series of interactive events, applying the ethos of health coaching and using social media
- Develop: A stakeholder map and clear communications plan

Key stakeholders to engage



PRIORITY 3

Faith groups
Health insurers and health-related companies
Scottish Parliament and Welsh Assembly
Housing Associations
Leisure facilities
Schools
Celebrity champions
Charities

PRIORITY 2

Clinical networks
Health and Wellbeing Boards
Health Foundation
Carers' groups associations
Public Health England
Local government

PRIORITY 1

Health coaches and health coaching trainers
Clinical and patient champions
Sympathetic politicians and journalists
NHS England Vanguards
Patient groups and associations
Royal Colleges and professional associations
Health Education England
CCGs and Trusts
NHS Right Care

Enablers, barriers and considerations to health coaching becoming a movement

ENABLERS	CONSIDERATIONS	BARRIERS
Evidence & Stories Tracking and measuring clinician satisfaction, patient self-management levels, reduced complaints, increased compliance. Availability of stories of success and best practice	**Develop Understanding** Incorporating evidence into success stories of Health Coaching to be spread amongst health professionals and patients to increase understanding	**Shifting Roles** Professionals fearing loss of identity, that patients become demanding or litigious rather than empowered. Patients resisting the shift in relationship and remiaining in a 'recipient of care' mindset
Bottom Line Reduced costs (drugs, operations, admissions) and a reduced burden on professionals, hospitals, clinics and services in the long term	**Build Big Picture Evidence** Present current evidence and assess value for money through economic evaluation to win continued support and funding. Focus on areas where the most impact may be made. Provide a simple business case template for services and trusts	**Not Perceived as a Priority** As an innovation compared to an estabilished service or requiring same strength of evidence e.g. as a new drug so not given a chance to grow
Contextualising Translating the Case for Change into a multiplicity of forms, channels and conversations to encourage adoption by major organisations representing patients, professionals and government	**Leverage Case for Change** Apply the case for change to a broad range of contexts. Use the toolkit and other assets to persuade and increase awareness and adoption. Promote in public settings to raise general awareness	**Fear of Change** Inertia, short-termism, bureaucracy and affecting change within the NHS. Seeing Health Coaching as a cost rather than a saving
Training Supply The increasing availability and scalability of accessible training for professionals	**Promote Training** Provide clear expectations and communicate value for money to equip managers and justify releasing resources for training and adoption. Build Health Coaching into existing training courses	**Limited Resources** Lack of funding, time or training as budgets are tied up or cut. Training and support required beyond the initial 2 day training

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What next?

For more information and resources for all to use including a short film, resource guide, training materials and an online community
www.betterconversation.co.uk
@betterconvo
#betterconversation

We hope that this has engaged and inspired you to take action and plan your next steps

Please share this resource with peers, teams, colleagues and friends – join, be part of and have an active role in the social movement