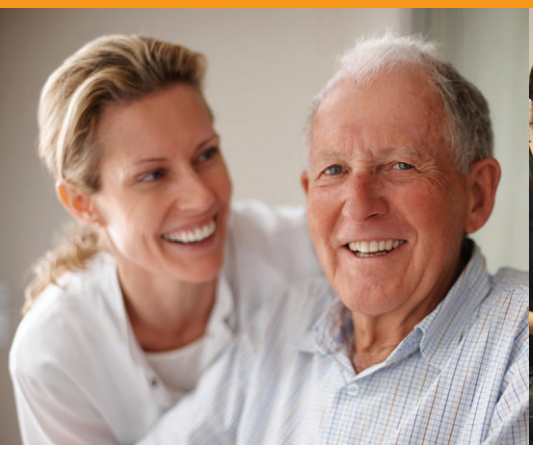
NHS

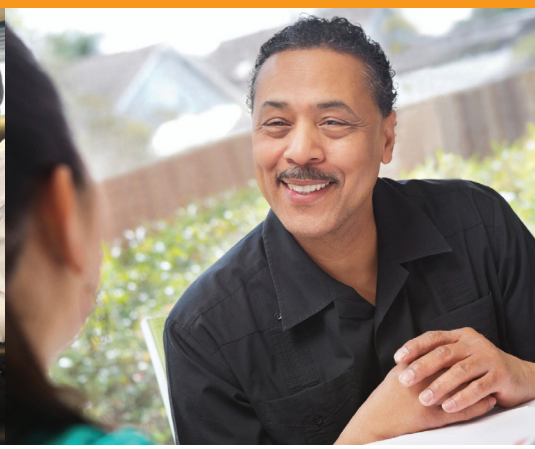
Health Education East of England

Health Coaching for Behaviour Change

Better conversations, better care

Interim Progress Report





June 2014

www.eoeleadership.nhs.uk/healthcoaching

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The Health Coaching programme was first developed by Drs Newman and McDowell in 2010, funded by the East of England Regional Innovation Fund and piloted in NHS Suffolk. The Performance Coach delivered training in the Suffolk pilot and was commissioned by Health Education East of England to roll thisout across the region in 2013/14.

We thank the steering group members and organisational co-ordinators for promoting this approach in their organisations and supporting clinicians who have participated in the programme to date, and all participating clinicians for their willingness to learn and embrace a new approach.

We are particularly grateful to the organisational leads at the five case study organisations contributing to the Institute of Employment Studies (IES) evaluation including Norfolk and Norwich University Hospitals NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, North Norfolk CCG and Hawthorn Drive Surgery in Ipswich.

Contents

"The rapidly changing nature of health care, challenged by the emergence of frailty, multi morbidity and the dominance of non-communicable diseases, requires a paradigm shift in the mind-set and behaviours of professionals. Rather than having care which is condition specific we need care that is person specific. This requires a radical change in the nature of the consultation between professionals and individuals with long term conditions so that they are empowered and supported to manage their own care. Coaching is designed to realise each individual's full potential which is why I am delighted to support this programme as it, to me, supports the revolution in healthcare citizens deserve."

Martin McShane, NHS England, Director - Domain 2 NHS Outcomes Framework

"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.

Both health professionals and patients should be exposed to health coaching techniques to increase patients' awareness and responsibility to take ownership of their condition. I feel that a health coaching course should be mandatory for health professionals working with chronic conditions as behaviour change is the area that can have the biggest impact on improving quality of life and disease progression."

Renal Dietician, Participant HEEoE Health Coaching programme

Executive Summary

Background

The considerable and increasing impact of long term conditions on morbidity, mortality, quality of life and healthcare costs is well known. Clinicians are finding it difficult to address the multiple issues patients present with over a short consultation and new approaches are required to motivate patients to self-care. Equally, communication and interactions between patients and clinicians can be a source of dissatisfaction and complaints. Health coaching is one approach used to encourage and promote self-management and patient activation, either alone or as part of a delivery system for long term conditions management, and improve patient satisfaction.

In the UK health coaching is an innovation, and in 2010/11 Drs Newman and McDowell piloted health coaching training in NHS Suffolk supported by an East of England Regional Innovation Fund. Following a positive evaluation, in March 2013 Health Education East of England (HEEoE) extended the programme across the East of England (EoE). Norfolk and Suffolk Workforce Partnership contributed 70% and HEEoE 30% of the funding.

This interim report provides an overview of progress from April 2013 to April 2014 and is based on 3 feedback surveys with participants and an update on progress from the Institute of Employment Studies (IES) evaluation. A full evaluation report is expected from IES in November 2014 based on 5 evaluation sites selected to represent a range of organisations:

- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust
- North Norfolk Clinical Commissioning Group (CCG)
- Hawthorn Drive (GP surgery in Ipswich)

"I deal with patients who have long term conditions and associated complex needs. In particular I support palliative patients and work with them to maintain mobility and independence and a move to facilitate increase in their control. I thought that this was enough but following the health coaching training I am aware that I was being too directive in my approach….

The particular case I am referring to, involves a gentleman that is a persistent faller as he is not able to move independently without prompting from his wife. The health coaching approach was carried out with this gentleman to explore the benefits of walking daily to promote continued exercise tolerance, maintain cardiovascular fitness and prevent learned immobility. The raised awareness of the patient has enabled him to be discharged to self-manage and it is clear how to discuss patient's potential with the wider MDT when they try to refer back for the same issues. The coaching approach enabled a light bulb moment for the patient with his response being "I have the answers; it's down to me to keep to my plan"
Community Physiotherapist

What is Health Coaching?

The aim of the health coaching programme is to equip a range of clinicians with the right skills, knowledge and behaviours to promote self-care, motivation and responsibility in patients, improve patient satisfaction and supplement core clinical skills by providing a tailored approach to different patient's needs.

Health coaching training is therefore an educational intervention that contributes to a patient's routine care (a coaching "approach") rather than a new or "intermediate" service. The skills, behaviours and techniques learnt are taken from three core disciplines including health psychology, performance coaching and clinical training. The contents of the programme are consistent with best practice as defined in Figure 1.

Figure 1. **Definition of health and wellness coaching from systematic review of evidence**

A patient centred approach wherein patients at least partially determine their goals, use self-discovery and active learning processes together with content education to work towards their goals, and self-monitor behaviours to increase accountability all within the context of an interpersonal relationship with a coach. The coach is a healthcare professional trained in behaviour change theory, motivational strategies, and communication techniques, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and wellbeing **Wolever RQ, 2013**

Between April 2013 and October 2014, almost 800 clinicians will have been trained from 31 organisations including 8 Acute Trusts, 6 community services, 4 County Councils, 2 Mental Health Trusts, 6 CCGs and 23 General Practices. This report is based on the 355 clinicians who have already attended the 2 day training, including nurses (44%), allied health professionals (28%) and doctors (9%).

The benefits of the Health Coaching training reported by participants

The benefits reported by participants

The following benefits were reported from the three feedback surveys:

- **Extremely high participant satisfaction.** Over 96% of clinicians reported good/very good content, delivery, facilitation, learning opportunities and application to their work. This was enabled by the use of a coaching style of training that is experiential and highly interactive. From the extensive and often spontaneous feedback (page 8, 9, 10) this programme appears to have won the hearts and minds of clinicians in adopting a new approach.
- **Shift to becoming more patient centred.** Key learning for clinicians included developing a "mind set" shift built on empathy and rapport, adopting a more flexible consultation style and sharing responsibility with patients that incorporated

> a move away from expert to enabler (with less "giving advice" and "trying to fix everything")
> optimising core skills such as listening, challenge, rapport and managing the process
> agreeing patients' self-determined goals to increase motivation and responsibility
> greater self-awareness by clinicians of their impact on patients
> the application of behaviour change techniques

- **A wide application of skills.** Over 89% of participants agree/strongly agree that health coaching is helpful when working with patients with long term conditions; that most health professionals would benefit from learning the techniques; that it supports a "mind set shift" in relation to how clinicians work with patients; and that elements of this "mind set" can be applied to most consultations. Feedback indicates that the skills are being used across all organisations and patient groups, most notably in the management of single and multiple long term conditions, for health improvement and with some mental health problems, in a wide variety of settings.
- **Reported and observed patient and financial benefits** are listed in Table 1.0 and included reduced tests and activity resulting from more effective consultations; improved health behaviours; improved patient motivation to self-care; patients setting self-determined goals; improved medication compliance; developing shared responsibility and improved health.
- **Clinician benefits** included additional tools to use in consultations and when patients were non-compliant; shared responsibility with patients adding to resilience; learning and networking within a multi-disciplinary group and local health care system; a renewed energy and enjoyment of their consultations; and opportunities for personal coaching in role play.
- **A triple benefit of enhanced communication skills** was reported as skills which were of use in supporting behaviour change and in *all* consultations with patients, and with colleagues e.g. when used in management roles and for appraisal. The T-GROW Coaching model in particular may have wide applicability in routine practice. This general improvement in interpersonal skills, self-awareness and communication conveys a benefit of the training *per se*.

Clinicians report maintaining a shift in mind set some months after training and nearly 100% had used the skills they learnt. However, it is noted that despite the overwhelmingly positive feedback, just 29% reported having coached over 10 patients and 16% having undertaken over 10 hours of health coaching. This difference in reported application may result from whether clinicians use their coaching skills specifically in dedicated appointments or whether they have integrated this approach within a normal consultation, and so are using the skills in day to day practice.

Table 1.0. **Reported patient and financial benefits of Health Coaching**

Patient benefits	Financial benefits
More effective consultations tailored to the patients' needs, expectations and readiness to change	Reducing inappropriate activities
Improved health by aiding patients to make healthier choices	Reducing demand e.g. from stopping smoking and weight reduction
Changes to patient expectations, motivation and confidence to self-manage	Reducing attendance by supporting self-care
Setting more effective and realistic goals based on patients priorities	Reducing follow up rates
Improved concordance with medication	Reduction in pharmacy costs and wastage
Creating shared responsibility	Reduced supplier led demand
Improved health outcome	Reduced patient need

Content of the core health coaching training programme

The core 2 day programme includes theory and practice in:

- The foundations of coaching and how coaching can be used with patients
- Active listening with patients and how to build trust and rapport
- The use of effective questions to raise awareness and provide supportive challenge

- Applying a range of directive and non-directive approaches
- Applying levels of patient activation, motivation and readiness for change
- Understanding patient behaviour, how patients learn about their health and barriers to change (cognitive, emotional, behavioural, etc.)
- Setting self-determined goals with patients to encourage motivation
- Specific behaviour change techniques to use in a variety of circumstances
- The use of approaches that focus on patients strength and positive emotions.

Next steps

Health coaching is an innovation and early feedback from the programme indicates it can help organisations meet the challenges of improving quality, communication and patient experience, and potentially reduce costs. The programme straddles leadership and clinical training, and as an educational intervention can therefore be an enabler in service transformation. In the current challenging NHS environment adopting new and innovative approaches to deliver improved outcomes and quality of care is imperative.

The importance of selecting the 'right' patients (people for whom health coaching may be appropriate and who may be receptive) has been highlighted together with the need for clinicians to have a supportive environment within which to apply the skills. To translate health coaching practice into more benefits for patients, better targeting and on-going organisational support is required.

Health coaching co-ordinators, identified within each participating organisation, have played a key role in dissemination and gaining organisational support, together with facilitating the opportunity for learning between organisations. They report how their organisations have embraced health coaching through targeting specific services, professionals and integrated teams, working with other stakeholders across localities. In wanting to roll out the approach they are looking to incorporate health coaching into their long term conditions and quality strategies and to meet standards, for example, set by the Care Quality Commission.

The programme now enters the next phase of roll out and embedding before the contract for training provision completes in October 2014. To maximise the potential of the remaining training opportunities, the programme team are working with organisational co-ordinators to ensure a targeted approach and extend the training to a greater number of clinicians to build capacity in clinical areas which have already adopted this approach.

This interim report provides a compelling case to support further development of a health coaching approach. The "start-up" phase has been completed and there is now an opportunity to capitalise on the initial investment given the relationships and systems established by the programme team have so far proved successful. The train the trainer model created to establish local training capacity is seen as key to sustainability.

Given the need to measure change for patients and Return on Investment (ROI), more evaluation is needed to assess longer term impact on patient outcome and costs, which may be beyond the scope of the qualitative evaluation.

NHS organisations in the East of England are some of the few organisations with experience of health coaching and the programme team has responded to growing interest and queries from across the UK. If supported and sustained this ambitious programme could inform national policy and educational provision to produce the paradigm shift in the mind-set and behaviours of professionals to support behaviour change, and reinforce a more empathetic, compassionate and person-centred experience that lies at the heart of what we want for patients.

"I work with children with chronic fatigue and their parents. My colleague (who has also done the training) and I have noticed that there is a lot of 'learnt helplessness' which quite a few families have developed in contact with professionals. We are re-organising our service now and planning to base our service on the 'philosophy' of health coaching - providing the information needed and then try and develop goals with the young person (and parent) and impart the idea that they have the responsibility and power to influence their own health. We will use I are using TGROW and the diamond model (scaling where they are and where they want to be for motivation, confidence, control and learning) with youngsters and their parents. I have also been using the TGROW in my supervision sessions with colleagues more consistently. I also think that our whole team of OTs and Physio's should be trained in Health Coaching and I would love to do this (doing train the trainers course first)"
Children's Community Occupational Therapist

Table 2. **Summary of the Health Coaching approach in the East of England**

Aims to	• Increase health-related quality of life and outcomes • Improve patient experience of the health system • Ensure best use of services and reduce cost
Supports a person to change their relationship to their health	• Realises potential and supports self-management • Raises awareness and sense of responsibility • Increases confidence and motivation to act
Health Coaching Competencies for clinicians	• The application of a patient centred approach built on empathy and rapport • Managing self and believing in patients potential to self-manage to create shared responsibility • Enhancing core skills and developing a flexible consultation style • Establishing patients' self-determined goals and planning • Managing the process and relationship including use of behavioural change techniques • Integrating clinical expertise with interpersonal skills in behaviour change • Reflecting on effectiveness and considering the impact of/on the wider system and resources.
Requires a different kind of conversation	• Tailored to the individual, their agenda and goals • Based on listening, trust, challenge and positive emotions • Is collaborative and equal • Requires transformation in the clinician/patient relationship
Useful in	• Improving lifestyle • Chronic disease management • Pain management • Mental health (primary care) • Medicines management and optimisation • Decision support • Recovery and rehabilitation
Benefits	• Improved patient satisfaction and self-efficacy • Creates a mind-set shift and resilience amongst clinicians as they move from expert to enabler • Some experience of reduced service utilisation and improved outcomes • Creates clinical champions for spread • Use for behaviour change, all consultations and with colleagues (*triple* benefit).
Contributes to organisational priorities	• Improved patient experience and communication • Quality of care • Integrated care • Management of long term conditions • Reduced complaints

Recommendations

1.0 Dissemination of interim report

1.1 This report should be shared across the East of England to raise awareness of a health coaching approach and benefits for patients from enhanced consultation, communication and interpersonal skills

1.2 This report should be shared with all participating organisations and Workforce Partnerships to encourage greater support for clinicians in adopting and embedding a health coaching approach and culture

2.0 Further programmes within the current contract

2.1 Access to training programmes is focussed on consolidating uptake at the pilot sites and organisations in Norfolk and Suffolk. No new organisations are commencing health coaching training at this stage

2.2 The design and structure of the health coaching training programme should be further improved using feedback from this report
2.3 Further adoption in general practice should be considered, include incentives and be based on feedback from current GP participants
2.4 Participating organisations should reflect on how they select the 'right' clinicians for training and create the 'right' environment to allow the skills to be used i.e. be clearer which services or patient groups to target, what constitutes success and how it will be measured and whether any adjustments to the clinical environment might be needed

3.0 Maintenance and embedding of learning and approach

3.1 Participating organisations need to further consider how health coaching training can be included in their patient experience, integrated care, quality and long term condition strategies and ensure senior sponsorship
3.2 Each participating organisational co-ordinator and Executive sponsor should be encouraged to contact clinicians who have undertaken health coaching training to enable internal discussions on learning, benefits to patients and support required
3.3 Briefing events for senior clinicians and managers would encourage greater support for clinical champions and help identify resources needed to embed a health coaching approach and culture in their organisations
3.4 The co-ordinators network is developed and supported by regular calls, action learning and networking together with the programme team to share learning across organisations and system wide
3.5 Any on-going health coaching training including use of East of England NHS trainers should be a minimum of two days to create a mind-set shift
3.6 Further CPD workshops should be commissioned to enable participants to develop and embed their skills to identify strategies for using health coaching more often, with which group of patients and consider how to overcome barriers to use
3.7 Uptake of My TPC (online learning resource) to be continued to be promoted taking into consideration reports of lack of time for web based learning
3.8 All East of England NHS Trainers are assessed with the intention of creating and supporting a small number of highly skilled accredited trainers as an internal resource to enable further delivery of the training programme

4.0 Next steps for 2014/15

4.1 The training programme should be rolled out in 2014/15 to more clinicians, with a more targeted approach, to build on the learning and benefits identified, including the NHS trainers working together across organisations where appropriate. The training toolkit is further developed collaboratively to provide a resource for trainers
4.2 Options for further investment should be considered by HEEoE and each Workforce partnership and a business case developed to sustain and grow the skills in 2014/15.
4.3 It is recommended that the Health Education East of England programme team is maintained until training becomes adopted into organisations' routine processes and/or further evidence becomes available

Clinicians' comments on the impact of Health Coaching

I was visiting a depressed patient and his wife who are on one of my stroke studies. On arrival, the patient was v ery negative and despondent, but on using the coaching to set a goal, he became very animated, and started coming up with all sorts of options for himself to try out. I listened more, and as a result, he worked it out for himself. **Clinical Research Nurse**

Patient with depression, osteoarthritis of the knees, and various issues concerning not being able to be as active/useful as was prior to recent fall on stairs. The CPN had recently withdrawn. The gentleman had a good range of movement and power in knees, was very capable physically, and walking unaided, doing stairs, getting out. Health coaching was a perfect approach for him. Using it helped me help him realise that making a plan to get out and walk more in places he enjoyed and visit friends would improve the quality of his life.
Physiotherapist/Team Leader

I have a patient with COPD who smokes. Usually I would say "you really should stop smoking". This time I asked "what do you think would make your chest better" and the patient immediately identified stopping smoking. She set the goal to stop realistically after her birthday in 2 weeks' time, looked at her options and decided to go to level 3 group as she wants to go to a class. She will see me a week after the class for coaching. She is delighted and so am I as the idea came from her not me.
Practice Nurse / Respiratory Nurse Lead

My patient was doing physically well after a heart attack but developed anxiety 6 weeks into his recovery "for no good reason" (his words). I applied health coaching during the consultation and through this he was able to identify a previously unrecognised fear of going back to work as this had been extremely stressful prior to his heart attack. This allowed him to start to identify coping strategies and a plan of how to manage this in collaboration with his employers. **CHD Nurse (Community)**

Health coaching was a very useful approach with a non-concordant teenager who was not accepting any responsibility of his condition - type 1 diabetes. I am using this approach to identify areas he felt were going well and then reflecting on these to encourage more of this behaviour which has increased motivation and subsequently trust from parents and self-esteem. It is too early to say whether this has had any effect on clinical outcome but soft outcome positive. **Paediatric Diabetes Specialist Dietician**

Clinicians perspectives

I've started asking the clients what they're going to do, what they want to do, what they want to do next. It's about them taking the steps. I have started to say how we can help to support that process, emphasising that the change comes from them and that they can make it happen. When they're not moving forward I ask them to focus on the things that are in the way. Barriers, obstacles, life, other people, what else, what else..... And ask them to re think what they're trying to do and come up with solutions. I also notice I'm waiting longer for them to answer - allowing them to speak more. I hardly focus on the TREATMENTS - which kind of speak for themselves. In the past they remain in the box anyway - I focus on what's getting in the way of them starting and using the treatments. **Nurse / stop smoking adviser**

I really love this model of consults with patient and it has fired me up to want to be a coaching trainer so that I can disseminate these easy to learn, but incredibly powerful techniques with their own patients. 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**

Assessments with patients are more 'what do you think' based rather than 'here's how I can help' - Just love it - the responses are often surprising and my job has become even more exciting. Have arranged a day with the rest of the team to see if we can build the health coaching approach into all contact with patients. **Clinical Exercise Specialist (Falls Team)**

I am more careful with reflecting on the building of trust before certain issues are tackled and I understand far more now the importance of rapport. I am far more positive without consciously deciding to be so. It has just been a subtle but major shift in my approach. I will (and already am) encourage my patients to recognise their own goals in trying to improve their health and support them to make the changes happen, by using their own motivation, by being much less directive/prescriptive in my consultations. **General Practitioner**

I think my mind set has changed a bit; I try to keep in my mind that the young people I work with and their parents have their own responsibility towards how they manage/deal with their condition. I then ask myself how I can best support this; this may mean I need to give information/demonstrate techniques, etc., but also to try and let them verbalise what they feel may be useful goals to work towards in their situation. Trying to see things more from their perspective. **Children's Community Occupational Therapist**

I think it is really important to get health staff thinking differently. I feel I am pretty good at interpersonal skills but the course made me recognise situations where I was not encouraging patients to take responsibility for their own health. I think if all care professionals were thinking in this way there would be a shift in patient's behaviour when in contact with health professionals. This would mean people taking more responsibility for themselves rather than approaching health care in a passive way. **Physiotherapist**

Clinicians comments on the content and delivery of training

This is the best skills training I have attended since qualifying. It has truly had an impact on the way I view each patient session, how I view my caseload and potential discharges and how I provide mentorship and supervision. If I'm honest, it's probably had an impact on how I communicate with my family, friends and partner too. The application of the techniques are very broad and I can see it being of benefit for most people in clinical, supervisory or leadership roles. I wish it had been available sooner in my career (I can imagine 1 year post qualification would be ideal as having some experience to reflect on was very helpful for me). **Specialist Speech and Language Therapist**

This is the most powerful course I have ever had the privilege of attending. I left completely inspired, and couldn't wait to start applying the techniques and the different approach. It's not easy, but, just the simple realisation that everyone thinks about the same thing in very different ways, and the value of understanding another's motivation, has dramatically changed the results I achieve. **Podiatry Team Leader**

This training was more enlightening and useful than any other 'Communications' type training that I have attended in my 30 years in nursing. These are essential skills for NHS staff with the current demography and client base. **Heart Disease Specialist Nurse**

Section 1 Background

Health coaching is used increasingly throughout the United States where it is delivered by a range of providers who offer health coaching to private individuals and as part of health programmes and systems to increase patient and client engagement, uptake of interventions, improve wellness and reduce risk[i]. It can also increase patient activation, closely related to clinical outcome[ii]. This trend is likely to be indicative of future developments in the UK given the global challenge of chronic disease.

As an innovation in the UK, to test the concept of "health coaching" Drs Newman and McDowell were successful in bidding for 2009/10 NHS East of England Regional Innovation Fund (RIF) to support a 4 day pilot programme for 13 practice nurses from 7 practices in Suffolk, who went on to coach nearly 200 patients. Following a positive evaluation which demonstrated significant improvements in self-efficacy (patient's confidence and motivation to self-care) and high patient satisfaction, a two day health coaching training was rolled out to multidisciplinary teams from four CCGs in NHS Midlands and East, funded by RIF underspends and supported by the national LTC programme[iii].

In March 2013 Health Education East of England (HEEoE) commissioned delivery from The Performance Coach and extended the offer of health coaching to all organisations across the East of England which includes Norfolk, Suffolk, Cambridgeshire, Peterborough, Essex, Bedfordshire and Hertfordshire. Norfolk and Suffolk Workforce Partnership contributed 70% and HEEoE 30% of the funding.

The aim of the East of England Health Coaching Programme was to roll out and evaluate health coaching at scale and pace, building on the leading edge work already undertaken within the region[iv]. More specifically;

- To equip a range of clinicians across NHS Organisations in HEEoE with the right skills, knowledge and behaviours to support patients to self-care, increase motivation and responsibility, and improve patient satisfaction
- To supplement core clinical and communication skills to enable consultations to be safe, empowering and shared, based around a patient's own aspirations and goals and tailored to different patient's needs
- To design and deliver an accredited health coaching skills programme to reach optimal numbers of clinicians
- To provide facilitation and support to organisations seeking to embed a health coaching culture
- To ensure robust impartial evaluation with an academic partner to demonstrate ROI, particularly in terms of quality, patient experience and outcomes

The aim of this report is to;

- Describe interim findings from 23 two day health coaching skills development programmes rolled out across the East of England between April 2013 and April 2014
- Continue to build the case to ensure sustainability of the East of England Health Coaching programme
- Tell the story of leading delivery of a complex educational intervention and lessons learnt in terms of optimising potential value of the programme and overcoming the challenges of embedding a new innovation
- Inform Health Education East of England and the national Long Term Conditions Strategy on next steps in relation to clinician's education to support behaviour change

The report is based on the following sources of data;

- A post programme evaluation survey of all participants (response rate 45%) and qualitative thematic analysis of free text comments
- A 3 month or more impact survey to all participants (response rate 23%) and qualitative thematic analysis of free text comments
- An in house review of the literature and early draft report by the Evidence Centre
- Update on progress from a commissioned evaluation by the Institute of Employment studies
- A review of health coaching competences including survey to all 24 participants undergoing the train the trainers programme (response rate 86%)

This report compliments three other publications planned by HEEoE on health coaching;

- A review of evidence by The Evidence Centre
- A final evaluation of the programme by the Institute of Employment Studies (IES) due October - December 2014
- A final report by HEEoE planned on completion of the Programme in December 2014

The report is structured in the following sections;

- Background and the role of Health Education East of England
- What is health coaching?
- Health coaching in the East of England
- Programme uptake
- Feedback on the delivery, learning and benefits of training
- Application and maintenance of skills
- Institute of Employment Studies evaluation
- Lessons learnt
- Conclusion

1.1 The role of Health Education East of England

Health Education England (HEE) was established as a Special Health Authority on 28 June 2012 and on 1 April 2013 took on the duty to ensure an effective system is in place for education and training as a result of the 2012 Health and Social Care Act. HEE is responsible for the education, training and personal development of every member of NHS staff

- To provide the right workforce, with the right skills and values, in the right place at the right time
- To better meet the needs and wants of patients
- To improve health outcomes for the people of England by developing people for health and healthcare

Health Education East of England (HEEoE) is the Local Education and Training Board that covers Bedfordshire, Hertfordshire, Cambridgeshire and Peterborough, Norfolk, Suffolk and Essex. Formally established on 1 April 2013 as a subcommittee of Health Education England, the aim of HEEoE is to ensure the security of workforce supply and continuously to improve the quality of education, training and development in the East of England. It also aims to enable the health and care workforce to respond effectively to the needs of patients, carers and families.

Health coaching training meets key objectives of Health Education East of England to;

- Promote high quality education and training that is responsive to the changing needs of patients and local communities
- Develop a flexible workforce responsive to research and innovation
- Avoid patients not receiving the latest treatment that evidence based research has to offer because we are too slow to train our workforce in these new skills and techniques[v]

Funded by Health Education East of England health coaching training as described in this report is *therefore an educational intervention contributing to a patient's routine care* (a coaching "approach"). This has implications in extrapolating results from other studies which apply to formal coaching programmes or "intermediate" services such as provision of remote telephonic coaching.

1.2 Health Coaching as an innovation

An innovation is a*n idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied*[vi]. Innovation is not just about the originating idea, but also the whole process of the successful development, implementation and spread of that idea into widespread use. There are three important stages:

- **Invention** The originating idea for a new service or product, or a new way of providing a service
- **Adoption** Putting the new idea, product or service into practice, including prototyping, piloting, testing and evaluating its safety and effectiveness
- **Diffusion** The systematic uptake of the idea, service or product into widespread use across the whole service

Health coaching is an innovation in the UK. Following the "invention" and piloting of health coaching supported by RIF funding, the East of England is one of few sites in the UK promoting its diffusion, and in particular, as an adjunct to clinicians consultation skills.

Section 2 What is Health Coaching?

2.1 Rationale for Health Coaching

New approaches to working with patients are required to address the challenges associated with increasing patient confidence, decision making, compliance and lifestyle change to improve health outcomes and reduce health care costs[vii viii].

It is predicted that three quarters of all deaths in England by 2020 will be from chronic disease. Long-term conditions are more prevalent in older people and in more deprived groups, where they are often experienced as more severe[ix]. The number of people with three or more long-term conditions is predicted to rise from 1.9 million in 2008 to 2.9 million in 2018[x] and there will be rising demand for the prevention and management of multi-morbidity rather than of single diseases[xi]. People with long term conditions account for 50% of all GP appointments, 70% of all inpatient bed days and 70% of overall NHS spend[xii].

It is becoming increasingly clear that the current consultation model is insufficient. Primary care clinicians, for example, struggle to fit multiple agenda items into the short 10 minute visits they have with patients. Research indicates that:

- Clinicians cannot meet every need of their patients with chronic conditions
- Half of patients leave primary care visits not understanding what their doctor told them
- Though shared decision-making is associated with improved outcomes, only 9% of patients participate in decisions
- Average adherence rates for prescribed medications are about 50%, and for lifestyle changes they are below 10%
- The number of complaints to the GMC and other professional regulatory bodies is increasing. The GMC experienced 104% rise in complaints between 2007 and 2012, when 54% of complaints were about clinical care or about clinical care combined with issues around communication with patients[xiii]

Several models outline the elements of an effective approach to chronic disease management which includes a proactive health care system focused on keeping a person as healthy as possible, empowering patients to look after their health and enabling clinicians to provide continuous self-management support[xiv xv].

At the heart of The House of Care model more recently adopted by the NHS and Domain 2, is a co-ordinated patient consultation, supported by activated professionals and patients, system change and commissioning. Central to the house of care is **personalised care** planning or *"a collaborative process designed to bring together the perspectives and expertise of both the individual and the professional(s) involved in providing care, offering tailored personal support to develop the confidence and competence needed for effective self-management"*, which is consistent with a coaching approach.

This report looks at the role of health coaching as one of a range of approaches to providing self-care support for patients with chronic disease within this wider context.

2.2 Definition of Health Coaching

Health coaching has been defined as *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*[xvii].

There are numerous definitions as health coaching is an umbrella term for multiple applications:

- **In health improvement,** it is *"a behavioural intervention that facilitates participants in establishing and attaining health-promoting goals in order to change lifestyle-related behaviours, with the intent of reducing health risks, improving self-management of chronic conditions, and increasing health-quality of life*[xviiii]*"*
- **As an aid in decision making** it *"is based on strong provider communication and negotiation skills, informed, patient-defined goals, conscious patient choices, exploration of the consequences of decisions, and patient acceptance of accountability for decisions made"*
- **In wellness coaching** to promote optimal physical and mental health or an ability to thrive in the presence of disease, health and wellness coaches *"facilitate a partnership and change process that enables clients to change their mindsets, and develop and sustain behaviors proven to improve health and well-being, going beyond what they have been able to do alone, moving from where they are to where they want to be*[i]*"*
- **For long term condition management** as part of clinicians' usual care in response to the "whole patient" as adopted by HEEoE.

2.3 The evidence on Health Coaching skills to support self-care

To support patients to self-care clinicians need additional consultation skills and a mind-set that enables them to be able to move away from a paternalistic and dependent model to one that is empowering and shared based around a patient's own aspirations and goals[xix]. This is consistent with a coaching approach which requires a paradigm shift and different conversation between clinician and patient[xx].

The literature, principally from the USA, indicates a growing base of evidence on the benefit of health coaching but paucity on the necessary skills, techniques and behaviors i.e. competencies, required to achieve this. This knowledge gap has been highlighted by researchers[xxi].

Authors point out that studies on the effectiveness of health coaching are difficult to compare due to multiple ill-defined variables. These include the use of different definitions of health coaching, a range of applications e.g. to different populations, clinical conditions and health systems, and delivery by a diversity of professionals through both face to face and via telephonic coaching. The methodology of these studies is often insufficiently rigorous[xxii].

Often the exact nature of the skills being applied is inadequately described, for example, whether motivational interviewing or health coaching[xxiii]. This lack of an agreed set of competences is particularly problematic as Wolever and Eisenberg state *"lack of benefit (of health coaching) may lie in the training, experience, and competency of the intervention provider"*. They go on to say *"owing to the inconsistent and ill-defined roles of coaches, health coaching lacks a rigorous evidence base"*.

The few studies which discuss health coaching competencies describe them as being patient centred and goal orientated, bridging the gap between clinician and patient and offering emotional support and behaviour change techniques[xxiv xxv xxvi xxvii xxviii xxix]. The most comprehensive study of health coaching competencies was a systematic review which identified an emerging consensus in what constitutes "health and wellness coaching" in the USA. Through analysing the contents of 284 full text articles the authors were able to identify areas of overlap to create a comprehensive definition of health coaching given in Table 3.

Table 3. **Definition of health coaching established from systematic review**

A patient centred approach wherein patients at least partially determine their goals, use self-discovery and active learning processes together with content education to work towards their goals, and self-monitor behaviours to increase accountability all within the context of an interpersonal relationship with a coach. The coach is a healthcare professional trained in behaviour change theory, motivational strategies, and communication techniques, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and wellbeing. **Wolever RQ, 2013**

3.1 Content of Health coaching training in East of England

In HE EoE health coaching training has been adopted to improve long term condition management through training clinicians in specific coaching and behavioural change techniques to achieve the shift in approach described in Table 4.

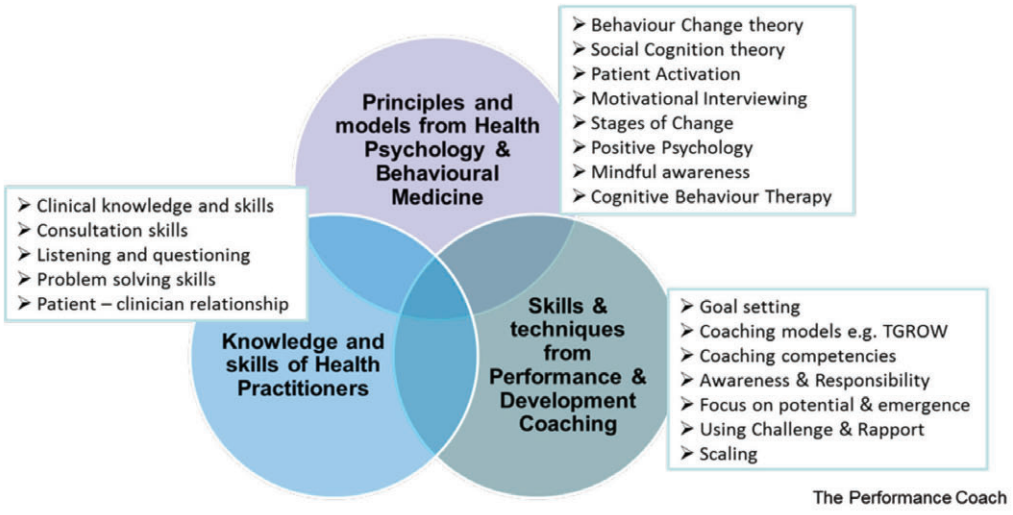
Table 4. **Shift required for clinicians to adopt a coaching approach (McDowell A, 2014)**

Traditional approach	Health Coaching approach
Clinician is viewed as the expert	The patient is viewed as the expert in their own life
Decisions are made by the clinician	Decisions are made in patient-clinician partnership
Patient told what to do	Patient finds their own solutions
Patient believes it is the clinician's role to fix them	Patient believes that they have an active role to play in changing to improve their own health
Goals are set by the clinician and success is measured by them	The patient is supported to define their own goals & success is measured by their attainment
Patient required to change as requested	Collaboration and assistance in facilitating change
Focus on extrinsic motivators	Intrinsic motivators included
Psychological barriers to change not considered	Psychological barriers to change included
Can be an increase in resistance to change	Usually a reduction in the resistance to change

Figure 1 illustrates the framework used and the relevant concepts, skills, behaviours and techniques taught adopted from three core disciplines including psychology, performance coaching and clinical skills development.

Although developed independently from health coaching in the USA, and not a formal "health coaching service", this combination of skills is consistent with the consensus reached in Table 3.

Figure 1. **Health Coaching knowledge, skills and techniques taught in the East of England Health (McDowell A, 2014)**



The focus of the training is on how to integrate a health coaching approach within clinicians existing consultation styles using a highly experiential learning process, with many opportunities to practice skills, share experience, develop relationships and network with other clinicians.

Organisations are offered 2 day health coaching programmes for participants from single or multiple organisations and in addition, a further accredited programme for participants who want to become health coaching trainers.

Uptake across the East of England

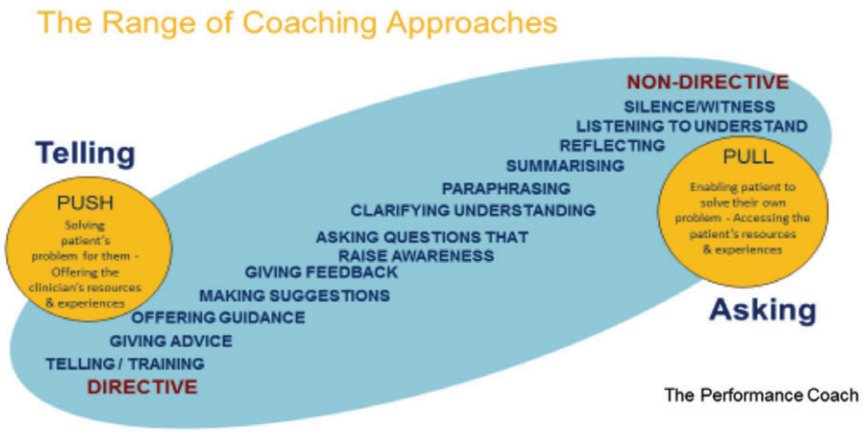
The core 2 day programme includes theory and practice in:

- The foundations of coaching and how coaching can be used with patients
- Active listening with patients any how to build trust and rapport
- The use of effective questions to raise awareness and provide supportive challenge
- Applying a range of directive and non-directive approaches (Figure 2)
- Applying levels of patient activation, motivation and readiness for change
- Understanding patient behaviour, how patients learn about their health and barriers to change (cognitive, emotional, behavioural, etc.)
- Setting self-determined goals with patients to encourage motivation
- Specific behaviour change techniques to use in a variety of circumstances
- The use of approaches that focus on patients strength and positive emotions

The train the trainer programme consists of:

- 2 day core health coaching skills programme
- An additional 4 day programme to develop in participants a deeper understanding, enable them to achieve a Foundation level accreditation and learn facilitation skills
- Two opportunities (4 days practice in total) to co-deliver the core health coaching programme with a TPC lead trainer, with assessment and accreditation.

Figure 2. **Range of Coaching approaches and communication techniques (McDowell A, 2014)**



The health coaching programme was designed to be applied, with lots of clinical examples and opportunities for structured coaching practice. The style of delivery is generally fast moving, and sometimes challenging. The programme enables participants to understand how coaching can be used effectively within a clinical role, examining not only how to coach but when and where coaching is effective. Opportunities are provided for clinicians to actively plan how they will put the skills into action.

To maintain their skills after attendance on the programme participants have access to

- Regular health coaching email "shots" which enable further integration of the skills and learning
- Access to an on line learning resource (MyTPC)
- Two 1 day CPD sessions have been held with 48 participants in total. Further CPD workshops are planned.

3.2 Health Coaching competencies

From systematic analysis of the evaluation surveys, trainers survey, comparison against European Mentoring and Coaching Council Standards (EMCC) and review of the literature a consensus on the seven most important health coaching competencies was developed[xxxii]. In future these can be used in training and for assessment for quality assurance.

- **The application of a patient centred approach** - Improving patients' health and wellbeing through establishing a trusting and empathetic relationship with the patient, providing a personalised and flexible consultation style and self-care support to facilitate behavioural change.
- **Goal setting and action planning** - Facilitating patient-determined goals that align clinician and patient priorities, delivered through a shared plan and joint responsibility.
- **Managing the process and relationship** - Overseeing the health coaching process, holding patients and clinician's agendas simultaneously and effectively applying specific behaviour change, communication, and motivational skills.
- **Enhancing core consultation skills with coaching** - Through great listening, effective use of questions and supportive challenge raise awareness, increase responsibility and shift patients' mind set to enable behaviour change.
- **Managing self** - Holding and demonstrating a belief in the potential of patients to self-manage and developing a higher level of self-awareness of consultation style, use of language and impact on patients.
- **Building on clinical expertise** - By integrating clinical skills/knowledge, interpersonal skills and techniques in behaviour change,encourage patients' accountability for behaviours, preferably through an on-going relationship with an experienced clinician.
- **Reflecting and the wider system** - Managing expectations, and reflecting on effectiveness, of the coaching approach and considering the impact of/on the wider system and resources.

Section 4 East of England Programme Uptake

The health coaching skills development programme was offered to all organisations throughout the East of England through numerous letters, including to Chief Executives, medical and nursing directors, supported by a website, flyer and brochure. All organisations expressing an interest were initially visited in person by the trainer and/or clinical lead.

Given the focus of 70% of activity in Norfolk and Suffolk, to mirror the 70% of investment, at the start of the programme Norfolk and Suffolk workforce partnership identified dedicated managers to promote health coaching to organisations across both Counties.

As the programme was thought highly suitable for general practice the GP Associate Dean wrote to all training practices inviting them to participate. Presentations on the training and how to apply were given at the East of England GP Autumn Seminar. Practices were offered training out of hours and at weekends when they expressed an interest given the difficulty for small organisations sending a number of staff and disproportionate impact on patient care.

4.1 Organisational uptake

4.1.1 Health Coaching Co-ordinators

Each organisation participating was asked to identify a co-ordinator. Twenty three co-ordinators, who hold a myriad of roles, have since been supported by regular calls and a co-ordinators workshop (appendix1).

The role of the coordinator is to support uptake, monitor and embed health coaching within their organisation and:

- arrange appropriate briefings for Executive teams, senior managers and opinion formers to consider alignment of health coaching training in meeting key strategic aims to encourage buy-in
- liaise with the health coaching project team at Health Education East of England to market information to staff via newsletters and other channels, provide ad hoc support to participants and answer queries
- identify target groups of patients and clinicians who would most benefit and collate applications for the training to send to the HEEoE programme team
- identifying one or two internal trainer(s) with capacity and competency to deliver staff training in future as an internal resource
- consider plans for roll out which supports the training of health coaches and internal trainers in the longer term and sustains the implementation of health coaching
- liaising with the evaluation team from IES

Fifteen co-ordinators attended a workshop in February with the EoE Programme Team to help them promote and embed health coaching in their organisations. Two further workshops are planned for July and September. Ideas to support embedding included:

- telling stories of the impact with patients
- accessing EoE resources including the slide deck on the website
- learning sets and peer support within and across organisations
- CPD refreshers
- greater engagement of medical leaders
- targeting a whole team or service to ensure a critical number of clinicians and reinforcing behaviours
- measuring impact locally though evaluation
- securing evidence to promote the business case

Health Coaching Co-ordinators have played a key role in dissemination. They report how their organisations have embraced health coaching through targeting specific teams e.g. renal services, professionals e.g. nursing teams and in working with other stakeholders across localities. In wanting to roll out this approach they are looking to incorporate health coaching into their long term conditions and quality strategies and to meet standards, for example, set by the Care Quality Commission.

Health Coaching Co-ordinators comments

"Looking to roll the programme out with the nursing teams, matrons, specialist nurses teams"

"The health coaching training underpins the coaching ethos of the Trust and supports our achieving CQC standards, NMC standards and Francis recommendations. We have had some extremely positive feedback and evaluation by those who have attended. The Trust trained 5 Health Coaching trainers who are a group of newly empowered, highly motivated senior clinicians who are now personally convinced about the effectiveness of this approach and continue to support the programme"

"Health coaching provides a good opportunity to encourage and support staff to adopt a more partnership approach to working with patients, encourages patients to become part of the team and empowers them to make informed choices. Everyone within the team was "on board" with this need for behaviour change. However in primary care the loss of too much clinical time in one go makes it difficult for the practice to actively participate"

"Health coaching is seen as part of the CCGs long term conditions strategy, working very closely with community services to get integrated and community teams involved to take this forward".

4.1.2 Organisational uptake

Thirty one organisations participated in the health coaching programme (appendix 2). Organisations include:

- 8 acute Trusts
- 6 community services
- 4 County Councils
- 2 mental health trusts
- 6 CCGs
- 23 General Practices
- 5 other organisations, including pharmacists

Up to 58 clinicians attended from each organisation. Those organisations training most participants are listed in table 5 below.

Table 5.
Organisations accessing highest number of places on 2 day Health Coaching programme between May 2013 - March 2014

Organisation	Number of participants
Norfolk and Suffolk Workforce Partnership	
North Norfolk CCG	32
Norfolk and Suffolk NHS Foundation Trust	31
Norfolk and Norwich University Hospitals	27
Norfolk Community Health Care NHS Trust	19
East Coast Community Healthcare CIC	19
Bedfordshire and Hertfordshire Workforce Partnership	
East and North Hertfordshire NHS Trust	14
Hertfordshire Community Health Services NHS Trust	18
Cambridge and Peterborough Workforce Partnership	
Cambridgeshire Community Services NHS Trust	58
Essex Workforce Partnership	
Anglian Community Enterprise	27
Colchester Hospital University NHS Foundation Trust	40

4.2 Participant uptake

Figure 3 illustrates the increasing uptake of the health coaching programmes over time and Figure 5 uptake by workforce partnership.

Between May 2013 and March 2014, 23 two day health coaching skills development programmes have been run and 355 clinicians participated from the 4 workforce partnerships including;

- Norfolk and Suffolk (162 clinicians)
- Bedfordshire and Hertfordshire (39 clinicians)
- Cambridge and Peterborough (74 clinicians)
- Essex (80 clinicians)

As the initial uptake of places per programme was slow a total of 107 places were lost during the first 2 months of delivery. This has subsequently been addressed and programmes are now running at full capacity. Over the next few months a further 400 participants are planned to attend another 20 programmes between April and October 2014, mainly held in Norfolk and Suffolk.

Figure 3. **Uptake to the Health Coaching programme**

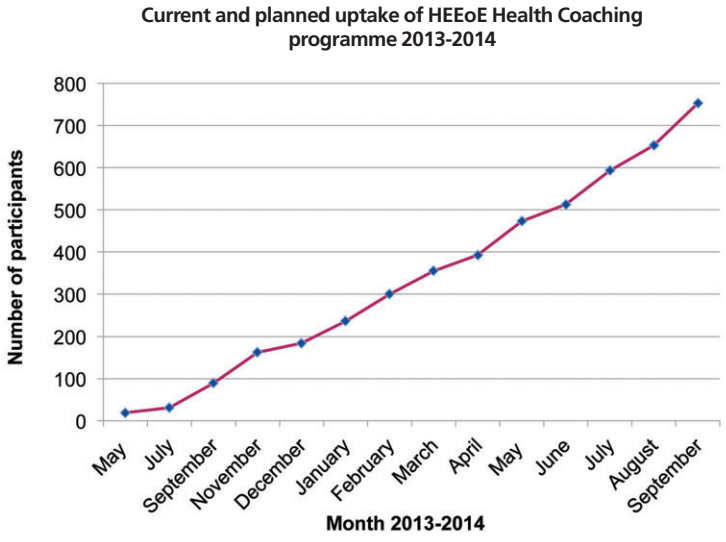


Figure 4. **Uptake of Health Coaching training by Workforce Partnership**

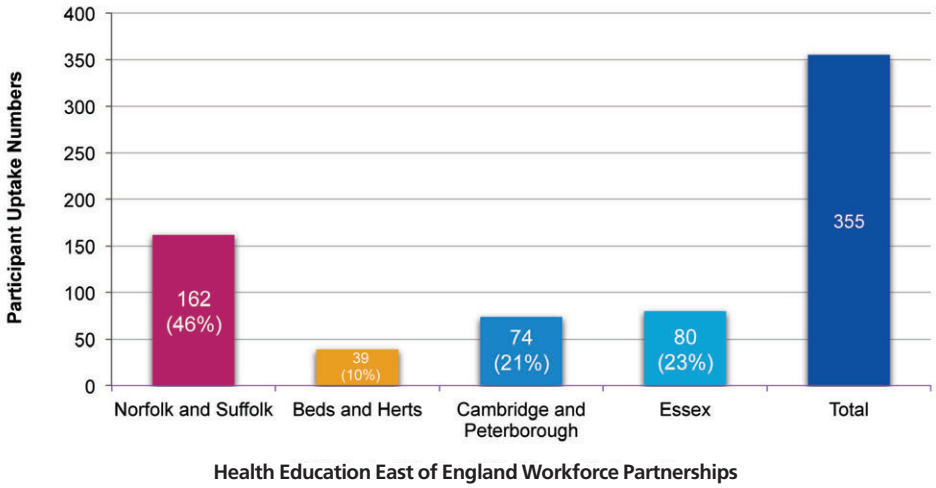


Table 6 and appendix 1 outline the multidisciplinary nature of the participants who in the vast majority were practicing clinicians and most commonly nurses (44%), allied health professionals (28%) (Physiotherapists, occupational therapists, dieticians, speech therapists) and doctors (9%) (appendix 3).

Twenty four trainers have completed the 6 day accredited training programme. They include doctors, nurses, physiotherapists, dieticians, occupational therapists, psychologists and podiatrists.

Table 6. **Level of uptake by professional group attending the Health Coaching programme between May 2013 - March 2014**

Professional Group	Number of participants
Nursing	157
Physiotherapist	43
Occupational Therapist	28
GP and trainee (3)	23
Dietician	15
Support Worker	12
Podiatrist	11
Health Improvement specialist	9
Consultant (pain management 4, psychiatrist 1, palliative care 1)	6
Psychologist	6

5.1 Post programme surveys

Following the programme participants were sent a survey monkey questionnaire to identify impact, lessons learnt and areas for programme improvement (response rate 45%). In addition, all participants were later sent another questionnaire testing the on-going application of their learning (response rate 32%). Finally a survey on health coaching competencies was sent to all trainers (response rate 86%). The results of these three questionnaires are given below and relevant quotes given from the free text comments.

5.2 Feedback on programme delivery

The learning from, and style of delivery of, the health coaching training has been extremely well received by participants (table 7).

Table 7. **Impression of Health Coaching and contributing factors**

Overall impression of the Health Coaching training	Factors that most contributed to participants learning
• 100% of clinicians thought the programme content was good (19%) or very good (81%) • 100% of clinicians thought the delivery and leadership of the programme good (16%) or very good (84%) • 100% of clinicians thought the expertise of the facilitators good (16%) or very good (84%) • 98% of clinicians thought the opportunities to work and learn with colleagues good (19%) or very good (79%) • 96% thought the applicability of the training to their work good (35%) or very good (60%) • 88% felt their own contribution to the learning of others was good (49% or very good (37%)	• The balance between theory (information giving), demonstrations and practice • The opportunity to practice the skills and try out techniques - "real play" and "role play" • The hand book or manual and clear visual aides • Small and larger group work and a multi-disciplinary group • The facilitators style, skills, enthusiasm and experience • Learning new material and techniques • Reinforcement of various models as the programme progressed and repetition to embed the learning • The relaxed pace of the sessions and positive learning environment undertaken in a coaching style.

The majority of participants reported no change was needed to improve the training. *"I found the whole experience more useful than I thought possible"*. Where a suggestion was given these included:

- The co-trainers may require more experience
- Reduce the number of models on day 2 and allow a greater gap between 1st and 2nd day to allow time for practice and review
- More clinical examples and role play or video examples i.e. with a difficult client
- Triplet sessions with one observer vs coaching in pairs to add variety
- To classify the techniques for different situations
- Supportive materials for use with patients e.g. goal sheet, prompt sheet
- Improved administration and venue.
- Follow with whole or half day refresher training to allow time to practice skills and discuss real life application

"It was interactive and enjoyable from the outset, so I felt relaxed and open to learning. It was presented as a journey with tools and insights along the way that told a story and fitted together to inform the whole. It was good to practice on each other" **Research Nurse**

"I appreciated that the facilitators were continually 'practicing what they preached' and role modelling this style at all times (even when not teaching specifically) - helped me to more fully understand the style and also see the results of practicing this" **Psychological Therapist**

"I think the programme is really well balanced. There was not really anything that I would change, except maybe the opportunity to come back again once using the techniques" **Physiotherapist**

5.3 Key learning for clinicians

The key learning clinicians gained from the programme included;

- A mind set shift, recognition and belief that change *"comes from the client"* and in patient's potential to find their own solutions
- The purpose of health coaching to raise awareness and responsibility in patients and support self-care and behaviour change through changing the patient's relationship with their condition *("to see problems in different ways")*
- A different approach to problem solving using a collaborative approach and shared responsibility with the patients *("patients find it difficult to argue with their own suggestions")* in coming to a plan
- Adopting a more flexible consultation style, incorporating directive and non-directive communication techniques, and shift from "expert", "fixing" and "giving advice" to enabling and empowering patients to self-care
- Supporting patients to identify self-determined SMART goals aligned to,but not solely based on, clinical priorities and that *"small changes make a difference"*
- The usefulness of simple techniques to support behaviour change such as TGROW, transactional analysis, health beliefs, identifying barriers to change - *"the gap between where patients want to be and where they are"*
- That clinicians use a number of core health coaching techniques already but could do so more effectively e.g. listening, questioning (more open questions), use of silence, more supportive challenge
- Greater self-awareness and the beneficial impact on patients e.g. in setting the tone of a conversation, confidence in challenging behaviour and with holding judgement on patients' resourcefulness
- To be able to carefully select patients who would most benefit from a health coaching approach and as an alternative consultation style especially when patients are not compliant
- The significant impact on the wider system if adopted widely and that *"this is very different from the medical model which we generally follow"*
- The positive impact on clinicians in applying this approach which is empowering for clinicians as well as patients, and helps generate resilience by sharing responsibility

"I approach some consultations completely differently, giving the patient responsibility for the agenda. This absolutely opposite to my usual "how can I help you today?" **Practice Nurse**

"Health Coaching is about a mind-set: a mind-set of trying to promote client's own responsibility for their health and seeing this in the context of their situation. It is also about providing the information so clients can make an informed choice, being clear in what we can and cannot provide and how we can assist in finding the right way for this client. There are useful tools we can use in discussion with clients to help them get a clearer idea what is important to them"Children's Community Occupational Therapist"
Children's Community Occupational Therapist

"I think that Health Coaching should be encouraged for all health professionals and maybe have some type of essential learning training list. " **PALS & Public Engagement Co-Ordinator**

"I thoroughly enjoyed the course and have already recommended it to several colleagues.I feel that ideally all health care professionals should have access to this type of training." **General Practitioner**

"I think it is also worth mentioning that, besides making the patient more independent/empowered during this process and hopefully improving outcomes, it makes the consultation much more interesting/varied for the health professional. I have learnt tips from patients and (despite considering myself to have a fairly good relationship with most of my patients) I have felt more engaged myself and more fulfilled at the end of the consultation when using these techniques" **General Practitioner**

5.4 Impact and application of skills with patients

As a result of the health coaching programme participants reported that they are:

- Approaching every patient differently/altering their approach to initial assessments, adopting a more flexible consultation style and reflecting on their approach after each consultation
- Being more patient centred and more understanding of patient expectations
- Becoming more focused and structuring use of time
- Using more silence, listening, challenge and open questions, and resist the temptation to come up with solutions *"stop trying to fix everything"*
- Applying behavioural change techniques e.g. TGROW and scaling, depending on the situation
- Being more proactive in identifying patient determined goals
- Helping with "heart sink" patients
- Becoming more self-aware, less judgemental and aware of the unhelpful roles the clinician and patient are playing (parent/adult/child)
- Interacting with clinicians and staff e.g. appraisals, 1:1s, tutorials
- Using their skills in different situations e.g. Making Every Contact Count, in out-patients, with patients with dementia, in weight management, creating pharmacy standards

Clinicians reported using the skills with patients in managing the following conditions, mostly long term conditions and lifestyle and behavioural change.

- Long term conditions - COPD, diabetes, coronary heart disease, heart failure, chronic pain and back pain, irritable bowel syndrome, osteoarthritis, cancer, long term neurological conditions (Parkinson's, multiple sclerosis, chronic fatigue syndrome), leg ulcers and wound care, asthma, stroke, kidney disease, multiple co-morbidities
- Lifestyle related factors - obesity, fitness, alcohol consumption, smoking cessation, dietary changes
- Mild mental health problems - depression, anxiety, stress, dementia, addiction,
- With specific patient groups - amputees, patients who fall, after joint replacement, for painful feet
- Palliative care
- Medication optimisation

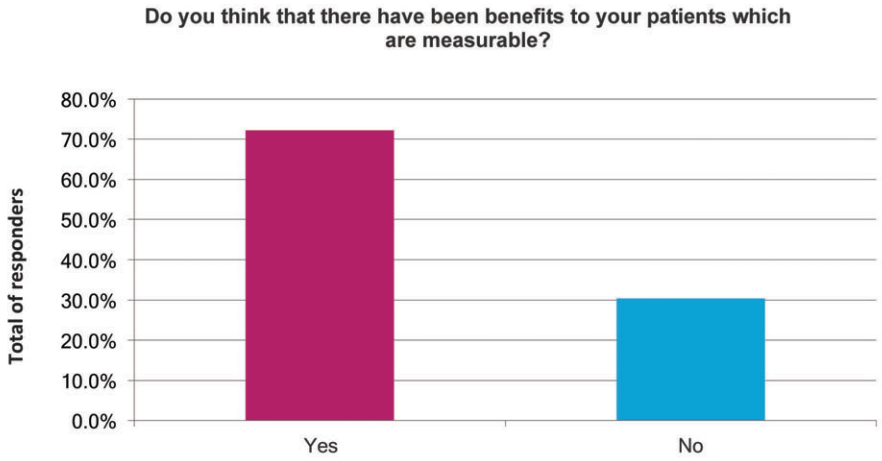
Table 8 illustrates the vast majority of participants perceived a positive impact of health coaching on clinician mind set, in managing patients with long term conditions, of benefit to most clinicians and applicable to most consultations.

Table 8. **Feedback on Health Coaching training and application**

- 98% Participants agree/strongly agree that health coaching is particularly helpful for working with patients with long term conditions
- 93% Participants agree/strongly agree that using a health coaching approach in consultations will encourage greater responsibility and self-management among patients
- 98% of participants agree/strongly agree that most health professionals would benefit from some learning experience about using health coaching with patients
- 89% of participants agree/strongly that some elements of the coaching mind-set can be applied to most consultations
- 91% believed strongly or very strongly that the health coaching approach can support health professionals to make a "mind-set shift" in relation to how they work with some patients

5.4.1 Benefits to patients

Figure 5. **Benefit to patients from Health Coaching**



Participants reported perceived and observed benefits to patients in supporting self-care and achieving behaviour change. They include:

- Improving patient engagement, empowerment, self-management and in overcoming barriers
- Improved effectiveness of the consultation i.e. tailoring interventions based on patients readiness to change
- Patients becoming motivated by and achieving their own goals
- Improved lifestyle choices and behaviour e.g. weight reduction
- More productive consultations when managing difficult issues
- Improved patient satisfaction with the consultation
- Improved health outcomes e.g. depression scores, blood sugar control
- Improved patient compliance

A few participants commented that it may be too early to identify patient benefit and on the difficulty measuring a difference.

"I can't pretend it (benefit to patients) can be measured like maths - but what in our emotional life can? What could be measured is the patient excitement, enthusiasm, joining in, and showing concern about the need to change behaviour. Was the meeting meaningful, useful, and encouraging? Patients could be audited on this. I can see patients feel encouraged to look after themselves more"

5.4.2 Benefits of Health Coaching skills with all patients

Many participants reported that health coaching competencies learnt had benefit in all consultations. This is due to the programme reinforcing basic consultations skills such as listening, questioning, greater self-awareness and managing the process of the consultation. Goal setting and action planning were skills particularly important in coaching for behaviour change (Figure 6).

"I started using health coaching immediately after the course and have been health coaching my chronic disease pts. We are also now developing templates within our system to incorporate health coaching into our counselling for weight loss and depression pts." **Practice Nurse**

"I think Health Coaching is a great approach and ties in very well with Government directives of people having choices and health professionals having to look at what clients want, rather than the professionals.. I think society has become a 'consumer' society all round, with people often thinking that the doctor/health professional knows what's best and will make me better. This leaves people helpless. I think it is time that we understand that we have our own responsibilities and that we can act as such and feel empowered." **Children's Community Occupational Therapist**

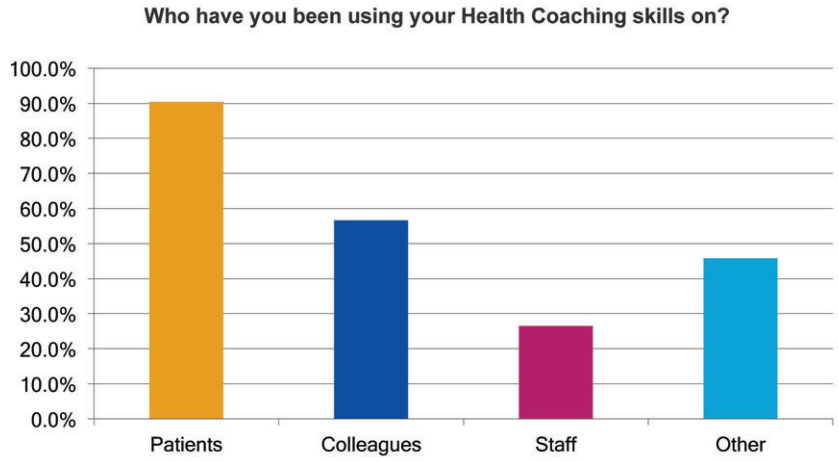
"I genuinely believe that the course would be of benefit to everybody I work with in challenging their current working practices and also helping them realise what they already know. It is a course that encourages self-confidence in regard to one's practice. " **Counselling Supervisor and Mental-Health Support Worker**

Figure 6. **Use of Health Coaching competencies for behaviour change and all consultations**

5.4.3 Benefits of Health Coaching skills with colleagues

Many participants were also using these skills with colleagues e.g. in supervision, mentoring and appraisal, with individuals and teams and with friends and family (other) (figure 7).

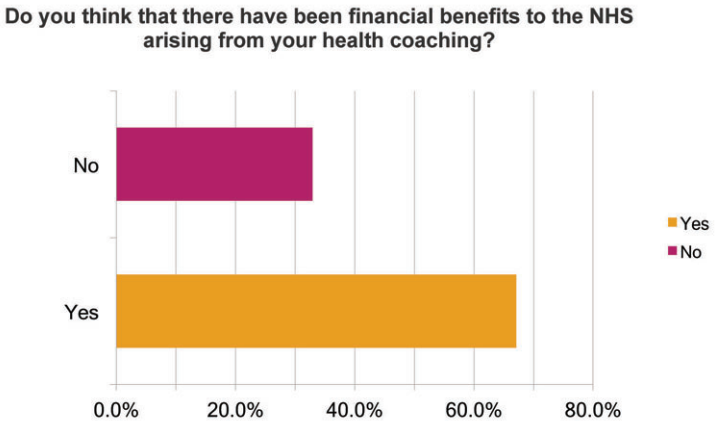
Figure 7. **Coaching application to patients, colleagues and others**



This application of coaching skills for use with colleagues and all patients is unsurprising given the overlap illustrated in Figure 1 (page 14). While only 41% of participants agree/strongly agree that health coaching is a useful skill for health professionals to learn for working with peers and colleagues, 68% of the trainers used health coaching skills often or frequently for supporting and/or managing colleagues perhaps indicating greater use with more confidence and a longer training.

5.4.4 Financial benefits to the NHS

Figure 8. **Financial benefits to the NHS**



The majority of participants who responded thought there were financial benefits to the NHS. These included the need for fewer tests and appointments by:

- The offer of more effective interventions tailored to the patients' needs, expectations and readiness to change reducing inappropriate activities
- Improved health by aiding patients to make healthier choices and thereby reducing demand e.g. smoking and weight reduction
- Changes to patient expectations, motivation and confidence to self-manage reducing attendance by supporting self-care
- Reducing follow up rates by setting more effective and realistic goals based on patients priorities
- Improved concordance with medication and reduction in pharmacy costs and wastage

However, a few participants commented that consultations could potentially take longer, it may be difficult to measure financial impact and it is too early to judge.

> *"I think all health care professionals would benefit from this on a personal and professional level, to raise their own and patients awareness. It would save the NHS huge amounts of money in terms of stress and illness management"*
> **Clinical Research Nurse**

Section 6 Application and maintenance of skills

A few months after the training, nearly 100% clinicians reported having used the skills they learned (Figure 9). However, 48% of participants had used them with a few patients (1-5) and 63% had undertaken between 1-5 hours of health coaching. About 14% of participants had used their skills on more than 20 patients with 7% undertaking more than 20 hours of health coaching. They reported maintaining their new "mind set" and approaching consultations differently in the same way as immediately after the programme (pages 23, 24) (Figures 10, 11).The skills they used most included:

- Applying a general mind-set shift to all patients
- Enhancing their clinical skills with better listening, questioning and use of non-directive approaches
- Using the coaching process TGROW and to a lesser degree a variety of models including the diamond model (health beliefs), motivational interviewing, barriers to change, scaling before and after a behaviour and understanding a decisional balance
- Setting self-determined goals with patients

The support participants identified that they needed included:

- Time to practice and personal commitment
- Access to a "buddy" or informal group to discuss the application
- CPD workshops and/or refreshers
- Adoption of a similar approach by colleagues to ensure consistency with patients
- Greater awareness at the top of the organisation to enable health coaching to become embedded
- A health coaching champion in each organisation
- Further co-delivery days as trainers and for HEE to support a few coaches rather than a larger number with a dedicated regional resource
- Mentoring and support from TPC

Figure 9. **Application of Health Coaching skills**

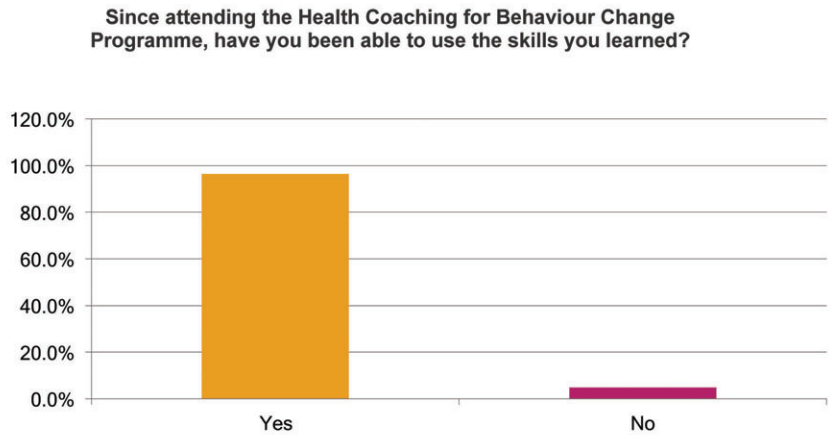


Figure 10. **Health Coaching hours undertaken**

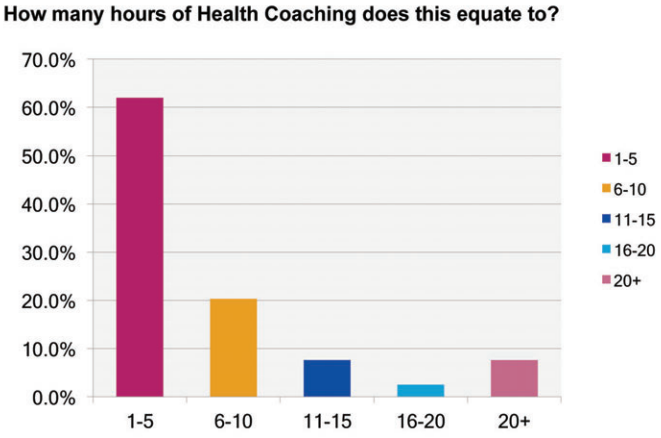
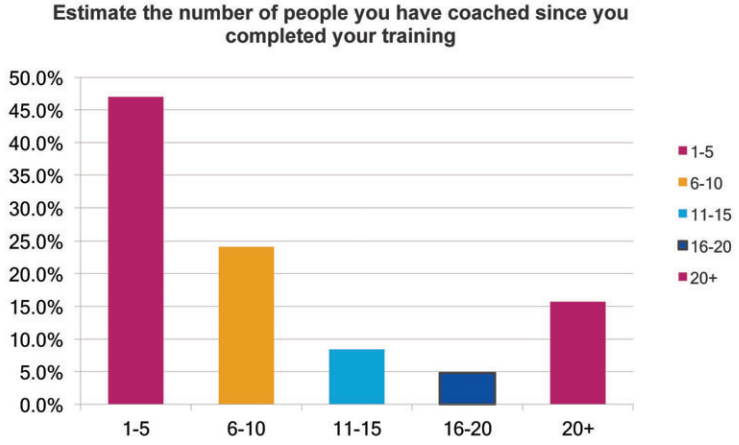


Figure 11. **Numbers of patients coached**



There are four different ways in which feedback mechanisms and evaluation are being integrated into programme delivery:

1. **Individual clinician level** - clinicians are being trained to adopt reflective practice when using their health coaching skills.
2. **Local organisation level** - through the co-ordinator network, organisations are being encouraged to conduct their own local evaluations.
3. **Programme level** - the post-training programme surveys (as reported in the previous two sections) provide feedback on programme quality and learning which has resulted in adjustments in design as the programme has progressed.
4. **System level** - through in-depth qualitative research into five local organisations to evaluate the impact and value of the health coaching programme in various clinical practice settings. The Institute for Employment Studies (IES) was commissioned in April 2013 to undertake this part of the evaluation and will report at the end of October 2014.The overall aims of the case study approach are to:

- To describe the health coaching intervention within each organisation, contextualise it within wider strategies for LTCs, engagement and patient experience, and the process of implementation.
- To explore views on whether health coaching has been a useful approach for clinicians and their patients and whether it has resulted in any changes to their thinking and practice.
- To liaise and support local representatives in identifying outcome data relevant to their unique context and examine evidence of impact in terms of health outcome improvements, changes to practice or culture and consequences for organisations.

The 5 evaluation sites selected represent a range of organisations:

- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust
- North Norfolk CCG
- Hawthorn Drive (a GP surgery in Ipswich)

7.1 Summary of evaluation activities

Completed activities:

- Scoping focus groups conducted with 18 clinicians and interviews conducted with three expert researchers/academics
- Two patient experience surveys developed (for use pre- and post-clinician training) to widely promote use in local evaluations as a means for accessing patient views
- Case study organisations established and explored including through
- 9 Co-ordinator and team leader interviews
- 5 focus groups of programme participants comprising 41 clinicians.

7.2 Next steps activities in collaboration with case study sites:

- Follow-up telephone interviews with up to 25 clinicians scheduled for June and July 2014
- Follow-up telephone interviews with 5 co-ordinators scheduled for June and July 2014
- Analysis of relevant local outcome data (clinical and management) where available planned for September 2014
- Follow-up telephone interviews with 5 senior local stakeholders planned for September 2014

Although answering many questions through evaluation, as a qualitative review the IES evaluation may not provide all the answers required by commissioners and providers investing in this programme e.g. on outcomes. The health coaching training is an educational initiative aimed to reach optimal numbers of clinicians and not a research programme(as a randomised control trial would be). There is likely to be a significant delay between health coaching and impact on health and financial outcomes; outcomes are often dependent on multiple interdependent variables and difficult to measure; the training is not "stand alone" but incorporated into clinicians' usual care; clinicians have participated based on personal interest rather than through a targeted approach which may dilute the impact.

This interim report aims to describe how the programme has been rolled out so far and lessons learnt so that design and delivery can be adapted, and decisions regarding further implementation and investment have been made before the contract for health coaching concludes in October 2014.

8.1 Health Coaching implementation

At the start of the programme organisations and participants were unclear about the purpose and content of the training. Uptake of the programme was relatively slow but has since gathered pace.

It is anticipated by October 2014, with full uptake of remaining programmes, approximately800 clinicians will have been trained (Figure 2). Better marketing material defining health coaching, its benefits and alignment to organisational priorities developed as the programme progressed and particularly a growing reputation has improved uptake and established considerable interest one year on.

At the start of the programme in March 2013 the NHS was undergoing substantial reforms. Increasing uptake may also reflect organisations becoming clearer on their new roles and priorities - and hence health coaching contribution - within the new NHS landscape.

Greater clarity has developed in articulating what health coaching is and isn't, both within the East of England Programme and internationally. It is fortuitous that the former reflects best practice as demonstrated through the recent consensus on health and wellness coaching (Table 3). This interim report together with defined health coaching competencies can now be used to further tailor design of the remaining health coaching programmes.

8.2 Content and delivery

The content and delivery of the training has consistently received exceptionally positive feedback about the content, style of delivery and applicability of the content to clinical settings.

Although requiring a commitment of 2 days training,which can be challenging for clinicians, respondents appreciated that this amount of time is required to gain sufficient understanding, dispelling initial concerns.

Many organisations also questioned whether 2 days health coaching training is necessary and if quicker interventions are effective. Health coaching is a mind-set rather than merely a set of tools or techniques that can be learned cognitively. Therefore training needs to be long enough to enable clinicians to experience the impact of applying a coaching approach and then adapt and change.

Finally, health coaching training needs to be delivered by highly experienced facilitators with coaching and clinical experience, who can handle both challenge and resistance from participants, and also challenge them to examine the effectiveness of their current approaches.

8.3 Targeting the programme

Initially the aim was to encourage a few organisations to identify large numbers of clinicians. As this proved difficult, roll out was shifted to recruit from more wide spread interest. The implications are that impact may be diluted as new skills may not be reinforced by colleagues. The benefit is greater scope for multiple organisations to attend from a single health system with opportunities to develop relationships and integrated care.

Participants report that most professional groups would benefit from the training, and significant benefits in learning from each other in a multi-disciplinary group. Trainers report that preferably over 2 years clinical experience is required to ensure integration of a clinical and health coaching approach.

It was anticipated that the training offered significant potential when used in general practice. However relatively few practices applied as providers and CCGs, due to the disproportionate impact of sending staff from small organisations with significant workloads. As the training is for general consultation skills as well as behaviour change this would count towards revalidation. Additional incentives and support for general practice may be required to encourage attendance e.g. back fill. IES suggests reflecting on the feasibility of alternative delivery models with EoE trainers as part of the cascading process.

8.4 Organisational support

One of the objectives was to provide facilitation and support to organisations seeking to embed a health coaching culture. This included early meetings with the lead trainer or clinical lead and co-ordinator to discuss programme content, targeting and alignment with organisational priorities. A steering group was initially established with key stakeholders which was replaced by more focus on providing organisational co-ordinators support (appendix 4).

Progress in implementing health coaching locally has varied enormously between case study sites. There are clear indications already that health coaching is finding its place in some organisations as a highly valued tool for individual clinicians who are able to provide examples of successes with their patients.

However there is little evidence as yet of organisations thinking strategically about where and how best to implement health coaching so that it aligns and supports wider strategies. Where there has been strategic consideration, there are not (as yet) plans routinely in place, and shared with clinicians, about how these clinicians will connect. Co-ordinators have identified benefits of learning between organisations in how to target, support and embed health coaching and requested action learning sets.

Health coaching crosses leadership development (executive coaching) and clinical training (clinical development) and hence requires discussion on where leadership responsibilities lie. Many clinicians attending, although having significant clinical experience, are not able influence their organisations. More senior clinical leaders as participants, or a dedicated programme for them, would support roll out in organisations, with a request for feedback to their Executive team.

IES suggests more reflection by local organisations so that they select the 'right' clinicians for training and create the 'right' environment to allow the skills to be used i.e. which services or patient groups to target, what constitutes success and how it will be measured and whether any adjustments to the clinical environment might be needed.

Variable organisational commitment has been overcome by having a dedicated regional project management resource. This programme has required significant input from the programme clinical lead, programme manager, lead trainer and PA. It is questionable whether an innovation of this size and complexity could be rolled out in such a challenging environment by multiple independent providers.

8.5 Key learning from for clinicians from attending the programme

Given time pressures and a "usual" style, many clinicians report that in their consultations they can resort to "giving advice" and "fixing". The greatest impact of the training was in clinicians experiencing a "mind set" shift, developing a more flexible style and moving to a less directive approach to achieve shared responsibility with patients,different from the medical model they are used to.

Many reported that the training built on skills they already possessed and that they were able to extend these within a health coaching framework to achieve behaviour change.

While valuing health coaching participants also reported challenges to using these skills with patients including a difficulty changing old habits. Wolever recognises the challenge in achieving the shift clinicians need to make in adopting a coaching approach stating *"typical disease management interventions often employ healthcare professionals who do not necessarily value patient empowerment, who may not have exposure to or adequate training in the science of behavioural change, and who may not have the complex interpersonal skills to facilitate behaviour change effectively. This leaves those trained in the conventional medical model vulnerable to using approaches that are expert driven, authoritarian, and advice-giving as opposed to taking stances that are supported by the latest research in behaviour change models"*. In moving towards a more empowering style necessary for self-management support, the authors recommend specific training in core competencies and credentialing (Table 3) which this training seeks to deliver.

Other challenges for clinicians include system and structural challenges leading to insufficient time and constraints within a consultation e.g. QOF; working in isolation rather than in tandem with colleagues when using this approach to provide consistency for patients; and maintaining confidence and growing expertise in how and when to use the skills. It is often difficult for clinicians to identify which patients would most benefit, especially the patients "stage of change" and receptiveness to a coaching approach (vs being told what to do). In the USA risk profiling followed by patient questionnaires have been adopted for this purpose.

8.6 Benefits of the programme for patients, clinicians and the NHS

Perceived and observed benefits included reduced tests and activity resulting from more effective consultations and sharing responsibility between patient and clinician leading to improved health behaviours; improved patient motivation to self-care; patients setting self-determined goals; improved medication compliance; and improved health.

Participants reported using their skills with a wide variety of patients (page 24).This case mix is likely to reflect participant's case load as well as applicability of health coaching.

Clinicians in primary care and community settings are finding it easier to use their newly acquired skills. The patient group in mental health and lack of privacy on acute wards are perceived as major barriers in practice. IES suggests more guidance post-training to encourage clinicians to be more proactive in developing strategies to overcome perceived barriers.

The realisation that there are techniques clinicians can apply when they are "stuck", and that they do not have to bear full responsibility for all decisions was reported as a significant bonus for clinicians leading to resilience.

The use of the skills in behaviour change, in all consultations, and with colleagues, indicates a triple benefit and potential to move towards a coaching culture.

8.7 Maintenance of skills and East of England trainers

Health coaching is not yet fully embedded. Much greater support is required for participants and organisations to grow the resource both within and across organisations if health coaching is to be sustained. Many participants requested additional CPD to maintain their skills and opportunities to learn from each other as individuals and organisations, which could be organisation specific as well as across EoE. Uptake of MyTPC could be increased although there are mixed views about the value on online / supplementary materials.

The intention is to use East of England NHS trainers as an internal resource to roll out training. A few well trained clinicians providing health coaching training across the region may be more effective than larger numbers from multiple organisations. Options for further development and investment for this programme include no further funding, or funding from individual organisations, Workforce partnerships or Heath Education East of England.

Health Education East of England is at the cutting edge of educational innovation through having developed, piloted and rolled out training in health coaching.

The skills supplement clinical care in a patient's usual consultation. They can be used by all professional groups, and with patient's mostly requiring lifestyle change, with single or multiple long term conditions and for some mental health problems.

Key learning for clinicians included developing a "mind set" shift from expert to enabler, sharing responsibility with patients and adopting a more flexible consultation style. This builds on core consultation skills, incorporates behaviour change techniques and encourages patients' to set self-determined goals.

Reported patient and financial benefits included reduced tests and activity resulting from more effective consultations; improved health behaviours; improved patient motivation to self-care; patients setting self-determined goals; improved medication compliance; developing shared responsibility and improved health.

Clinician benefits included; additional tools to use in consultations and when patients were non-compliant; learning and networking within a multi-disciplinary group; a renewed energy and enjoyment of their consultations; shared responsibility with patients adding to resilience and opportunities for personal coaching in role play.

Participants describe a triple benefit of the skills for use in supporting behaviour change, in all their consultations with patients and with colleagues. This general improvement in interpersonal skills, awareness and communication conveys a benefit *per se*.

Rolling out this innovation at the current time post NHS reforms has been challenging for participants, their organisations and the HEE project team. Despite this,800 clinicians will have been trained from 31 organisations across the East of England. To translate this into higher numbers of patients coached and ensure sustainability, greater targeting, organisational support, learning between organisations, CPD and support for East of England NHS trainers and organisational coordinators is needed.

Discussion is required about on-going funding of the programme and whose role it is to resource and project manage in 2014/15 given the intensity of focus necessary to embed the training to the benefit of patients. More research is needed to assess impact on patient outcome and costs, which may be beyond the scope of the qualitative evaluation.

Organisations in the East of England now have unique experience of health coaching and the project team has responded to significant interest and queries from across the UK. If properly supported this ambitious programme could inform national policy and educational provision to produce the paradigm shift in the mind-set and behaviours of professionals to support behaviour change, and reinforce a more empathetic and person centred experience that lies at the heart of what we want for patients.

Appendix 1 Health Coaching Organisational Co-ordinators

	Norfolk and Suffolk	
Cheryl Jarvis	East Coast Community Healthcare C.I.C	Education and Training Lead
Amanda Lyes	NHS West Suffolk CCG	Chief Corporate Services Officer
Paula Balls	Norfolk and Norwich University Hospitals NHS Foundation Trust	Trust Education Lead
Lyn Skipper	Norfolk and Suffolk NHS Foundation Trust	Implementing Recovery - Project Lead
Fiona Craig	North Norfolk CCG	Commissioning Manager
Rosie Smithson	Norfolk Community Health and Care NHS Trust	Head of Learning and development team
Julie Yaxley	NHS Ipswich and East Suffolk CCG	Business Development Manager
Tracey Risebrow	The Ipswich Hospital NHS Trust	Education Standards Lead
Rosie Finch	West Suffolk Hospital NHS Trust	Prof Physiotherapy Lead
Fiona Denny	Suffolk CC Adult and Community Service	Head of ACS and CY P Workforce Development
Fiona Whifield	Suffolk Community Healthcare	Head of Nursing and Professional Development
Lorraine Wellard	The Queen Elizabeth Hospitals Kings Lynn NHS Foundation Trust	Workforce Development and Education Manager
	Bedfordshire and Hertfordshire	
Lisa Webb	NHS Central Eastern Commissioning Support Unit	Head of Learning and Development and OD
Nina Pearson	Luton CCG	Chair, Luton CCG
Sally Gitkin	Luton and Dunstable Hospital NHS Foundation Trust	Head of Organisational Development and Learning
Carolyn Fowler	East and North Hertfordshire NHS Trust Lister Hospital	Assistant Director of Education and Research
Jane Trundle	Hertfordshire Community NHS Trust	Head of Learning and Development
	Essex	
Neil Mcgregor	Castle Point and Rochford CCG	Clinical Education Facilitator
Theresa Cole	Colchester Hospital University NHS Foundation Trust	Head of Nutrition and Dietetics
Guy Savage	Anglian Community Enterprise	Clinical and Educational Lead
	Cambridge and Peterborough	
Sheila Adams	Cambridge University Hospitals NHS Foundation Trust	Leadership Development and Coaching Manager
Kit Prosser	Cambridgeshire and Peterborough NHS Foundation Trust	Associate Director
Anna Sutherill	Cambridgeshire Community Services NHS Trust	Training and Education Manager

Appendix 2 Health Coaching programme uptake - By Organisation

Norfolk and Suffolk Workforce Partnership	Attendees
North Norfolk CCG	32
Norfolk and Suffolk NHS Foundation Trust	31
Norfolk and Norwich University Hospitals NHS Foundation Trust	27
Norfolk Community Health Care NHS Trust	19
East Coast Community Healthcare CIC	19
West Suffolk Hospital NHS Trust	12
South Norfolk CCG	4
Suffolk Community Healthcare Ipswich	4
Norwich CCG	3
British Red Cross	3
Norfolk County Council	2
Suffolk County Council	2
Norfolk and Suffolk Workforce Partnership	1
Norfolk Medicines Support Service	1
The Ipswich Hospital NHS Trust	1
NHS Anglia Commissioning Support Unit	1
Bedfordshire and Hertfordshire Workforce Partnership	
Hertfordshire Community Health Services NHS Trust	18
East and North Hertfordshire NHS Trust	14
Luton and Dunstable Hospital NHS Foundation Trust	4
Bedford Borough Council	1
Central Bedfordshire Council	1
Cambridge and Peterborough Workforce Partnership	
Cambridgeshire Community Services NHS Trust	58
Cambridge and Peterborough CCG	9
Cambridge University Hospitals NHS Foundation Trust	5
Cambridgeshire and Peterborough NHS Foundation Trust	2
Essex Workforce Partnership	
Colchester Hospital University NHS Foundation Trust	40
Anglian Community Enterprise	27
Castlepoint and Rochford CCG	8
North East Essex CCG	3
London Pharmacy Education and Training	2
The Village Medical Centre	1

Appendix 3 Health Coaching Programme Uptake - By Profession

Profession	Attendees
Nursing	157
Physiotherapist	43
Occupational Therapist	28
GP and trainee (3)	23
Dietician	15
Support Worker	12
Podiatrist	11
Health Trainer Coordinator/Weight Management Practitioner/ Clinical Exercise Specialist/ Health Promotion Advisor/Wellbeing Practitioner	9
Other (team lead, assistant practitioner, Community Engagement Officer, programme manager, technical intstructor))	8
Consultant (pain management 4, psychiatrist 1, palliative care)	6
Psychologist	6
Pharmacist	5
Education Development Manager/Leadership Development and Coaching Manager	3
Midwife	2
Social Worker	2
Speech Therapist	2
Falls Prevention Co-ordinator	1
Stroke Family Support Organiser	1

Appendix 4 Health Coaching Steering Group members

Dr Penny Newman	GP, Director of Service Integration, Colchester Hospital University NHS Foundation Trust Associate Health Education East of England	Clinical Lead, co-chair
Dr Andrew McDowell	The Performance Coach	Director, The Performance Coach
Lyn McIntyre	NHS England	Head of Quality NHS Trust Development Authority
Simon Day	Health Education East of England	Communications and Engagement Manager
Petrea Fagan	Cambridge University Hospitals NHS Foundation Trust	Centre for Self-Management Support
Amanda Lyes	NHS West Suffolk CCG	Chief Corporate Services Officer
Gabi Trojan	Norfolk and Suffolk Workforce Partnership Group	Quality and Performance Lead
Pete Moore	The Pain Toolkit	Patient Leader
Mark Murphy	NHS Great Yarmouth and Waveney CCG	OD Manager
Karen Bloomfield	Health Education East of England	Leadership and Organisational Development manager, co-chair and Programme Lead
Leanne Dellar	Health Education East of England	Project support
Chris Jacob	Health Education East of England	Communications Officer

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For more information on our health coaching approach, please visit
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