

# Health Coaching Training and Delivery in Suffolk

An analysis of qualitative feedback from patients and professionals

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# Healthwatch Suffolk

**This research has been completed by Healthwatch Suffolk on behalf of the West Suffolk NHS Foundation Trust to shape and inform the future development of health coaching training and support.**

## What we do

We are the health and social care champion for Suffolk.

We seek to capture people's experiences, views and ideas related to the delivery of local NHS, social care and wellbeing services and support. We work together with local NHS and social care leaders to consider people's feedback and to improve standards of care. We can also help people to find information and advice about local services and support.

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If you would like to follow our work to shape local health and social care, please sign-up on <https://healthwatchsuffolk.co.uk/sign-up/>.

The background is a collage of various human faces, rendered in a monochromatic purple and pink color scheme. The faces are partially obscured and layered, creating a sense of depth and complexity. A large, white, stylized question mark is superimposed over the collage, centered in the upper half of the image. The text 'About this project' is written in a bold, white, sans-serif font, positioned in the lower half of the image, overlapping the bottom part of the question mark and the faces below it.

**About  
this project**

# Introduction

## What is health coaching?

Health coaching is defined in NHS England's *'Universal Personalised Care: Implementing the Comprehensive Model'* as:

*'Helping people gain and use the knowledge, skills and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals.'* (NHS 2019)

In simple terms, health coaching is a specific approach used by health and care professionals to support people to take more control of their own health and wellbeing. For the purposes of this report, health and care professionals, is not an exclusive term that applies only to staff working within specific NHS or local authority funded social care settings. Health coaching is also used by people working with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, and other professionals working within services focused on improving people's wellbeing.

When professionals adopt a health coaching approach, they focus on supporting and enabling people to take greater responsibility for their own health and care needs. This means those trained in health coaching can actively seek to give people the *'knowledge, skills and confidence'* to set and achieve their own goals for their health and care (NHSE&I 2020).

Health coaching can be used either as a stand-alone intervention, or as part of the existing support and consultations that professionals provide (NHSE 2020), and it can be used to support a wide range of people's needs for services and support.

This includes people living with long term conditions or anyone requiring support to make lifestyle changes such as (but not limited to): weight management, diet physical activity, smoking and managing stress. It can also be applied in circumstances where professionals are helping people to address specific social needs.

Professionals using a health coaching approach deliver more personalised care by working to understand the patient's needs, strengths and preferences through active listening, shared decision-making and a coaching *'mindset'*. This means that the professional is able to provide support and accountability for the patient to enable them to make changes to health behaviours they have chosen themselves.

The aims of a health coaching approach are to increase patients' ability to self-manage their care and to provide patients with a greater sense of responsibility and empowerment. This can fundamentally change the relationship between professionals and the people they support. From a Healthwatch perspective, we believe that Health Coaching also recognises the lived experience knowledge a patient has about their own condition(s).

## Highlight: Further Resources

For more information about Health Coaching, including definitions, short films, resources and links to published evidence for a Health Coaching approach visit:

<https://www.betterconversation.co.uk/>

For an in-depth overview of health coaching as an approach, refer to “Better Conversation: A Guide to Health Coaching” (Newman et al. 2016):

[https://www.betterconversation.co.uk/images/A\\_Better\\_Conversation\\_Resource\\_Guide.pdf](https://www.betterconversation.co.uk/images/A_Better_Conversation_Resource_Guide.pdf)

## National context

NHS England's '*Universal Personalised Care*', which sets out how the ambitions in the *Long Term Plan* will be achieved, includes a commitment to:

*'Increasing the knowledge, skills and confidence (patient activation) a person has in managing their own health and care through systematically putting in place interventions such as health coaching, self-management education and peer support.'* (NHS 2019)

Both the '*Long Term Plan*' and '*Universal Personalised Care*' result from a recognition of some of the financial and institutional challenges faced by the NHS. These include:

1. Limited funding, staffing and service capacity. (HEEOE 2014)
2. Increasing levels of service demand because people are '*living for longer with more complex health and care needs*', alongside a greater number of people living with long-term conditions. (NHS 2019)
3. Sometimes called the '*medical model of health*', people's health concerns are often seen in isolation from the '*wider determinants of health*' (NHS 2019), such as the '*built and natural environment, education, income, work and the labour market, crime and social capital*'. (Public Health England 2018)
4. Increased patient expectations, in part through increased awareness and access to digital technology, and an '*expect[ation] of a more responsive and personalised experience*'. (NHS 2019)

Given these challenges, the '*Long Term Plan*' and '*Universal Personalised Care*' highlight health coaching alongside policy initiatives such as social prescribing and Personal Health Budgets, to provide people with '*more control over their own health and more personalised care when they need it*' (NHS 2019).

## Local context - Health coaching in Suffolk

The following is a local definition for the health coaching approach promoted by West Suffolk NHS Foundation Trust (WSFT). It states that health coaching is:

*'Having a different type of conversation with people in a way which supports and allows them to take ownership of their own care' (IES 2018).*

Since 2014, WSFT *'has incorporated a health coaching approach across allied health professionals, doctors, nurses, students, and in social care across family and community teams, social prescribers, carers, voluntary sector and local hospice staff'* (NHSE&I 2020). By training professionals in health coaching techniques alongside their existing role, the *'vision was for all clinicians to have a different type of conversation with their patients, as opposed to a separate workforce being brought in to deliver a health coaching 'service'* (IES 2018). This means that the training aims to provide health coaching skills and techniques that professionals can then embed alongside their existing practice (TPC Health 2023).

The training content that WSFT delivers is provided by TPC Health and accredited by the Personalised Care Institute. The training is delivered over two full days, either virtually or in person, and with a mixed group of professionals from a range of backgrounds. It is focussed on *'broad understanding of the principles of health coaching'*, as well as *'providing a practical set of tools that they can immediately apply in their work'* (TPC Health 2023).

The training is *'highly interactive'*, with *'opportunities to practice skills'* by trying out techniques with each other using real life topics, as well as reflecting and sharing insight into how they *'can apply their learning to their own workplace settings'* (TPC Health 2023).

Alongside the training sessions, the WSFT team also run two hour Continuing Professional Development (CPD) workshops as *'refresher sessions'*, which all attendees are routinely informed about at the end of their training, as well as drop-in sessions *'where people can practice their skills or share any issues they have had whilst using the techniques'* (IES 2018).

For context, it is important to note that the Health Coaching training provided by the team has been delivered remotely due to the impact of the COVID-19 pandemic.



## In their words – The Health Coaching Team at West Suffolk Foundation trust

We first encountered health coaching 10 years ago as part of a pioneering project funded by HEEOE, led by Dr's Penny Newman and Andrew McDowell. We were struck by the power of the coaching approach, its applicability to our clinical work and the potential benefits to service users and clinicians. It was our vision to offer this training to practitioners working in the health and care sector so that they could employ these skills alongside their existing clinical knowledge and expertise in their day-to-day conversations with patients.

Thanks to a variety of funding sources, including West Suffolk NHS Foundation Trust (WSFT), Suffolk Public Sector Leaders and West Suffolk Alliance as well as support from the Public Health team at WSFT we have been able to do just that.

Since 2015 it has been our great privilege to deliver TPC Health's PCI accredited two-day health coaching training to over 900 professionals from a range of backgrounds across Suffolk. This has included doctors, nurses, allied health professionals, pharmacists, and assistant practitioners from across acute, community and primary care. We have welcomed people at varying stages of their career from students through to more senior and experienced professionals. In more recent years this has expanded to include non-clinical roles such as social prescribers, health and well-being coaches, level 4 health instructors and others from the voluntary and community sector working in the health and wellbeing space. To support the embedding of this approach we also provide refresher training and bespoke support to teams as well as training and access to the Patient Activation Measure.

The mindset, skills and techniques gained through the two-day health coaching training programme provide a practical approach to having more personalised and empowering conversations with people around what really matters to them, supporting them to take control of their health by becoming more active participants in their health and care. Delivering on this supports activation, improves the quality of peoples' interactions with the health and care system and ultimately their quality of life.

We believe health coaching is having a meaningful impact on the lives of the people we serve as well as that of practitioners. We hope this independent evaluation will demonstrate this and contribute to the growing evidence base supporting health coaching.

*Trudi Dunn, Zoe Noble & Nina Finlay*

The Health Coaching Team

West Suffolk NHS Foundation Trust



# Methodology

## Objectives of this research

The aim of this project has been to deliver an independent evaluation of the health coaching training for professionals, provided by a team at West Suffolk NHS Foundation Trust. Specifically, the project has aimed to:

- Understand whether professionals who have received the training feel equipped with the skills, knowledge and tools to effectively deliver health coaching;
- Gather people's reflections on how use of the approach has had an impact on their professional practice;
- Identify where improvements can be made to the programme, and what support professionals say they required to adopt a health coaching approach;
- To gather qualitative experience data from people who have received health coaching in Suffolk.

This project has not sought to provide a clinical assessment of the effectiveness of health coaching in delivering health outcomes for patients. Furthermore, the evidence from a qualitative study is not sufficient to draw generalisable conclusions about the impact of health coaching as an approach.

## Initial plan and design

Healthwatch Suffolk has a commitment to co-production in the design and delivery of its work and projects. The starting point for this project was therefore to gather insights from both professionals and patients about how we could begin to evaluate the impact of health coaching training in Suffolk.

The co-production of the project was conducted through two workshops, which brought patients and professionals together to collaborate on what they would like to see from the evaluation. They discussed the key methods, tools, survey and interview questions and the best ways to contact professionals and patients.

Based on feedback from the co-production workshops, the key methods chosen were:

1. To gather qualitative data through face-to-face and online focus groups for professionals.
2. To invite patients who have received health coaching in Suffolk to participate in qualitative case studies. Contact would be facilitated through professionals delivering services.

3. To invite both professionals and patients to complete a short survey with the aim of gathering data from those who may not have time to participate in qualitative focus groups or case studies. The surveys were also intended to gather quantitative experience data to support the findings of the focus groups and case studies.

For the purposes of analysis, the data extracted from each of these methods has been combined into a series of core themes outlined in the results section.

Healthwatch Suffolk has adapted the methodology throughout the evaluation to drive engagement with the diverse range of professionals who have received the training. Furthermore, as a qualitative project, the use of the focus group guide for professionals has been adapted over the course of the project, in order to target emerging themes.

## Communication and development

Communication about the opportunity to take part in the evaluation was primarily handled by the health coaching team at WSFT. This was a key dependency within the project because Healthwatch Suffolk did not have ready access to health, care or VCFSE professionals that are known to have received health coaching training.

The WSFT team sent the links to the surveys and the focus groups regularly to the mailing list of professionals who have received training. This communication also included an ask to pass the patient's survey on to people who had received support using health coaching.

Healthwatch Suffolk was dependent on secondary contact through professionals to ensure that the feedback came from patients who had received care using a health coaching approach. Often, people will not be aware that their care or support has been influenced by health coaching, and the term is not commonly known outside of health and social care professional networks. Therefore, it was determined that the launch of a survey direct to the public would not be useful to the evaluation.

The data collection took place across a seven-month period between August 2022 and February 2023. Despite best efforts by the health coaching team, the response rate to the evaluation was initially low. Particularly, no professionals signed up for the opportunity to take part in the two face-to-face focus groups scheduled for October and November 2022. Three professionals participated in an online focus group in mid-November.

In response to the low take-up in the face-to-face focus groups, the methodology was adapted in December 2022. This included the following options for participation in the research:

- Professionals were invited to participate in individual interviews. Seven in-depth interviews were conducted with professionals using the focus group conversation guide.
- The health coaching team at WSFT organised two face-to-face engagement events for Healthwatch Suffolk to attend.

These events did not provide the same depth of data as a focus group. However, they offered a chance to talk informally to physiotherapists, occupational therapists, speech and language therapists, and ICU staff, using a health coaching approach, and to distribute the professionals survey. The informal engagement feedback was analysed separately from the main survey, interview, and focus group data. A summary can be found on page 40.

- Two VCSFE services, and one allied health organisation, were offered the opportunity for Healthwatch Suffolk to host a dedicated face-to-face focus group for their staff team on site, or online in existing meetings.

The patient survey similarly received no take up initially. In response, the health coaching team promoted the patient survey to their own patients. This is acknowledged in the summary of patient feedback. This may reflect the difficulty in asking professionals to give time both to participate in the evaluation, as well as promoting the patient survey.

All of the data resulting from the above methods, except the case study, was coded using a qualitative theming approach. This involved reading the interview transcripts and survey responses and highlighting common themes across the methods in participants responses.



# **What people told us**

# Results

The results section summarises data from:

- Forty-eight responses to the survey from professionals with experience of delivering health coaching in Suffolk, including two responses recorded by a member of the Healthwatch Suffolk team in a video call.
- Eleven responses to the survey for local patients.
- Twenty professionals with experience of delivering health coaching in Suffolk engaged across nine focus groups and individual interviews.
- Eleven professionals spoken to at two in-person engagement events on site at the West Suffolk NHS Foundation Trust.
- One patient case study.

The results section is divided into three main parts, each of which addresses a specific aim of the evaluation.

1. Part one (from page 12) describes the outcomes and impact of the training for people and professionals. This includes changes to how professionals apply their knowledge and skills. It also explores how health coaching training has affected professionals' mindset, and the impact of using the approach with people they support.
2. Part two (from page 25) focuses on the practical application of the training by professionals; namely the factors that influence their use of the approach and barriers people have experienced when seeking to bring the approach into their professional practice or clinical care.
3. Part three (from page 37) details professionals' thoughts on how they could be better supported to use the approach in Suffolk.

The impact on a patient's experience (as observed by professionals implementing the approach) can be found across all parts of this report. However, the specific findings from the patient surveys and case study can be found on page 12 and 21 respectively.

The data from all methods has been collated, analysed and attributed to a number of core themes outlined within each part of the results section. Individual case highlights from specific methods (e.g., surveys or interviews), and quotations from participants, are also featured.

The findings from interviews and focus groups with professionals have benefited from the inclusion of participants representing a diverse range of roles and sectors. This has included Voluntary Community Faith and Social Enterprise organisations (VCFSE), primary care, allied health professionals (e.g., Physiotherapists and Occupational Therapists), and professionals working within West Suffolk NHS Foundation Trust.



# Summary of benefits

**Professionals reflected on a number of key benefits of using a health coaching approach, as well as positive outcomes resulting from the training. Key benefits that professionals reported to providing a health coaching approach are as follows:**

## **Mindset, knowledge and skills development**

- Health coaching training has helped professionals to understand the perspective of those they support, and to guide people through the process of making their own decisions.
- Professionals were able to reflect upon, and recall, the values and principles of health coaching in enabling the people they support to self-manage their health or care.
- Whilst identifying patient activation and adapting the principles of the training to their role was a challenge for some, it was clear that professionals had put thought and time into how to apply health coaching in their role.

## **Self-efficacy and empowerment**

- Empowering people to identify solutions that fit their individual needs was a common benefit discussed by professionals.
- Rather than simply attempting to resolve people's issues, the training was helping professionals to reconsider how they 'empower' people to identify solutions that fit their individual needs.
- Often, professionals had made adaptations in how they approached people's care and support, as a result of the training, to guide people through the process of making their own decisions.

## **Building rapport, and improved communication with people and patients**

- Many participants had changed their approach to communication after completing health coaching training. Professionals often reflected on their use of conversational techniques and skills, such as using open questions and active listening.
- Professionals said that health coaching had enabled them to build better rapport, and to establish a different power dynamic with the people they had supported.

## **Delivering holistic care**

- Professionals often highlighted how health coaching training had inspired them to think more holistically about the needs of the people they supported. Professionals using health coaching have developed an increased awareness and capacity to address the wider social, emotional and environmental factors that impact on people's health and wellbeing.

# Summary of challenges

**Overall, while a health coaching approach has benefits, there are also challenges associated with its application in some situations. Key challenges that professionals reported to providing a health coaching approach are as follows:**

## **Activation and adaptation**

- Identifying activation and when to apply health coaching techniques can be challenging.
- Balancing directive and non-directive approaches to care and support delivery based on people's readiness to take responsibility for their health.
- Managing expectations, roles, and changing the clinical mindset can be difficult.

## **Time, capacity and setting**

- Time and capacity are limiting factors for many professionals to apply a health coaching approach.
- Limited time in appointments or follow-up sessions, difficulty fitting coaching conversations alongside other deliverables, and time needed to build relationships with people seeking support are some of the challenges linked to this theme.

## **Adaptations and sector**

- The application of health coaching varies by job role and sector. This is often related to time and capacity.
- There could be a greater need to be directive depending on people's circumstances and needs, for example in acute or inpatient care.
- Professionals often need to adapt the principles of the approach to their own particular service delivery, and the people they support.

## **Using the tools and techniques**

- Professionals have adapted key messages and values from the training as a part of their overall implementation of the approach. This makes the practical impact and overall levels of use of the techniques in training difficult to evaluate, as the impact for professionals is highly subjective.
- Using formal techniques can be challenging for some professionals, as they may feel that they do not naturally mix with the requirements of their role and assessments.
- Lack of regular use of specific models and techniques can lead to skill fade, and make it difficult for people to implement the approach within their role due to loss of confidence.



## Part one – Outcomes and impact



*“Really positive and confident - very clear about what I need to do to improve my health issues, but also willing to adapt [their] approach and suggestions to work with me. [They are] an excellent listener and I always enjoy the time I spend with [them]. This really helps to motivate me to carry on doing the exercises.” (Patient)*



### Highlights from the patient survey

A survey was available for people to complete if they had received support from professionals trained in a health coaching approach. Reaching people known to have received care from trained professionals was a key challenge for the research, because people are unlikely to recognise that their care has been informed by the approach unless they have received training themselves.

Eleven people responded to the survey. All 11 of these experiences related to Physiotherapy at West Suffolk Hospital and were patients of the team providing the health coaching training. All had received appointments in the last year.

All of the patients strongly agreed:

- That they felt involved in their treatment and care
- That their input was valued
- That they felt confident they could voice their opinions and concerns
- That they felt more confident about looking after their own health, after their appointment
- That the professional they saw helped them to set realistic aims.

Patients were asked to describe more about their experience. All of these comments were extremely positive about the quality of care people had received, and the approach of the professionals involved. While the quotes did not directly refer to health coaching, many of the experiences reflected the values and expected impacts of the approach, including:

- Listening to and making patients feel involved in their care
- Providing support and encouragement, helping to build confidence and empowering the patient to manage their own health.
- Helping patients to set realistic goals that reflect their needs.

## Examples of comments from patients included:

*“Since having a transfemoral amputation of my right leg... The service offered to me has consistently been empowering. I was made aware at the start, through an information leaflet, that I was ultimately responsible for my own recovery. At the same time I have had the privilege of consistently expert advice, realistic goal setting, motivational skills, kindness and encouragement which has been inspiring. From being in a rather wretched state six months on I am well on the road to recovery beginning to be able to walk again currently with sticks.”*

*“Physiotherapy at West Suffolk Physiotherapy Department has been fully inclusive. They have involved me and explained to me all decisions suggested and made about my care. A very professional approach to my care and rehabilitation. I was very apprehensive about my rehabilitation but with all the care and help I feel very positive and with their skills and encouragement, I hope to achieve a result. A shining light for West Suffolk Hospital.”*

*“My appointments were amazing. [They] spoke to me about my goals and what I wanted to achieve and helped me create a routine to work. [They] had fun exercises to build my strength and was always there to help and guide me with questions.”*

*“I was in a bad car accident five years ago and have been having physio since, my right leg was badly damaged and I now have a metal plate in my right femur and pins in the knee. Physio has helped me enormously, given me confidence and encouragement throughout. I do exercise each day, (most days) and have regular assessments, monthly.”*

*“[They] listened to my update of how my injury was progressing and asked relevant questions to establish where to go next. I felt that since my last appointment the injury had hit a brick wall and was not improving. After assessment [they were] able to reassure me that there had been a slight improvement and then was able to put me through some different exercises to strengthen the injury. At all times she was mindful of my pain limit and would adjust to suit. An agreed plan was then put in place for exercises for the next few weeks with a contingency for if they became too painful.”*

*“I have seen [name removed] for an array of Physiotherapy needs and [they are] always willing to discuss different treatment plans and work I can do to prevent further injury. I learnt so much from [them and their] bedside manner is superb.”*

*“Very welcoming and interactive. Practitioner actively encouraged me to talk and explain the issues. On repeat appointments progress acknowledged and suggestions given for meds and lots of encouragement made me feel positive.”*

*“My experience was nothing but perfect, I was made to feel welcome and felt at ease with my treatment and surroundings. I was encouraged to do my best and everything was clearly explained. It was a pleasure to work with [them] and I am now doing well and more than I expected. Could never thank [them] enough, my life has been improved enormously.”*

## Mindset, knowledge and skills development

Professionals were generally very positive about the impact health coaching had on their mindset, knowledge and skills. This was one of the most considered topics of discussion in the focus groups and interviews.

Professionals reflected that health coaching training had helped them to understand the perspective of those they had supported. It had enabled them to guide people through the process of making their own decisions. Rather than simply attempting to resolve people's issues, the training was helping professionals to reconsider how they 'empower' people to identify solutions that fit their individual needs. Often, professionals had made adaptations in how they approached people's care and support, having reassessed their own practice following the training.

These comments are a positive acknowledgment of how the training has enabled professionals to reflect on their own values, and to bring the key principles of health coaching into their own professional practice.

Examples of these quotes included:

*'I think since the health coaching I look at every home visit I do with different eyes, and I only see empowerment now. I don't see myself going in to fix a problem, solve a problem, I go in now with a view of I want the person that's feeling unsupported or, you know, doesn't have control of the situation. I want to be able to give that power back to them.'* **(VCFSE Professional)**

*'I think I thought I applied it, cause my training is obviously the clinical reasoning, the assessment, that sort of stuff, and I thought I was very much 'the patient was at the centre of what I do, and they lead what I do.'* But when I actually did the health coaching, I was like, 'Oh, actually, I could actually do better at this.'  
**(Occupational Therapist)**

*'Yeah, so definitely the health coaching just helps to stop what I was initially going to do, and then just go back and have a think about it, and then put the onus back onto the patient as well. And it's not necessarily what I think's the right thing to do, it's what the patient would like to do.'* **(Occupational Therapist)**

## Self-efficacy and empowerment



**“They came up with the solution and they themselves were specialists in knowing why something wasn't going right. They just needed that support to get to that point.” (VCFSE Professional)**



Empowerment was consistently identified as the most common benefit of the approach when encouraging people to self-manage their health and care.

Professionals across seven of the nine interviews and focus groups directly stated that they felt people were more likely to commit to sustained health or lifestyle changes because of support they had provided using a health coaching approach.

Examples of comments about empowering patients to self-manage their health and care included:

*‘They took control of their health a lot more and they managed it better by doing that rather than just leaving them to their own devices. So the health coaching has showed me that you need to work with patients on the same strategy that I learned and that is by going through the different problems with [their] health so [they] can manage them, and if [they’ve] got a problem, [they] can come back... But it's giving them the empowerment of their health. And I think that's really important.’ (Healthcare Professional - Primary Care)*

*‘I think the easier option is to give them a power chair. It's quicker, you can work up a prescription, you can just hand it out, but I think then... I'm not really enabling that person...I suppose, delay[ing] the time that they then go into a powered wheelchair, because once they're in that powered wheelchair, to then go back to doing some walking is very difficult because they've got used to that way of doing it, so. And I've been really honest with my patients and said, ‘Oh, let's look at A, B, and C. The power chair's still there, it's an option, but let's look at different things first,’ and they've seemed to agree with that and we have a nice therapeutic working relationship’. (Occupational Therapist)*

## Case highlight: VCFSE professional



*“With one couple... the family carer was becoming more and more distraught. And the whole family had the view that health [services] were not helping [the person they cared for] to resolve [their] health issues... So I said right, OK, let's call the doctor in to explain. Get them to explain what's going on... and the reasons why and see if there's a medical reason, etcetera... At the end of all of that, [they] needed to be taking a supplement... and [them] going home and developing delirium was because [they] weren't taking [their] supplements...”*

*“I went away with the family and I said ‘let's dig down deep into why you're not taking these’. The family all discussed with them between them what was wrong, and I said to them all, ‘how can you do things differently?... So they came up with the fact that [they] didn't like water, but [they] did like milk. At the end of it, there was a plan that they were going to try something different... that gave them more positive feeling about leaving the hospital...”*

*“Six months later, I bumped into [the couple] in a hospital corridor and it was like looking at a completely different couple. It worked.... [they] didn't come into hospital again. [They] were able to take [their] supplements every day. [They] understood why [they] needed to take them all every day. [The family carer] literally was two inches taller, feeling much, much better about a caring role and not on [their] knees. And that was lovely to see.*

*“So they came up with the solution and they themselves were specialists in knowing why something wasn't going right. They just needed that support to get to that point.”*



Further examples of supporting patients to self-manage their health and care are included throughout this report. See case study examples on page 21 and 24.

Although there was overwhelmingly positive feedback about the efficacy of health coaching in promoting patient empowerment and self-management skills, professionals' accounts often relied on more general experiences rather than specific cases demonstrating sustained lifestyle or health changes. It is important to note that qualitative research cannot provide a generalisable evidence for the clinical outcomes of health coaching interventions, and that this was not an intended ambition for this research.

However, it was clear that professionals were able to reflect upon, and recall, the values and principles of health coaching in enabling the people they support to self-manage their health or care. It is possible to infer that professionals have internalised the aims, values, and potential benefits of the approach from their training, and that this has not been lost from their knowledge since their training was completed.

Examples of more general comments about self-management and empowerment included:

*'So for me, I mean if it's a plan they're on board with, hopefully, they're going to stick to it and it's going to work for them and so the outcome should be better... You do see that change maintained for longer. The main benefits... I mean hopefully, they feel more listened to and that they've got a plan which is truly tailored around their needs.'* **(Specialist Nurse)**

*'I think as a therapist that's really difficult cause I always want to be the one that solves the problems. But that accountability and them taking responsibility as well I think works really well, cause then they own it, and then they feel a sense of achievement and pride in that they're taking back, and it's not just a therapy process happening to them.'* **(Occupational Therapist)**

*'If somebody feels they're in control, then they're the ones making this decision, whether it be about stopping smoking or... losing weight or rebuilding a broken relationship. You know, if they feel and they're making those decisions themselves, then they are much more likely A) to do it in the first place, and B) to stick at it. So therefore, it means we, as the practitioner have a kind of a greater success, right?'* **(Senior Manager - Local Authority)**

*'It's about them being able to empower themselves to be able to do it. Then you realise, at the end of it, they're more likely to stick to whatever goals they want to put in... more than you saying 'you need to do this'.'* **(VCFSE Professional)**

## Highlights from the survey for professionals

Thirty-one of 46 (67%) professionals who responded to the qualitative questions in the survey positively reflected the values of health coaching or said that it had changed their mindset, knowledge and skills.

Like those in the interviews, professionals who responded to the survey had taken on and internalised the values of health coaching approach. There were broadly positive references to the impact this had on their practice, and on the outcomes for those they support. These comments generally supported the notion that health coaching had meant professionals could shift the emphasis away from a professional driven interaction to empowering individuals to take responsibility and ownership for their own health and care.

Examples of these comments included:

*'The switch to a person-centred focus is very powerful. By asking 'What matters to you?' instead of 'What's the matter with you?' immediately puts the person at the heart of determining a way forward and in helping them to clarify what matters most to them. The person is then far more likely to take ownership and responsibility for actions and thinking which I find almost always results in greater sustainability and motivation.'* **(Senior Manager - Local Authority)**



*'Interactions are usually less directive, allowing patients and families to come up with goals, solutions and plans. The impact on the therapeutic relationship has been to establish responsibility for managing health on the individual, with a partnership response to supporting them to self-manage.'* **(Occupational Therapist)**

*'It has greatly improved my ability to assess clients, as well as to discover information about them that I previously would not have been able to get. This information means that I would be able to more effectively programme for them based on their experience and needs.'* **(Referral Instructor, VCFSE)**

*'I am now aware of different techniques that are available and can now adapt how I interact with patients/relatives. This results in a more positive encounter with the patients/relatives which is also more satisfactory for me.'* **(Other, NHS)**

*'Using HC approach keeps me interested in individuals rather than approaching everybody the same. Even if I have patients with similar needs, I'm reminded that everyone is different and may come up with their own individual ideas and solutions.'* **(Social Prescriber)**



## Improved communication with people and patients



***“The health coaching training has really helped me to improve my skill and to work on my ‘listen to you’ ability, to take people to the right direction.”  
(Occupational Therapist)***



It was clear that many participants had changed their approach to communication after completing health coaching training.

Professionals often reflected on their use of conversational techniques and skills, such as using open questions and active listening. Some of these examples were extremely subtle, but they were noted as effective by those who had implemented them. This included approaches such as asking ‘what else...?’ instead of ‘anything else...?’ to prompt people for more information.

These techniques were often spoken about in a way that suggested professionals considered them to be a different application of the health coaching approach, compared to more formalised techniques (such as TGROW). This is discussed further in the ‘Application and implementation’ section (page 25).

Examples of comments about how health coaching training had supported professionals to embed different communication styles and techniques with those they supported included:

*‘Kind of change saying, ‘so how can I help you today?’. I’ve gone to ‘so what brings you in today?’ just trying to get it away from the focus of me solving their issues. It’s what’s the issue, and then kind of going from there, or ‘so I understand you got those things going on, what would you like to discuss today?’ to make it more patient-specific compared to ‘so I’m going to fix you’ kind of mentality.’  
**(Physiotherapist)***

*‘So, I guess it’s using like a lot more open questions. Truly listening to what their responses are and picking up on things that they’re saying, and perhaps asking ‘what do you mean by that?’, ‘where are we going to go with that?’ ... sort of drilling deeper into those responses to try and get them to pull out what their goals might be and how they can achieve it.’ **(Specialist Nurse)***

*‘Well, the chance for them to talk, that was probably the biggest thing I gathered from that and just bite your tongue. Have more of a chance to let people explore their beliefs and their approaches to how they’re managing their issues. Very hard for me at least.’ **(Physiotherapist)***

*'I think what the health coaching training does is then help equip our guys with some sort of tools if you like to, to kind of always draw back to... even simply how maybe we are posing a question, or even maybe... reflecting on ensuring it isn't coming across as a question, but you know, maybe we're trying to keep it as an open conversation, not closed answers.'* **(Senior Manager – VCFSE)**

## Highlights from the survey for professionals

Fourteen (30%) of the 46 professionals who gave free-text feedback in the survey explicitly stated that they felt using a health coaching approach could help the people they support to self-manage their condition, health or care. They reflected that, when using a health coaching approach, people were more likely to commit to sustained health and lifestyle changes.

*'Using this approach takes pressure off the clinician to come up with all the answers and then be left wondering if the patient has properly engaged with the process. health coaching leads to mutual understanding and a certain collaboration of ideas leading to formulating treatment options that the patient can own and invest time in to get best therapeutic outcome.'* **(Physiotherapist)**

*'More likely to have good outcomes if they are engaged - seeing an SLT is not going to cure your problems - what you get in you get out - idea a professional will wave a magic wand but actually it's about what you have to challenge'* **(Speech and Language Therapist)**

*'Goal setting, having something to aim for helps an individual to support a healthy lifestyle; it maximises their performance and aids learning. As HCPs we have an innate desire to solve everything ourselves and not encourage the individual to help themselves. It's such a valuable approach to health care.'* **(Nurse Specialist, Primary Care)**

## Patient Case Study

Anne had her leg amputated a few months prior to being interviewed. The surgery had saved her life. As a result of her amputation, she was referred to the West Suffolk Hospital's physiotherapy department. Being quite active before her surgery, Anne wanted things to return to how they had been. When asked whether the Physiotherapy team worked with her to understand what was important to her, she replied:

*"Yes, definitely. I'm never going to be wanting to be doing extreme sports or anything of that sort, but we used to walk and do lots of country walking and I'd like to be able to get back to doing all the things in the house that I used to do. There's a sort of frustration about not being able to do things as quickly as I used to, but nevertheless, the feeling that it was possible to get back and do more, just steady sort of progressions and things. But I definitely think that they tailor their care of me to what I wanted to achieve as well... very much questioning you on what you wanted to achieve and that was, you know, not having false expectations, but being realistic, but being positive at the same time."*

Having this in mind, from the beginning, Anne knew she wanted a prosthetic leg instead of a wheelchair. She praised the team at WSFT because the professionals had *"picked up what our lives had been like before, and perhaps the determination that I felt that I didn't want to be confined to a wheelchair... We've got to know each other, and we've worked together very closely."*

Anne needed a wheelchair immediately after her surgery, but had now progressed to be able to walk independently with two sticks. The next goal was to be able to walk with a single stick, which Anne felt was achievable soon. In her opinion, the approach taken by the team had helped her to consider her goals and ambitions. For example, by asking how much she relied on their wheelchair at home, the physiotherapy team would prompt her to think about how much she used it. She could then change her behaviours from this feedback. Anne said she felt that she had seen progression each week, and that she felt motivated to practise between sessions. In part, this was because she *'didn't want to let the team down'*.

Anne said that, in the sessions, she was asked what she would like to work on. For example, when she identified that she wanted to learn about techniques for going up an incline, around corners or getting in and out of the car. She described the examples she was given as *'immensely helpful'*. Overall, Anne was very satisfied with her experience. She didn't feel that she could suggest any improvements for the team.

*'I think it's a bit about simple humanity, I think, but you know, they were a team of professionals with expertise to offer, but, that there's been a relationship, I suppose. That's what I would say, that gradually we've got to know each other... but this being about sort of approaching you as a human being with needs and, you know, hope and fears and all the rest of it. I mean, I don't think I would have necessarily expected that, and I think that's been tremendous really.'*

## Building rapport



*“I’m a bit luckier because I get to see my patients for an hour. And you know, once they start going there’s no stopping them. You get to learn so much about what’s going on in their lives.” (Physiotherapist)*



Professionals said that health coaching had enabled them to build better rapport, and to establish a different power dynamic with the people they had supported. Some had found the active listening and relationship skills useful in their personal lives, and also in supervision meetings at work. This alludes to wider benefits of the approach outside of its application within health and care settings.

*‘And hopefully, I’m not that scary nurse in a uniform because I’ve created that more open relationship with them. And I have noticed that in the ones that I’ve used that approach with, there is more communication, and it feels more level, that power dynamic feels different.’ (Specialist Nurse)*

*‘The more positive initial conversations we’re having is just improving that kind of relationship and rapport that the guys have... that’s the feedback we’ve had from the team.’ (Senior Manager - VCFSE)*

*‘And I think maybe that’s where that dynamic shifts a bit, and that relationship forms because you’re getting to know someone on that different level. Maybe that’s when that starts to change a little bit and they genuinely believe you’re interested and have good intentions.’ (Specialist Nurse)*

### Quote highlight: VCFSE professional – Hospital setting



*“My go to saying with all of these things when I’ve got one like that, I say to them: ‘Right, listen, we’ve got an elephant. How do we eat this elephant?’ And they go ‘well... you can’t!’. And you say ‘yes you can, we’ll do it one bite at a time’. And that’s it.*

*“It’s about breaking it down into the little pieces that you can manage because if you look at the whole of it, it’s just so overwhelming and just so big that you go... ‘Can’t deal with that’. But if you take a little bit: ‘Let’s do that first. How are you going to do that, then that?’ And then it all just suddenly crumbles away, and it becomes such a less of a monster than it started out to be.’*



## Delivering holistic care

Professionals often highlighted how health coaching training had inspired them to think more holistically about the needs of the people they supported.

- Through engaging in more extensive conversations with those they support, professionals have developed an increased awareness and capacity to address wider social and health needs. Examples included helping people to manage stress, mental health, family life, drug and alcohol use, the increased cost of living and health deprivation.
- Two said that health coaching was particularly useful for their interactions with patients living with a long-term condition.
- Some gave direct examples of where the support they had given using a health coaching approach had prevented a health and social care need, or reduced people's reliance on a service.

These comments were particularly prominent in interviews with professionals working in primary care, and VCFSE organisations.

Examples of these comments included:


*'Sometimes it's more holistic and other factors are going on, stress, family life and the rest of it, and I'd say we're all pretty good at exploring it, but I think with the health coaching it gives us more tools in the box to try and explore it a bit better.'*  
**(Physiotherapist)**

*'Predominantly with us, it's long-term pain issues that we're finding I need to take this health coaching approach with, a lot more than a standard wheelchair provision. It's the long-term pains, functional neurological disorders, and some mental health issues as well, I'm finding I'm using the health coaching techniques a lot in there.'* **(Occupational Therapist)**

*'Trying to also be mindful of the client and where they might be. It's really helped our guys go back to understanding all of the challenges and mechanics that might sit behind people's quite complex ways that they present... It isn't just the simple condition itself that we're looking to sort of support or that actually might be further down the line and there's other stuff that we would maybe want to support them with first.'* **(Senior Manager - VCFSE)**


## Case highlight (Holistic care): Primary care professional

One professional working in primary care was inspired by the health coaching training to improve their practice's approach to prescribing medication. They formed a team to look at patients' social and health needs holistically, and drew in professionals from other sectors, such as social work. They gave a powerful example of the impact this had for one patient:

 *"To cut a very long story short, we had this one patient that came in. They were on 12 different medications from antidepressants to massive painkillers.... They were on far too many medications. So, we sat them down, we gave them the patient form which they take away with them and we spoke about why they were so depressed. [They weren't] speaking to their family, they had no money, they were living in poverty and taking street drugs... as well as their medications. So, we spoke to them about how we could try and change things. How could we help them from a social side of things?"*

*"Housing was the first one, so we contacted the housing department, sent them a letter and saying, 'is there any way you can look at this patient's accommodation?', they live in a quite rough area, they're not sleeping, and they're relying on medications to help them sleep. We then looked at their medications and the pharmacist tried to look at other alternatives or reducing what they need on a step-down basis. This is over six months... We found a charity that would clear their debts, we invited their family in, we got a social worker involved..."*

*"This patient is now on one medication. They're talking to their family. They're in accommodation that they like, and they are now [getting a job] again and they have a cat. So, you know this worked, but this was through the health coaching which made me look at 'why are people the way they are, why are they unwell, why are we giving medications when they don't need it?' We actually sent them for an X-ray for their back, which is why they were on pain relief and there was no injury... So the trial was successful up to 45% of the patients we were able to bring down, but it was looking at all aspects of their life so... That's how I was inspired by the course."*





## Part two – Application and implementation

### Activation and adaptation



**“It can be challenging when patients are less ready to engage - but even then, the approach comes into use, in recognising when someone is not ready.” (Occupational Therapist)**



Working to identify people's levels of activation, and adapting their approach was the second most frequently mentioned theme for professionals across the focus groups and interviews. Discussing how to identify patient activation, and when it was appropriate to apply health coaching techniques made up 14% of the conversation with professionals. It was mentioned in seven of nine interviews and focus groups.

Most reflected that there was a need to balance directive and non-directive (e.g., health coaching) approaches to care delivery, depending on people's circumstances and how ready they felt to take responsibility for their health. For example, professionals often needed to apply directive approaches within acute settings where professional knowledge can take a precedence over flexibility in how people achieve their own outcomes (e.g., to preserve life, to protect people from harm and to ensure people leave the setting with the right knowledge about how to care for their condition etc).

Examples of these type of comments included:

*'It's hard to get the balance right... [If] something happens that makes them go back a step, it's about then trying to get back saying, well, actually, maybe I can be directive now and maybe I'll do this bit if you can carry on doing that bit and then hopefully you meet in the middle somewhere and carry on with the health coaching that way. It is difficult sometimes, especially in the hospital role.'* **(VCFSE Professional)**

*'And, yeah, so time and confidence, and if it's appropriate with the patient at that moment in time. Because sometimes we have patients who arrive here and they've come on transport, they've been picked up really early, they didn't have time for breakfast and they're feeling hungry, they've had quite a busy journey to get here, and that's not the time and the place to then start having those discussions with them. So, I think it's thinking about when an appropriate time is. I think if I'm doing a home assessment, that tends to be when the health coaching is better because I'm in their environment, they feel comfortable, and I've gone onto their territory if you like... So, time, confidence, and if it's appropriate, I think.'* **(Occupational Therapist)**



*'A real-life situation is completely different. Yeah, when you're in someone's house... sometimes you do, you feel quite vulnerable, you know you're on phone, you're in someone else's house.... but they could be angry or upset. And then you go in and say should we do some health coaching? Am I going to put myself in that situation to possibly anger them?' (Assistant Practitioner)*

## Highlights – Patient Activation Measure in focus

**The Patient Activation Measure (PAM) 'is a 100-point scale which records the extent to which an individual feels able to manage their health, taking into account their knowledge, skills, and confidence. Based on the score, patients are grouped into one of four 'levels of activation'.' (IES 2018). Patient activation can be described as 'an individual's knowledge, skill, and confidence for managing their health and health care' (IES 2018; Hibbard et al 2013).**

The team of health coaching trainers at WSFT provide PAM training with the aim to 'enable coaches to tailor their approach to someone's activation level and motivate patients to become more active in managing their own care' (IES, 2018). In the interviews and focus groups, three out of twenty professionals discussed their use of PAM.

The first had used PAM in a primary care setting to assess patients' confidence, and to influence their coaching. They were positive about how the PAM score empowered patients. They also felt that patients were more likely to attend their appointments if their care was approached using a PAM and health coaching method.

*'And I can tell you that there have been patients on this surgery that, they haven't engaged for years with the system, and after we send the PAM out, we have the letters from them, and we're starting to speak to them and focus on what matters to them, and they starting come to the surgery, not missing any appointments. On one way you give them that, you empower them to build up, then, confidence, they understand how important it is to attend that meeting, that appointment.'* **(Health and Wellbeing Coach - Primary Care)**

One senior manager of a VCFSE organisation described their experience of using the PAM score as a part of their referral criteria. They noted the positive impact that this had on their assessments and that the PAM had provided a better experience for people by clarifying questions around things that mattered to them.

*'The questions previously were very repetitive and... from a client's point of view, wasn't particularly clear why you were continually asking these questions. So, it again wasn't a great client/ practitioner experience.... the [PAM] questions themselves evoke a better client practitioner conversation... they felt that's it's a real change in their initial assessment experience'* **(Senior Manager - VCFSE)**

This same professional also expressed that the PAM score had supported their staff to embrace a more holistic approach with clients. This included being able to assess other needs as well as having a focus on the specific issue they had been referred for.

*'And then also the fourth benefit I guess would be actually, from them, whatever the outcome might be... we have some other tools in our toolbox, if you like... so it kind of gives us a bit of a more rounded offer you know, it's not just about checking off their long term health condition, their medications, getting them into that physical activity class...'* **(Senior Manager - VCFSE)**

Another professional from a VCFSE organisation considered the positive impact they had been able to achieve using the PAM score with the people they had supported. They offered an example of how they had helped a carer to focus on their own goals to improve their health using both PAM and a health coaching approach.

*'That was where I could use the PAM training and say to them, 'right, listen, you know, let's put your dad's picture out of the way a minute. Let's concentrate on yours... What can you do there?' And it was a case of 'yeah, well, I'm going to join Weight Watchers, and I'm going to do this, and I'm going to do that' ... when we sat down and spoke about it and they said, 'well, actually, I know what I need to do and I need to lose some weight, I need to do some exercise. I need to take some time out for me.' And it was like, 'bang, there you go'.* **(VCFSE Professional)**

## Highlights from the survey for professionals

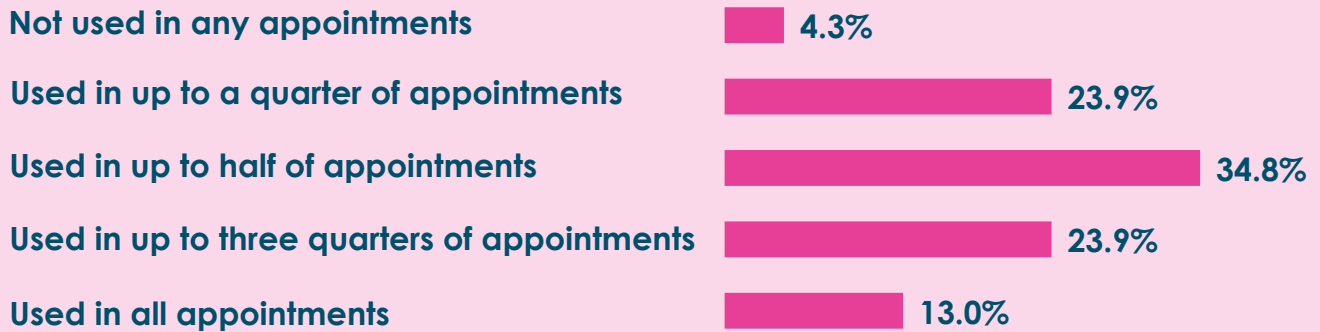
Of professionals who left qualitative feedback in the survey, 15% (7 of 46) said that identifying levels of patient activation and managing expectations could be a challenge for applying the approach. Some of these comments reflected on the need to adapt the approach to meet people's needs. Examples of these comments included:

*'Challenges: Sometimes some patients still want to be told what to do and resist health coaching conversations. Some people prefer to be passive recipients of health care for a variety of personal reasons'* **(Physiotherapist)**

*'I have taken a health promotion focus and utilised skills learned to encourage active participation from the patient and to empower the patient to take control of their own health. Challenges faced are adapting to patients who lack the tools to feel they can be in control of their own health journey and require active ongoing encouragement and education to engage with this approach.'* **(Occupational Therapist)**

*'It can be challenging when patients are less ready to engage-but even then, the approach comes into use, in recognising when someone is not ready.'* **(Occupational Therapist)**

71.7% of professionals who responded to the survey said they used health coaching in **up to** half of their appointments (71.7%).



## Time and capacity



*“It’s just finding the time. I was just looking at my diary then, and four or five visits tomorrow and I know one of them is particularly difficult. Can I do health coaching with her? Well, no, because the visit’s half past three in the afternoon and it’s out in Elmswell, and then I’ve got to get back to Ipswich”.* (Occupational Therapist)



Broadly, most participants identified time as being a limiting factor for them to be able to apply a health coaching approach. Time and capacity were common challenges highlighted by professionals when considering application of the health coaching approach.

This single factor is likely to limit the extent to which many professionals can truly bring about the positive impacts and outcomes people have identified as being associated with health coaching. Including:

- The limited time available in appointments for some health professionals, or the limited number of follow up sessions that they might see a person for.
- Fitting a coaching conversation alongside the care, support and other deliverables that professionals need to provide in their interaction with people.
- The time that is needed to be able to build up a relationship with a person seeking support.

Examples of comments about time and capacity to implement the approach included:

*'One of the biggest challenges is it takes longer. It takes time... I do know, having spoken to others in the health and social care system that some of them have really enjoyed and valued the health coaching.... Their biggest problem has been... I'm given like 10 minutes in the house and then I've got to be out. So, I think that to me has been the biggest challenge of all... if you know if you're a professional who's only being given, you know 10 - 15 minute slot. That's really hard. It's really hard to get into that kind of depth.'* **(Senior Manager - Local Authority)**

*'Then the other thing I would say is the time that you know it works at its best when it is used in the scenario where you have the time to build up a relationship with the person.'* **(Senior Manager - Local Authority)**

*'Being in a consultation, where I think probably one of the biggest variables at the moment is time constraints and respectfully we have... You know we're quite directive in our roles and what we want to achieve in those times. A lot of this is in terms of reflecting as a very non-directive approach to try and help manage them. So again, it was taking the snippets that I know I'm comfortable to use because again, it's not just the conversation to them, its back and forth, so I have to be happy to use it if they're going to be the ones to receiving it... if I'm struggling, then realistically I'm going OK this is a plan either to address in a service that may have that time, or I try and find available time if possible.'* **(Physiotherapist)**

*'It's just having the time to be in a clinic and go, 'right, I'm going to do health coaching now,' because you don't know you need to do it until you're in it, and you think, 'oh, health coaching would be so brilliant now, but I've literally got ten minutes left of this appointment.' But sometimes we can then have that discussion with them another time. So, it is fantastic – if I could just magic up another hour with each patient every day'* **(Occupational Therapist)**

## Highlights from the survey for professionals

Of the professionals who left a comment in the survey, 26% (12 of 46) said that they felt that time and capacity was a key barrier in being able to apply a health coaching approach.

Some of these comments reflected challenges with the time available in individual appointments. Others reflected that they would like a longer-term relationship with the people they support to be able to use the approach.

These comments were often short, for example 'What else could help me use a health coaching approach?' with 'Time'. Examples of comments about time and capacity included:

*'More time available in appointments as it can take time to utilise this approach.'* **(Speech and Language Therapist)**

*'Perhaps more time with clients as we are a short term service.'* **(Manager, VCFSE)**

*'Time can be a challenge when there are many people to be seen, though brief intervention works well then.'* **(Health and Wellbeing Practitioner, VCFSE)**

One professional suggested they could benefit from 'quick' health coaching methods that were adapted specifically for implementation within a hospital setting:

*'In the right circumstances I find I am able to adopt a health coaching approach to patient conversations but realistically in an acute NHS setting it is difficult to fully carry out the techniques learnt on the course... Advice on quick methods which can be used in an acute setting.'* **(Physiotherapist)**

## Adaptations and sector



***“You could be with the person from as soon as they come to admission, or it might be on their way out on discharge. So you have to adapt when and where you use the health coaching with that person at the appropriate time.” (VCFSE Professional)***



It was clear, across the groups and interviews, that the application of health coaching also varied by job role and sector. This was often related to people's time and capacity, and distinctions were often drawn between the application of health coaching in the hospital, and other settings.

Some participants assumed that professionals who worked outside of hospital or acute environments had more time to use the approach, but this was not always reflected in the feedback from other professionals. For example, outpatient physiotherapists often also felt they had challenges with applying health coaching in the time they had available with patients. It should be noted that the training content provides quick techniques, as well as encouraging professionals to adapt the training to their role.

In addition to challenges with time and capacity, professionals also reflected that there could be a greater need to be directive depending on people's circumstances and needs. This might include the urgency of treatment, the type of care that needs to be delivered, or the emotional and social needs of the person receiving care. For example, one professional described how the hospital environment can influence the extent to which health coaching principles and values can be brought into their interactions with patients.

Professionals reflected that inpatients required a more directive approach to care delivery (e.g., because of the nature of their stay in hospital, or their condition), whilst health coaching principles could more easily be introduced into interactions with outpatients, where there has been longer-term contact with patient:

*'I must admit it's harder in inpatients than I thought it would be. Because we have to be quite directive sometimes in the information, we're giving... Sometimes you just need to tell them, this is the insulin you're going on, this is what you need to do, and this is how you do it. And that doesn't necessarily fit completely with the health coaching principles... I see some patients as an outpatient... and I find it a lot easier to implement there, because then we're looking at more of a long-term plan, shared goals, shared decision-making, and you can use the tools a lot more freely, you don't have that time pressure.'* **(Specialist Nurse)**

One VCFSE professional working in a hospital offered an example of how they had adapted health coaching to be appropriate to the needs of people receiving their care:

*'I think sometimes within an acute setting, especially within a hospital setting, it's really depending on what's happening.... if it's end of life or that person is just coming with a stroke... You will use it, but it's when you use it. It's like the first meeting, you probably won't... You sit there and you just let them go, you know... so you have to adapt when and where you use the health coaching with that person at the appropriate time.'* **(VCFSE Professional)**

VCFSE professionals tended to view their use of health coaching as different from that of health and care professionals. Generally, VCFSE professionals reflected that they felt a greater need to adapt the principles of approach to their own particular service delivery, and the people they supported.

Examples of these comments included:

*'That's the thing about meeting clients where they are... You know we're different in a way... coaching is meant to sometimes challenge, isn't it? Yeah, now there are some people that I would never use that challenge thing with at the moment... It would just be seen as confrontation, and yet another example of somebody in the big wide world just being really horrible to me... Their topics are, 'I haven't got enough money to buy myself food'. OK, I can't do coaching with you at that point, because if there's even an edge of challenge, that's going to put again barriers up, and that's not appropriate... It needs to be stressed that this sort of thing is not going to work for someone who's mentally ill right now and who's really struggling.'* **(VCFSE Professional)**

*'I think we use it subconsciously. You know the questions, 'what could you do?', 'what do you think would work better?'. But as I say, sometimes when they're in that crisis situation, we do have to... it's that directive or non-directive approach, isn't it? And sometimes we perhaps have to... use it slightly differently?'* **(VCFSE Professional)**




*'I think the acknowledgement that knowing, you're not always going to be able to fix it. You're not always going to be able to give them tools. There are sometimes when all you're going to be is a shoulder to cry on. Sometimes that's enough.'*  
**(VCFSE Professional)**


## Case highlights (Supporting decision-making in different environments)

Two interviews highlighted examples of how health coaching had been used to support patients to make decisions about their care based on their own goals, values, abilities, and desires.

The first professional described using a health coaching session with a patient who needed a new wheelchair. The professional took the time to understand the patient's needs and discussed the advantages and disadvantages of different options, leading to a more positive interaction and outcome for the patient.

 *'So, when this person then came into clinic to see me – and we were working them up for a new wheelchair... we then sat down: 'What do you want from the chair?' 'what's important in the chair?', 'how does it affect your life?' So, I could really dig deeper into those issues, and at the end the person actually said to me, 'thank you for taking the time. I don't just feel like a disabled person.*

*'And, for me, that was health coaching at its best. We had the time, I wasn't rushed because I didn't have another patient sitting out waiting because we'd been given the time, we needed to have a talk, and it was just lovely. It wasn't health coaching in the sense of getting them to problem-solve so much, but we were very much talking about what their chair means to them, what they need it to do. That struck a chord with me... we handed a chair over yesterday, actually, and they were absolutely thrilled with it. Yeah, it worked well.'* **(Occupational Therapist)**



The second professional discussed the use of insulin pumps for patients with type one diabetes. They reflected on how the decision about which pump to use depends on the patient's individual needs and lifestyle:

*'The patients who I tend to work with have type one diabetes rather than type two diabetes... they're looking at moving on to a pump so they have a cannula and that they change that every sort of two to three days then it's either attached to a physical pump that they programme or it's Bluetooth to a device... there's a choice of loads of different ones... all with sort of different functions and they all suit different people, so that's when it kind of comes into play is when you're starting to have those conversations...'*

*'Let's say someone is really into swimming, and they swim daily. If they want a pump with a tube, they're going have to take that off every single time they get*

in a pool. Whereas if you went for a pump which is like a pod which you wear, you can swim with it on, and they're waterproof... If they have a really active job, do they really want to be tethered to a tube all day, or is it going to get caught and be ripped out all the time?...

'We have people on pumps that are in their 70s and 80s... is it most suitable for them to be on the most up-to-date fancy all singing all dancing equipment, which might really be too much for them to handle as a piece of kit? Or should we go for something simpler which will do the job and they'll understand and feel a lot more comfortable with?... It's sort of looking at all of those things.' **(Specialist Nurse)**

## Use of formal techniques



*“I guess I'm a bit more aware of some of the techniques, but I wouldn't say I'm very structured about how I use those things”*  
**(Physiotherapist)**



As highlighted above, professionals tended to reflect that they had taken key messages from the training and adapted them as part of their overall implementation of the approach.

These professionals had clearly embraced the values and principles of the health coaching approach, but they did not feel that they were able to bring all of the tools and techniques from the training into their day-to-day clinical practice, or interactions with people seeking their support.

A handful of professionals mentioned the TGROW (Topic, Goal, Reality, Options, Wrap up) (see [TPCHealth 2022](#) for more information) model, however, this was often to say that they did not use this approach, or that this was the only specific model they remembered from the training. This is reflected in the example quotes below.

Some felt that formal health coaching techniques did not naturally mix with the requirements of their role and assessments. Others felt lack of regular use of the models had led to skill fade over time, and this meant they had lost confidence in their ability to bring those techniques into their care or support delivery. They had simply not been able to retain detailed knowledge about how to implement the approach within their role.

Examples of comments about using specific techniques included:

*'I take little parts of it that just go into my assessment quite naturally, but I wouldn't say I do the techniques overtly.'* **(Physiotherapist)**

*'I think it's difficult to implement the whole thing, but you can implement parts of it... It's just trying to work out, given the time you have, what is the most important part?... So, I don't use the TGROW model... But in parts of that, I hope I've got a few kind of better questions to help me work out what the topic is.'* **(Physiotherapist)**

*'Don't feel bad for not using every single aspect of it because... it won't work. Unless you are health coaching 24/7 and that's the only part of the role that you're doing you're not going to be able to, you know, deliver the service that you need to... so yeah, you make it comfortable for you, make it specific for you... There are six or seven different models and methods of health coaching, and TGROW is probably the only name that I could tell you from the different methods and models so. Yeah, just take the bits that work for you and don't feel guilty that you've forgotten the rest.'* **(Assistant Practitioner)**

Some interviewees felt that using the more structured techniques they had been taught in their course could be uncomfortable, or they had not found ways to bring those techniques into their daily practice. Others acknowledged that they could use more structured techniques by asking the person if they were happy to receive health coaching. Professionals felt this context setting about the approach might be needed to support people to understand why they were following a particular type of measure or tool.

Examples of these comments included:

*'There's some other like tools that they sort of went through on the course where you... sort of get them to grade themselves on scales and things and then you work around that and if you start asking them to do that without explaining, they'll just be completely baffled. So, then you need to sort of kind of, say, like look... this is what I want to try... are you up for it and see what the response is really?'* **(Specialist Nurse)**

*'I haven't had the confidence yet to just say 'right, I'm going to do some health coaching with you' rather than do a normal assessment. I would put some elements into my spiel of whatever, and I would use some of the techniques but I haven't openly said to someone 'I'm going to do some health coaching with you'. I don't know why. I just haven't done that yet.'* **(Assistant Practitioner)**

*'I found some of the techniques.... didn't really sit well with me, to be honest with you... the ones we have to keep repeating the same question over and over again. I found the more general initial part of the training when it's about the listening skills and that type of thing.... more beneficial, but when it got into the more complex techniques, I found that I haven't really used them so much.'* **(VCFSE Professional)**

## Roles and expectations



*“ They've potentially already got set expectations of “you're going to fix me”, which is quite a common held thing. I think patients coming in here, for us to then kind of flip it back on them and almost be kind of interviewing them... they might not necessarily be willing.” (*



Six of the nine interviews and focus groups reflected that people's expectations about the role of a professional could be a challenge. This included that, often, people expect a professional to resolve their issues for them. Some said that people were not expecting to be asked what they thought about their health and care, and others felt there was a minority of patients that they would be unable to influence regardless of the approach they used.

Examples of these comments included:

*‘I think from our service a lot of the time they're wanting us to make the change and they're not quite sure what their goal is apart from being pain-free... Sometimes they're not sure what they need to do to implement that, or if they do know they're not always very willing to kind of divulge... a lot of the time it's having time to properly explore their views about that type of change that they may or may not want to implement in.’ (Physiotherapist)*

*‘I think for me the hardest bit... it's the ones where you start with all good intentions to empower and to help them find a solution, but it's the individuals who don't want you to help them... I find them the trickiest. And it's working out... is there a point that I do say to them. ‘Well, I'll do that for you’.’ (VCFSE Professional)*

*‘If we have some [and] they're not ready, just accept they're not ready and just cut your losses at that point, don't force it... Leave it. I said what I need to say. I've kind of suggested what you could do. [I've] said you can come back when you're ready to. Leave it there, just not waste time trying to force something that just isn't going to be received.’ (Physiotherapist)*

On a personal level, some professionals reflected that applying a health coaching approach had been a difficult shift for them because it challenged their desire to provide people with solutions, to be seen as expert in their field and conflicts with how they may have received clinical, or medical, training previously under more traditional medical models of care delivery. Some mentioned that they had needed to overcome their desire to resolve or ‘fix’ people's issues.

Examples of these comments included:

*'Well, I've not found it easy so I can't say that it's been natural. I don't think it fits with like 'As OTs, we very much want to empower the patient to be able to make a decision... We were finding that a lot of patients were coming to the clinic, and they were just expecting us to tell them, and I think as a therapist we always want to have the answers, we want to be able to say, 'Yes, we can fix this problem'.'*  
**(Occupational Therapist)**

*'It's not how we're trained necessarily in like that medical model? Our approach, it challenges that quite a lot. Yeah, and I think maybe it's that shift which is difficult. But I do enjoy it as well.... when you do manage to do it and it feels a lot more satisfying...'* **(Specialist Nurse)**

*'I had a prompt sheet that if I went in there and felt myself taking over and fixing, I'd look down and think 'ah, no, stop, go back' and it took a little while. I would say it took about six months for it before it was embedded and became a natural thing because as you say, it is, it's within you to nurture and make everything better, and take everything on, and 'I'll do that for you', and 'You don't worry, I've got it'. It's so difficult to give that mentality up and stand back and say right, OK. What can you do? But yeah, I had a prompt.'* **(VCFSE Professional)**

*'I would say that be patient because it is different, it does take a while to get used to that way of working, so don't beat yourself up if you do a couple of times [and] start trying to jump to conclusions and jump to the solution.'* **(Health and Wellbeing Coach - Primary Care)**

## Quote highlight: Specialist Nurse



*'I think you truly need to be open and have an open mind towards it... And not an agenda to what you're trying to achieve with it, because I think you can kind of half-heartedly do it, but still kind of know what you want to get out of it, and it doesn't really work.'*

*'So yeah, being truly open and listening to what what's sort of what's coming out of those conversations and yeah, be prepared that it's not going to be easy... Because it sounds wonderful, and I think you come away from the training thinking.... Yeah, I'm going to do this with everybody and it's going to make a massive difference. But actually, in reality, the challenges are that it's really hard to do.'*



## Part three – Supporting a health coaching approach

### Shared learning post training delivery



*“Yeah, someone who's experienced in health coaching and who knows the challenges of it, and has had experience with, patient activation... Because it's great talking about things, isn't it? But applying it to actual patients and actual people, no one fits in a box, do they? And it's there's always those caveats that sometimes you just wanna go...’ What do I do in this situation?”*



Professionals were asked what could help them to make greater use of a health coaching approach.

Professionals in six of the nine focus groups and interviews suggested some ways of sharing information, experiences, and learning across professionals to support implementation of health coaching delivery in Suffolk. Their suggestions for improvement included:

- Identifying new opportunities to network and share learning with other professionals using health coaching. This included opportunities to shadow other professionals when practically delivering health coaching, or access to mentoring post training.
- Improved supervision post training to embed health coaching approaches and values. This included ensuring leaders within services were prepared to support staff that have been trained, and to offer guidance and support.
- More information sharing from the health coaching training team. For example, this included leaflets or emails with information, guidance and advice.

Examples of these comments included:

*‘I think reflection is very important, and as well, supervision. And as well to talk with your colleagues about your cases, I think that helps as well... You need that reflection between patients, because everyone is different and you are different as well, you know?... In all kinds of jobs, I think supervision would help, just to reflect on what you do.’ **(Specialist Nurse)***

*‘Sometimes it just feels like you need sort of mentoring through it a little bit... sometimes you just want to talk through the challenges of it a bit with a clinic... and yeah, come up with some techniques. OK, if that happens again, like if the patient*



really isn't up for it, how do we approach that? Do we just abandon it and go back to what we did before? Or how can we have a conversation to change that?... Applying it to actual patients and actual people, no one fits in a box, do they?' **(Specialist Nurse)**

'I guess seeing someone do it, but with a patient. Because it's all well and good doing it in front of someone who's on the course, who's engaged as you are in that training... But I have never seen anyone use health coaching in our role... I've never been out with someone or a therapist or whatever and watched them use health coaching on a patient. It's always been other Health Coaches coaching on each other.' **(Assistant Practitioner)**

One senior manager reflected on their experience of a project where their team used shared learning groups. However, another senior manager commented that staff would likely not always have time to be able to network with others in this way.

'One of the ways of doing that I would advocate is that those shared learning groups. I think they've been invaluable... there have been times when I thought this might be the right time to use a particular tool or technique, but I've kind of lacked the confidence to do it, but I've been able to kind of play it out through that group and explain to them well, this is the situation, this is, you know, that's what we're trying to do... and that has always worked because there's always somebody there that can relate to that and say, 'well, I did that and this happened' or 'yeah, I've done that several times and that's happened'.' **(Senior Manager - Local Authority)**

## Refresher training



**"Yeah, I think a refresher will be good, maybe. And, yeah, we can't fix the problem of the patient, but we can talk about it a bit." (Specialist Nurse)**



Wanting access to 'refresher training' sessions was also discussed in five interviews and focus groups. However, discussion about this was more limited than discussion about information sharing, having access to examples of health coaching implementation, and ongoing supportive supervision.

Examples of comments about refresher training included:

*'I think if you're not using it, I then lose my confidence with it. And the refresher day was absolutely brill, that just really inspired me again and I'll probably do another one if there's another one going because it just brings it to the forefront of your*

mind again and you're like, 'Oh, yeah, okay, right, I want to move forward with that.' ... I lose that confidence in what I've then learnt maybe only a few weeks prior, and then if I have a refresher, that's really good to go on again.'

**(Occupational Therapist)**

'Well, it would be great to have a refresher if I was honest because I think some of the training then was then and mine was quite a few years ago... I think that would be great to have a refresher just to go through it. And it was a, you know, it's great to see other clinics of all walks of life. You know, we had receptionists and everything, so it is quite a social thing. It's quite an enjoyable thing as well.'

**(Healthcare Professional - Primary Care)**

## Highlights from the survey for professionals (Refresher training)

Of the professionals who left a comment in the survey, 17 (37%) of 46 said either they wanted refresher training, email updates or resources, or that they had found refresher training and email updates they had received useful.

Examples of these comments included:

*'A refresher course would be amazing! Every time I talk/think about it, it spurs me on to utilise more and more.'* **(Social Prescriber)**

*'The follow-up e mails have been really helpful. Where other training can fade over time, the reminders and refreshers help to keep health coaching at the fore of the mind.'* **(Occupational Therapist)**

*'Refresher training will ensure it remains at the forefront of our minds when support individuals who are struggling with life changing situations. However, the more we use it the more it will become common practice.'* **(Nurse Specialist, Primary Care)**

## Tailored content

Two groups suggested that they would have preferred course content to be tailored more specifically to their professional role. For example, this included tailoring the course with examples of Musculoskeletal content, or how the approach could be implemented with people living with Autism or Aspergers:

*'I guess it might be helpful if they did maybe MSK examples with the lifestyle approach? Maybe it might be helpful as an example?'* **(Physiotherapist)**

*'Actually, that could be something that could be developed is like if we work with someone with neurodiversity... how does this apply? Does it need to change in any way? Is there anything we can do that's going to be autism-friendly, Asperger friendly or whatever that looks like for the people we're working with... Just like any*

*other training, it is tailored towards people who are neurotypical, so it all changes, I mean, if you sit down with work with a young person who's got ADHD, and we're telling them to stay in this focused, structured way of us doing it, that's not going to happen. We've got we want to move with them and be led by them. So, I think that would be a good add-on extra.'* **(VCFSE Professional)**

Whilst tailored content was welcomed by some, a number of professionals across the groups also took value from the integrated approach they had experienced on their course. They felt there had been specific value in having a mix of different professionals attending their course because it brought diverse experiences and perspectives to the training they might not have appreciated otherwise.

Examples of these comments included:

*'I am really, really pleased. It's one of those courses I am so very glad that I went on... It's so valuable from the minute we walked into the minute we left on that second day. For me, it helped me because I did it with physios and occupational therapists and other health staff. It really opened my eyes and I do think that is the only way to do this course I feel is with other colleagues from different professions who are related to your role, because you learn so much from them in the way that they have to interact with their patients or clientele or whatever they learn.'* **(VCFSE Professional)**

*'I love the way that when I've, when we've gone into the training, the wide variety of representations that you... You may have a GP, but you know you've also got other voluntary organisations taking part, a nurse or whoever, and it's and it's really a great experience for a couple of days.'* **(Senior Manager – VCFSE)**

## Highlights from face-to-face engagement events

In addition to the focus groups and interviews, Healthwatch Suffolk hosted two engagement sessions for staff at WSFT to talk about their use of the health coaching approach. Many of the professionals we spoke to also took or completed a copy of the survey. However, the main themes from the conversations are presented below alongside the feedback from the interviews and survey.

- Overall, the engagement sessions reflected other findings that using a health coaching approach has potential benefits, but there are also challenges associated with its application in some situations.
- Multiple professionals reflected that health coaching helped patients make healthy choices and empower them to take responsibility for their health, according to participants.
- Using a coaching approach, one professional said that their patients were better able to understand their clinical needs and make informed choices about their care, especially in chronic disease cases associated with lifestyle changes like smoking and diabetes.

- Two separate professionals also gave examples of how health coaching can help to enable patients who might otherwise be resistant to change.
  - One gave an example of a person who'd had a fall and while not wearing their pendant alarm, resulting in a long wait for help. They felt that asking "what do you think would have been different if you had worn the alarm?" helped the person to understand and change their behaviour to be more accepting of wearing the alarm.
  - Another noted that in community hospital, families or carers often want relatives to stay in hospital as it may be a better environment than at home and they are safe. Patients may also be resistant to discharge. They felt using a health coaching approach works and had changed these conversations, by asking "what can you do"?
- Two professionals reported having difficulty applying health coaching in an inpatient setting, where there is often a pressure to discharge patients as soon as possible. They felt that health coaching may be more effective in outpatient settings, such as rehab classes or speech therapy. In an inpatient setting, time constraints and the need to be directive can make applying a health coaching approach challenging.
- One professional said that they recognized that the application of health coaching can be impacted by the background and needs of the patient. They gave the example that people who had suffered a stroke, were living with dementia or other issues, may not be able to understand clearly the conversation needed for health coaching. They also discussed personality and social factors, giving the example of someone who used street drugs in the community. The person wanted to improve their condition, but they were not willing to engage in doing therapy or using assistive technology to be able to engage in their care.



# Key learning

# Recommendations

The following recommendations have been generated from what participants have highlighted as both challenges and opportunities for the further development of the health coaching approach in Suffolk.

## 1. Ongoing support for skills

**Support professionals to retain their skills and knowledge post training.**

- Professionals highlighted that they did not always feel able to and retain their health coaching knowledge and skills without consistently implementing health coaching as a part of their practice.
- Continue to offer refresher training and ensure that these are communicated effectively.
- Find ways to encourage trained staff to connect within services and teams. This may help people to find opportunities to reflect with others on how they have been able to adapt their care delivery using the health coaching approach.
- Consider opportunities for establishing both formal and informal peer to peer learning networks across the Trust, or within integrated care systems.

## 2. Line management and reflective practice

**Engage with services and leaders to embed health coaching in line management and reflective practice for health and care teams.**

- A small number of professionals suggested that there could be support for their use of health coaching from their supervisors and line manager. The training team could consider engaging with services to develop methods for leaders to support staff to effectively deploy the approach.
- Similarly, a small number said that health coaching did not always fit with the existing structures and tools that they worked with. This included the clinical records and notes that they were required to complete. Embedding the approach could move health coaching from being an “optional extra” to a part of daily practice.



### 3. Training content and real-world experiences

**Explore adaptations to training, and follow-up communication, that can support people to overcome some of the key challenges identified in this research.**

- This might include finding ways to highlight clear real-life examples within the training of how others have adapted the approach to overcome common challenges. Where possible, these examples could relate to the roles of those attending the training sessions.
- A particular challenge for many professionals was identifying when to use a health coaching approach, and to what extent. For some professionals, the approach was a more natural fit with their current working practice, whilst others found it harder to relate the training to their role. Some professionals struggled with confidence about using the techniques from the training.

### 4. Communication about refresher training

**Ensure improved communication about the existing offer of refresher training.**

- Many professionals highlighted that they would value the opportunity to complete refresher training. Some said they had not received information about the offer.
- Awareness of the refresher training could be increased by ensuring people receive regular communication about the offer after their training. Repeated contact across a range of contact methods (e.g., by email, online and in staff newsletters) will be necessary for people to note the training offer and to be inspired to sign-up.

### 5. Gather evidence to support the approach

**Continue to gather feedback from professionals and the people who they support.**

Healthwatch Suffolk would always advocate that services continue to listen and gather feedback from people on an ongoing basis to support reflective learning.

- It is not possible to generalise the qualitative findings from this evaluation to clinical outcomes. However, professionals reflected that health coaching had facilitated a better experience of personalised care for the people who they support.
- WSFT could consider how the programme could contribute to the clinical evidence for health coaching. This could include participating in research such as a randomised control trial of patient outcomes and sustained behaviour change over the long term.
- There was anecdotal evidence to suggest that using a health coaching approach can save money for health and care services through supporting mutually beneficial behaviour change (see case study example on page 23 for an example around medicines optimisation). Future research and

evaluation could review long-term outcomes and potential cost savings resulting from using a health coaching approach.

- Many of the stories captured from both people and professionals as part of the evaluation were extremely powerful. These examples, and others, could be highlighted within integrated care systems to evidence the impact of the approach, as well as used as real-life examples of health coaching in practice for the purposes of training delivery.
- There are other ways to capture and share stories not explored as a part of this research, but that may help people to connect the training with their real-world experiences (for example, the use of video to capture stories). Healthwatch Suffolk can contact individuals that have participated in this research to explore such opportunities, but this would require additional resources not previously costed into the research.

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