The implementation of a behavioural coach within primary care

INTRODUCTION

The challenges to providing adequate clinical care within primary care can be difficult. There is a shortage of GPs, and geographical and other factors contribute to difficulties attracting other clinicians. Alongside this comes an increasingly older population with complex comorbidities. It has been estimated that detrimental health behaviour is associated with 60% of deaths.[1] Therefore, it is vital to encourage patients, who ultimately have the greatest influence over their health, to do more. Despite this, the training of health professionals in behaviour change is frequently limited at best. Perhaps it is time for a rethink?

STEP FORWARD HEALTH COACHING

Health coaching (HC) is an intervention that may be effective in improving people's health behaviours.[2] The evidence base is growing, with a search of the National Institute for Health and Care Excellence's resources revealing over 1340 references.[3] HC has been defined as *'... helping patients gain the knowledge, skills, tools and confidence to become active participants in their care.'*[4] In practice, it is a structured conversation focusing on the patient's own priorities. The clinician controls the structure of the conversation, while encouraging the patient to provide the content. This is frequently as challenging for the clinician as it is the patient, because we are largely trained to provide solutions. When successful, however, the power of the HC approach is that the patient identifies their own solutions. The role of the clinician then becomes one of supporting the individual to implement and sustain these changes.

East Coast Community Healthcare CIC is a staff-owned social enterprise delivering commissioned services on behalf of the NHS.[5] We have embraced HC and trained more than 450 of our staff as well as nearly 100 from partner organisations. We believe that our experience managing primary care practices in areas with severe social and economic hardship is worth sharing.

We identified one practice that had particular challenges with regards staffing levels and the complex needs of its patients. A decision was made to support this practice differently, and the role of the behavioural coach was developed. The vision was for a clinician primarily focusing on collaborative approaches (that is, HC), to engage, educate, and influence patients towards healthy behaviours and lifestyle choices. Thus, HC around smoking cessation, weight management, and exercise promotion were key areas of activity. It was made explicit that the successful candidate for this post would be competent in the use of HC principles.

RESULTS

The post was operational by early 2016, and we conducted an evaluation covering a 12-month period commencing April 2016. This consisted of a retrospective review of the records of patients who had seen the behavioural coach for support with weight loss and hypertension management. These aspects were selected on the basis of both their significance and the availability of specific data. Additionally, Friends and Family Test (FFT) responses were collated, and semi-structured interviews were undertaken with patients, colleagues, and the postholder.

Our findings were extremely positive: where specific data were available, 100% of patients seen explicitly for weight management achieved some level of weight loss ($n = 96$, mean change in BMI −1.39 kg/m^2). Similarly, 100% of patients seen regarding their hypertension demonstrated some reduction in blood pressure ($n = 110$, mean change −14.92 mmHg). Both the post and the coaching approach were approved of and popular with patients and colleagues. The postholder herself was hugely enthusiastic about her role and the impact it was having.

We readily acknowledge that this evaluation had some weaknesses that potentially impact aspects of its validity, principally that clinical data collection was retrospective and confounding variables were therefore uncontrolled.

Despite this, the view locally is that this initiative has been hugely beneficial. As an organisation we continue to support our system partners in developing an HC approach to care, and we won the award for the best coaching and mentoring initiative at the CAKE (a coaching-focused organisation) People Development Awards 2018.

We believe that our patients and staff have gained significantly from our adoption of HC skills and principles, and strongly suggest that others consider doing the same.

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