



**Help & Care
Westbourne Medical Centre**

**Integrating self-management
support through co-located
coaches in primary care**

Phase 2 Evaluation

July 2017

*“Coaching bridged the gap of
talking about illness in a
medical way at the surgery to
more broadly in my life.”*

Contents

Section	Page
Executive Summary	2
1. Introduction	3
1.1 Data sets	3
2. Overall patient cohort analysis	4
2.1 Demographics	4
2.1.1. Patient Identified Conditions	4
2.1.2. Conditions formally diagnosed and recorded on medical records	6
2.1.3. Comparing patient identified and NHS coded conditions	6
2.2 Patient Activation	6
2.3 Cohort journey through the service	7
3. Outcome data	8
3.1 Demographics of those completing coaching	8
3.2 Patient Activation outcomes	9
3.3 Primary care utilization	9
4. Feedback from Patient Interviews	10
4.1 Conversations introducing coaching to patients	10
4.2 Integration to WMC from patient experience	11
4.3 Experience of coaching	13
4.4 Reflections of Co-Location	14
4.5 Reflections on Primary Care Use	15
4.6 Quantitative feedback	15
5. Feedback from GPs	16
6. People who don't complete coaching	17
6.1 Overall cohort analysis	17
6.2 Those who no longer needed support	17
6.3 Those who were signposted to other services	18
7. Recommendations and considerations	18

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Executive Summary

This evaluation builds on the first phase completed by Help & Care (H&C) in May 2017. This second report looks at the demographics and characteristics of people with health conditions who have been prescribed self-management coaching, the outcomes of the coaching in the context of them as individuals and for primary care systems.

It is important to note the limitations of the data in terms of quantity and the short duration of time it covers, but it gives insight into the impact and potential of co-located self-management coaching in a primary care setting. The timescales of this evaluation have been determined by the re-commissioning cycles.

- There have been 104 prescriptions for self-management coaching at WMC from March 2017 to mid-July 2017.
- Mental health conditions are endemic among this group of patients, with 67% self-identifying that they had a mental health condition, and medical records showing 75% of people had a coded mental health condition on their medical records. These were often long-standing conditions, with the average time since diagnosis of over 11 years.
- Patient Activation scores of individuals when they started coaching correlated to the frequency of their clinical appointments at the surgery, with people with lower levels of activation having almost double the number of appointments per month than people with higher levels of activation.
- People who completed the coaching sessions had an average of 4.9 sessions over 9.1 weeks. The change in their PAM score was 14.85 points taking the average from Level 1.43 to Level 2.72 (on a scale of 1-4). The HEIQ score increased 0.27 points from 2.23 to 2.51 (on a scale of 1-4). The small snapshot of data over a short period of time indicated an average 20% reduction in frequency of clinical appointments since coaching sessions started.
- Patient feedback in interviews was overwhelmingly positive about the opportunity to talk in a way that differed to counseling, in a non-stigmatising way, and the importance of having sessions in a building that they already felt familiar and comfortable in.

1. Introduction

There is a national and local policy and strategic context for supporting people with long-term health conditions to self-management and integrate this approach with healthcare services and local communities. This report covers the experience of establishing co-located self-management coaches in a primary care setting to support people with long-term health conditions, as one model to achieve more systematic self-management support. This pilot is a partnership between My Health My Way (MHMW) and Westbourne Medical Centre (WMC).

The aim of this pilot was to trial the integration of self-management support within a primary care setting, removing the 'middle-man' of referral hubs, to enable people with long-term conditions to experience seamless self-management support. This was informed by the challenges of generating and sustaining a sufficient quantity of appropriate referrals to the MHMW service when it was seen as a stand-alone discrete service within the local healthcare landscape.

This evaluation builds on the first phase completed by Help & Care (H&C) in May 2017. This second report looks at the demographics and characteristics of people with health conditions who have been prescribed self-management coaching, the outcomes of the coaching in the context of them as individuals and for primary care systems.

The timing of this report has been determined by the Clinical Commissioning Group (CCG) in order to feed into the re-commissioning cycle. This has meant that data sets used have been much smaller and cover a shorter timescale that would have been ideal.

It is acknowledged that the data for this evaluation has the following limitations:

- the small cohort of patients and completed data sets
- the potential seasonal variation in appointment frequency
- the short length of time passed since coaching started
- this has meant there isn't full statistical analysis of the data

While this data is not robust in its quantity, it is hoped that it gives an insight into the impact and potential that self-management coaching can have, and that the learning from this be shared to strengthen the re-commissioned model for support for people with health conditions across Dorset, Poole and Bournemouth.

1.1 Data Sets

There were four sources of data and information for this evaluation that cover the time period from the start of the pilot in early March 2017 to mid July 2017 when the data was downloaded for analysis:

	Quantity	Data
Help & Care CRM	91	Demographics, Patient Activation Measure (PAM) and Health Education Impact Questionnaire (HEIQ) scores, coaching status
WMC Medical Records	91 + 12 detailed records	Number of coaching sessions, number of clinical appointments in GP surgery, with further detail for 12 individuals on number of prescription medications and coded diagnosis
Patient Interviews	9	Qualitative feedback on experience of being prescribed self-management coaching and seeing coaches

The WMC and H&C data was downloaded from the respective systems in mid-July 2017 and then cross-correlated using NHS numbers as a common identifier, then anonymised for purposes of evaluation.

2. Overall Patient Cohort Analysis

Since the pilot started in March 2017, there have been 104 prescriptions for self-management coaching made at WMC. The following data looks at the overall cohort of people with health conditions who were prescribed coaching.

2.1 Prevalence of different health conditions

MHMW is a non-condition specific service, but there are strong patterns in the types of conditions people have who are prescribed the service WMC. The condition that an individual has is identified by themselves and recorded by H&C. WMC also record and code any formally diagnosed conditions on individuals 'patient medical record'.

2.1.1. Patient Identified Conditions

All patients that access coaching support have a health condition, and disclose this data through demographic monitoring forms. Many individuals choose to leave the demographic monitoring forms without their name, making them anonymous. Disclosures informally to coaches in conversations are not recorded.

From the H&C demographic data that wasn't anonymised, 46 patients identified that they had one or more health conditions:

- 67% of these individuals identified that they had a mental health condition
- 78% of these individuals identified at least two health conditions i.e. comorbidities (n=36)
- 78% of co-morbidities included at least one mental health condition (n=28)

Conditions were coded into the following categories for the evaluation: mental health; cardiovascular; MSK; neurological; endocrine; diabetes; auto-immune; cancer; and epilepsy. Where further detail was given and analysed, the endemic nature of depression and anxiety was clear, and is illustrated in the Wordle™ in Fig. 2.

Fig 1. Patient Identified Conditions

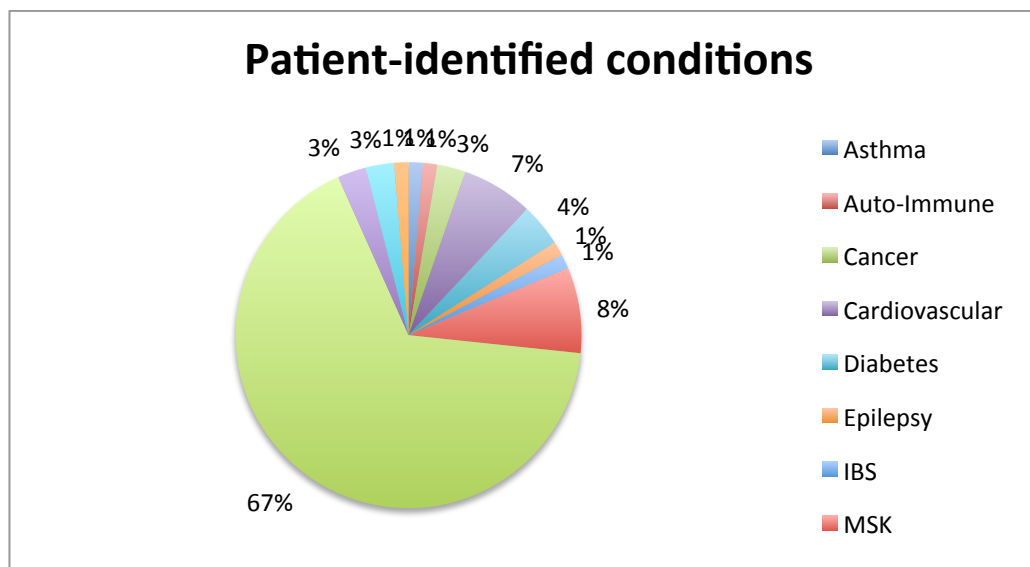
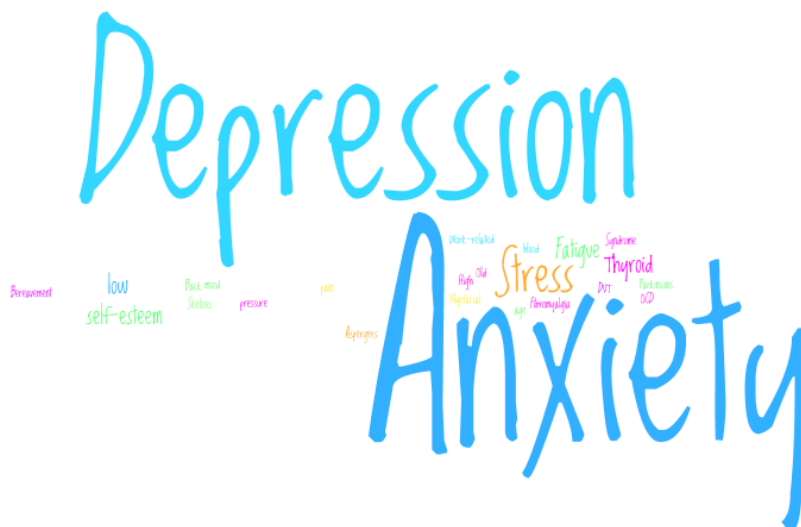


Fig 2. Wordle™ using detail of conditions identified by clients and recorded on CRM, where size of word correlated to frequency



2.1.2. Conditions formally diagnosed and recorded on medical records

The coded diagnoses on the medical records of 12 individuals were manually reported by WMC. These 12 individuals were chosen because they had completed the coaching intervention and a second PAM.

- A total of 51 conditions were coded for the 12 people
- There was an average of 4.3 conditions per person
- The range of conditions per person was from 0 – 9
- 31% of the 51 conditions coded were mental health conditions
- 75% of these 12 people had at least one mental health coded condition
- The average mean time since the diagnosis of the mental health conditions was 11.4 years (range = 34 – 0 years, mode = 8 years, median = 8 years)
- People had an average of 4.8 prescriptions, ranging from 0 – 15 prescriptions each across the 12 individuals

WMC data showed that 22% of people who had been prescribed coaching had registered with WMC in the last 6 months. It is not known if this because of relocating to the area or dissatisfaction with previous surgery.

2.1.3. Comparing patient identified and NHS coded conditions

There were complete data sets for 5 individuals where WMC and CRM condition data was available.

- 2 people had correlating data where the conditions the individual identified were also coded by WMC in their medical record
- 3 people had identified conditions that were not included in the medical record. These were IBS, back pain and two cases of anxiety.

2.2 Patient Activation

All individuals complete a PAM when they first see a self-management coach. For the background on the PAM, see the [Kings Fund paper \(2014\)](#). For 71 people, both their PAM score (from H&C) and primary care service usage (from WMC) was available.

The average number of appointments per month was calculated to include GP, nurse, HCA, physiotherapist, pharmacy and other clinical professionals from 1st November 2016 when WMC migrated to SystmOne to the date the individual first saw the coach.

Table 1. Patient Activation as related to average total appointments in primary care

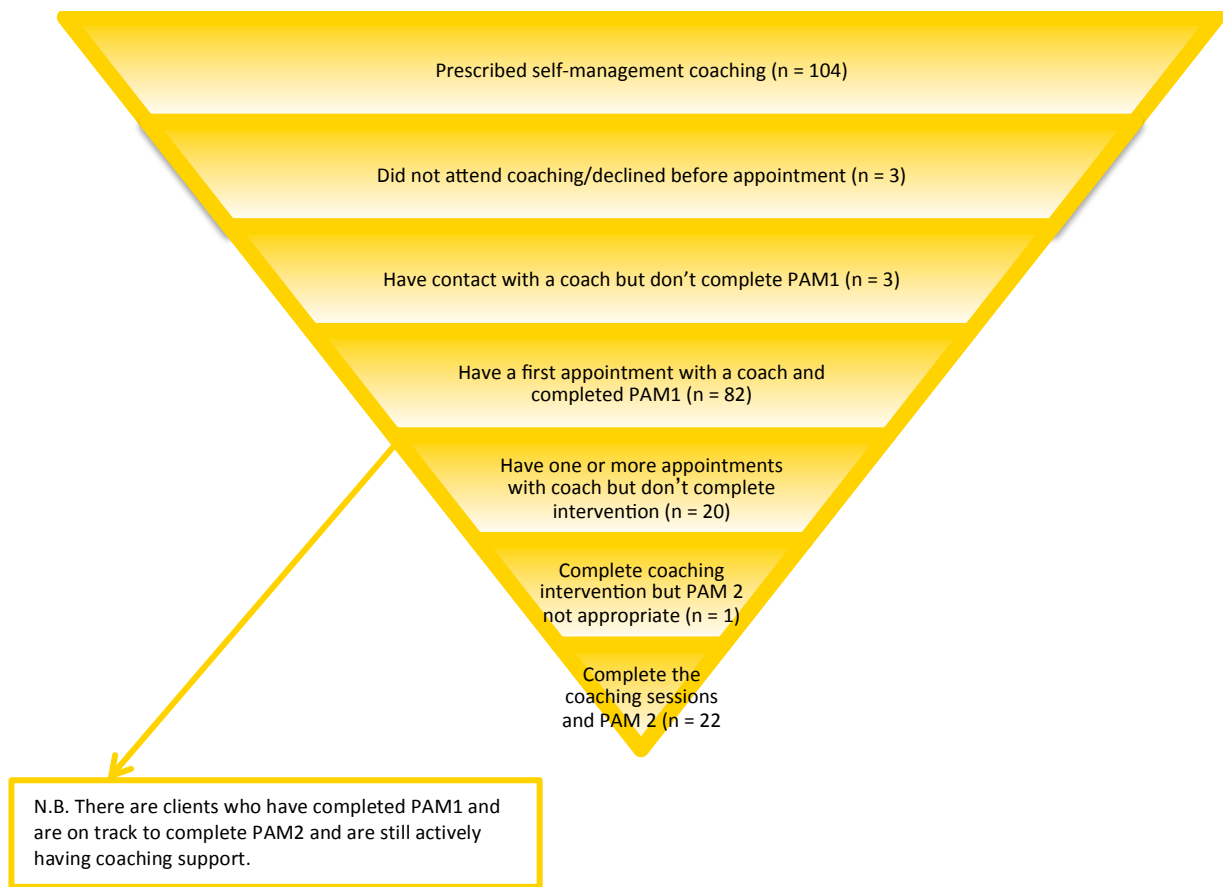
	Number of individuals at each level	Average total of clinical appointments at WMC per month (before seeing coach)
Level 1	33	1.06
Level 2	18	0.82
Level 3	18	0.74
Level 4	2	0.57
Overall	71	0.93

This table shows that the greater the level of activation of an individual, the less appointments per month they are likely to have in primary care. From Level 1 to Level 4, this is approximately a 50% reduction in utilization. This correlated with national and international understanding of patient activation and expectation that people with lower levels of activation are more likely to be using services more frequently.

2.3 Cohort Journey through coaching service

Any service expects some degree of narrowing from the full cohort of individuals initially reaching the service to those completing the intervention and outcome evaluation questionnaires. The figure below shows what this ‘funnel’ looks like for the MHMW cohort at WMC.

Fig 3. Funnel of people through the service points and relating drop-out



This shows that there is some ‘drop-out’ but that a significant proportion do engage in the service effectively or have some beneficial interaction with a health coach.

3. Outcome data for people completing coaching

22 people completed the coaching intervention and completed the PAM questionnaire from March 2017 to mid-July 2017.

- They had an average of 4.9 appointments with a coach
- These appointments spanned over an average of 9.1 weeks (time from date of PAM1 and PAM2)
- There was an average of 1.1 appointments that cancelled or not attended per person

3.1 Demographics of those who completed coaching

This data is from the CRM records.

- Average age of people completing coaching was 58.3 years
- 74% of people completing coaching were female
- Of those who identified their conditions (n=14), 35% had one condition, while the rest had two conditions
- The most common conditions identified by these individuals were mental health conditions (n=10)
- Other conditions identified by these individuals included: cardiovascular (n=2), diabetes (n=2), cancer (n=2), neurological (n=1), musculoskeletal (n=2) and IBS (n=1).

3.2 Patient Activation and HEIQ

There were 18 individuals for whom paired PAM1 and PAM2 data was available. There were 17 individuals for whom paired HEIQ1 and HEIQ2 data was available.

Table 2. Paired pre- and post- intervention PAM and HEIQ scores

	PAM Score (1 – 100)	PAM Level (1 – 4)	HEIQ Score (1 – 4)
Pre intervention	45.87	1.43	2.23
Post intervention	60.72	2.72	2.51
Change	+14.85 points	+1.29 level	+0.27

The average change for people at Level 1 was 14.33 points. The average change for people at Level 2 was 14.05 points.

This indicates that coaching is having an immediate impact on individuals’ levels of patient activation. The sustainability of this over time is not known.

3.3 Primary Care Utilization

This data is from 22 records where PAM2 was completed and WMC data available. The WMC data on appointment frequency takes into account appointments with GPs, nurses, health care assistants, pharmacists, physiotherapists, technicians and other clinical professionals the surgery. The number of appointments per month is taken from 1st November 2016 when WMC migrated to SystmOne to the first date the person saw the coach. The number of appointments per month after coaching started is taken from the first date of the coaching sessions to mid-July when the data was downloaded for analysis.

- There was an average of 0.97 appointments per month with clinical professionals before coaching started
- There was an average of 0.65 appointments per month with clinical professionals once coaching had started
- There had been an average of 2.8 months since coaching had started for these individuals
- There been on average 1 month since the PAM2 and coaching sessions had been completed.
- This snapshot of data indicates that there has been a **20.3% reduction in clinical appointments since coaching started**
- **16 patients saw reduction in number of appointments (average 52% decrease)**
- **5 patients saw increase in number of appointments (average 99% increase)**

4. Patient Interviews and Feedback

9 patient interviews were conducted over the phone in July 2017, to gather patient perspectives and experiences on several aspects of coaching: being prescribed coaching, the perceived integrations with WMC, the impact of the coaching conversation, and impact on their perceived use of primary care services.

In total, 21 patients were contacted for interviews. The 21 were selected by coaches for potentially being willing to take part in an interview having completed a sufficient number of coaching sessions.

4.1 Conversation introducing the coaches to patients

All patients interviewed felt the conversation to introduce the idea of coaching was very positive.

“I started to talk about my life problems and trauma... the GP was very understanding... I felt 100% supported by the GP, felt comfortable and that they understood the muddle I was in, but I wasn’t expecting [prescription/coaching]...”

“The GP felt it would be helpful so they arranged it all, it was really positive...”

“..At last, something is happening... first time I felt someone understood and believed me”

The most common theme people talked about was being offered the self-management coaching service after they had tried a range of other support specifically for mental health conditions:

“... the GP went through options after I’d explained my depression in the past and CBT hadn’t helped ... felt it was a positive conversation when [coaching] mentioned”

“... last year I had panic attacks and rang the GP and was put in touch with Steps 2 Wellbeing, and had phone support for 4 or 5 sessions and felt better. Then recently the anxiety attacks had come on again, so I went to see the receptionist and explained what I needed... the receptionist was good, didn’t hang about, was helpful and told me about [coaching].

“I had been to the GP for a while, explored different options before, then they sensitively suggested [coaching].

“The GP said they could offer coaching... I had lots of experience of counseling and training in things myself too, so I wasn’t sure of the quality... what it would compare to previous experiences... maybe under my expectations, but not much can be offered [to patients like me], so I took the opportunity...”

“It was a conversation with the pharmacist about getting in a muddle with my medications and how I was feeling anxious and disorganized, and they suggested seeing a coach. They said it “we’ve got this [service], so I chewed his hand off for it!”, as it was six sessions, and much less of a wait than Steps 2 Wellbeing...”

“I struggle with anxiety, and the psychologists sessions had ended but I still needed extra support... didn’t feel fobbed off when coaching suggested...”

4.2 Integration to WMC from patient experience perspective

The aim of co-location and the associated prescribing processes was to make the self-management coaching feel integrated to the standard service and expectations of WMC.

The most common benefits of this for people interviewed were around familiarity:

“computer wise, it was the same...”

“normal experience of checking in [at reception]...”

“...felt normal...”

“Nice surgery – so important... no family near to support me, so familiarity made me happy... probably wouldn’t have gone if sessions were elsewhere...”

“Extremely helpful... know my way and the people, which is so important... the receptions all so good there... signing in at reception was easy...”

“The unknown of somewhere else would have made it more difficult”

Transport and accessibility were important factors for other people:

“I know the buses that go there...”

“The building has lifts and I know it is genuinely accessible, which is so important for people like me who use wheelchairs”

“Once I found out that it was at the surgery... a big plus for me... easy to get to, felt very positive thing that it was part of the practice... location I knew was close enough for me to manage my fatigue and stress... I wouldn't have gone if it was elsewhere,

“no-one else knew I was going [to WMC] for anything different”

A couple of people suggested that desperation for support would have meant that they would have attended appointments elsewhere.

For people with mental health conditions and symptoms like pain and fatigue, the familiarity and accessibility of a service's location can have a significant impact:

“...there was less anxiety like this... less potential burden on my energy so I was feeling comfortable...”

“it was useful – know that it would be at WMC... it was endorsed by the GPs and the coaching would be good and proper, so it removed that uncertainty...”

“I'd had CBT before and that was outside the practice... felt different coming here as used to it ... so took off anxiety of going somewhere new and meeting someone new... I would have been more anxious if [the appointment was] elsewhere and I would have really struggled...”

“[It was] much easier... first time at big surgery where multiple services in one place and really like it... already familiar, so helps not feeling nervous or stressed, which is good if the appointment is about anxious things...”

The perception that it was supported by GPs was mentioned by one person, and the way this 'offer' meant GPs supported them:

“It was important to me that it was something supported by the GPs.”

“[They] are really helping and believing people like me!”

4.3 Experience of the coaching

One comment summed up coaching really well:

“Coaching bridged the gap of talking about illness in a medical way at the surgery to more broadly in my life.”

The most common comment from everybody about their experience of coaching was of ‘being heard’ and having someone who ‘listened’ and ‘understood’.

“I’ve got lots of issues, but it was the first time I’ve talked to someone about it... [I was] a bit nervous but she put me at ease, very easy to talk to...”

“She knew when to say something and when not to...”

“Good to have someone else to talk to...”

“Opportunity to talk to a neutral person who wasn’t telling me what to do assuming she knew how I was feeling...”

“Feel heard in a different way to counseling or GP”

“Being able to talk... confidentially... very helpful...”

The coaching skills of helping people identify their own problems and solutions came through from several people:

“she knew how to help me get to the root of the problem...”

“encouraged me to suggest things...”

“Helps me link things up...”

The coaching conversation helped some in the context of their wider treatment and care:

“Helped me arrive where I want to be for future treatment”

“First time I’ve talked about it... took it all on board... have started counseling...”

“She helped me access the next stage...”

Overall, everyone was very positive about their experience of coaching:

“really good”

“[its] changed how I think... I eat well and do things I enjoy now...”

“Enormously helpful”

“Couldn’t recommend more highly”

“Helped me more than I could have imagined”

“very supportive”

“Really really wonderful”

“Absolutely brilliant, very helpful”

“Massive impact... far more so than anticipated...”

“I’d recommend to anyone with a similar diagnosis”

“Excellent service”

People shared some of the things they discussed with the coach and the impact that is having in their day-to-day life:

“Planning... like make a list of troubles to get done then cross them off... time in the afternoon to rest or listen to music... and I’m keeping these up now.”

“Unusually, I’ve now spoken to my sons about it as I know keeping family involved important but I hadn’t done that before...”

“Challenge is to maintain it! Not go back... keep seeing friends... routine of doing things as it makes a difference.”

“I was reasonably good at writing plans, but not doing them – now my plans aren’t quite as grandiose, [they are] more focused... what needs doing and pipeline stuff... it’s a sense of achievement”

4.4 Reflections on colocation service generally

People were very positive about the self-management coaching service being offered at WMC:

“Pleased they included this service at WMC... grateful...”

“Felt very integrated to my expectations of WMC – good all in one place”

“It was professional and nice set up... from building to reception to coaching...”

“So glad it is there”

“It appears [WMC] are acknowledging need for support for these patients which is really important...”

“Now there is someone else like a GP who is good to talk to”

“Amazing – the offer and the level of coaching”

4.5 Reflections of primary care service use

Individuals were asked if they felt there had been any difference in the frequency of appointments at the surgery or the way they seek support since the coaching. For many, they didn't know or didn't feel it had changed much. Two commented anecdotally that they had seen the GP less:

“Haven't seen the GP since about [existing condition]... would have contacted them more if the anxiety hadn't reduced”

“Probably less... if just needed a chat, don't feel I need to make appointment now”

4.6 Quantitative Patient Feedback

All individuals are asked the Friends and Family Test and a series of 8 questions about their experience of the service.

Fig 3. Friends and Family Test

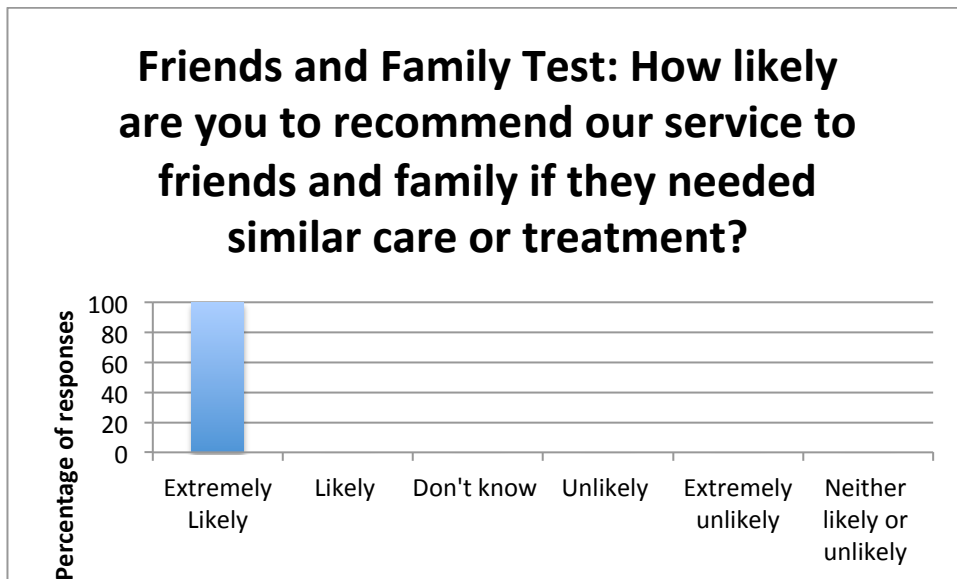
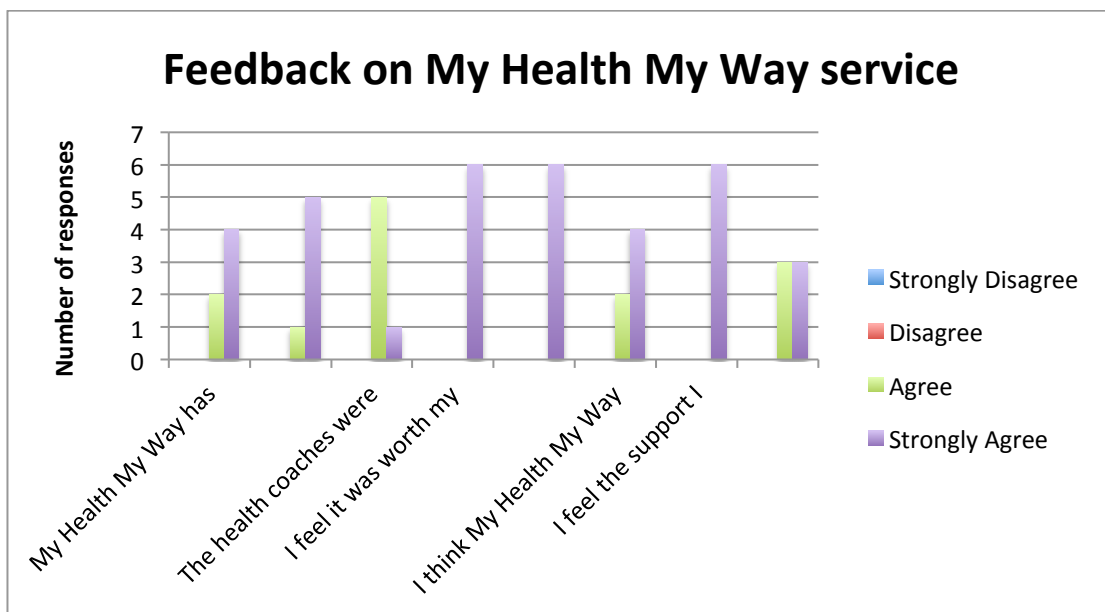


Fig 4. Feedback on My Health My Way service



5. Feedback from GPs

During a team meeting in mid-July when the findings from the first phase of evaluation were presented, reflections from GPs were sought on their experience of people who had used the service.

- *Middle-aged male had major issues with work and was on medications > now has resolved work issues and is no longer taking meds*
- *Carer found service really helpful and is coping well*
- *Eases the burden on me – less time discussing mental health and lifestyle management*
- *Massively helpful*

- Another form of support... so embedded in GP practice
- Fills the gaps of Steps 2 Wellbeing, which is one size fits all and stigmatised
- Coaching gives patients confidence to access other specialist services/manage while waiting

6. People who do not complete coaching

6.1 Overall cohort analysis

There have been 22 individuals who did not complete the coaching intervention.

- These individuals had a mean PAM score of 51.1 (level 2), which is higher compared to a mean PAM score of 45.87 (level 1.43) of those who completed coaching
- They had a mean age of 53.9 years
- 65% were female and 35% were male

There were a range of reasons for people not completing coaching:

- Passed away (n=1)
- No longer needed support (n=8)
 - “returned to work”*
 - “re-diagnosed managing well”*
- Not the right time (n=1)
- Un-contactable (n=4)
- Signposted to another service (n=7)
 - Bereavement counseling, debt support charity, Slimming World, Age UK, home visiting befriending service*

6.2 No longer needing support

For those individuals who no longer needed support:

- They had a median PAM score of 52 (Level 2.1)
- Their average age was 54.8 years
- There were 7 females and 1 male
- They had an average of 1.4 appointments with the coach before stopping sessions
- They had an average of 1.0 clinical appointment at WMC per month before seeing the coach
- Since the date of seeing the coach for the first time, they have had an average of 0.42 clinical appointments at WMC per month
- The average number of months since the date they first saw the coach is 3 months
- This limited snapshot of data indicates a 58% reduction in WMC clinical appointments since the first coaching session. This is not fully attributable to the coaching intervention, and we don't know how their service use might

have changed had they not had a conversation and opportunity for reflection with a coach

6.3 Signposted to another service

For individuals signposted to another service by the coach:

- 3 were female, 4 were male
- Average (mean) PAM score = 55.4 (level 2.3)
- They had an average of 1 appointment with the coach before being signposting and no longer seeing the coach
- They had an average of 0.68 clinical appointments at WMC per month before the coaching session
- They had an average of 0.57 clinical appointments at WMC per month after the coaching session
- The appointment with the coach had been an average of a month before the data was collected in July
- This limited snapshot of data indicates a 16% reduction in WMC clinical appointments in the short space of time since the coaching appointment. This might be attributable in part to the signposting done by the coaches.

7. Recommendations and Considerations

The caveats of the data discussed in the introduction mean it isn't possible to draw firm conclusions. However, the following recommendations and considerations are shared.

Reflections on Self-management Coaching

- The immediate impact of individuals levels of patient activation appear significant, along with a suggested reduction in use of primary care services
- The time and space created in non-clinical coaching conversations is highly valued by people using the service and should form a central part of any future service to support these people

Mental Health

- Supporting people with long term health conditions to self-manage is likely to include a high proportion of people who have mental health conditions, and this is unavoidable
- If these individuals have been living with these conditions for a number of years, it is likely that they will have used or be using other services, so some overlap and complex patient pathways are to be expected
- Specific support and training for coaches on non-clinical and non-counseling approaches to support depression and anxiety could be valuable as part of a new model

Role of Coaches

- The wider awareness that coaches have of other services to signpost to is an important asset for this role
- Admin skills to maintain records for audit and evaluation are important, to enable clear identification of benefits of the service to stakeholders
- The Core Skills, Education and Training Framework from Health Education England on Person-Centred Approaches (July 2017) should be a point of reference for the suit of skills expected of coaches

Co-Location Model

- The quantity and quality of prescriptions made by WMC professionals indicates the co-location model is effective in identifying individuals who could benefit from coaching
- The physical co-location makes the sessions accessible for individuals using the service, focusing on the familiarity of the surgery
- The next step is the shift from reactive patient identification to proactive patient identification, using lists and automated measures on medical record systems.
- To confirm the scalability of this way of working across federations and localities.
- Leadership and coproduction are essential to this, along with sustained efforts to maintain momentum and clarity with other services also offering similar sounding support for people with health conditions (whether employability or social prescribing for example)

Data Systems

- The complexity of sourcing and aligning this data from different record systems is considerable, and the availability of data across mutual systems without unnecessary duplication should be considered for future commissioning models
- Enabling routine gathering of this sort of data could be very powerful in both monitoring service performance but also in communicating benefits to professionals making prescriptions or referrals.