

Health Coaching – Quality Framework



This Quality Framework seeks to inform the commissioning of high quality training programmes aimed at developing coaching skills for health professionals to support patient activation and self-management

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Health Coaching has been defined as a patient-centred process that is based upon behaviour change theory and is delivered by health professionals with diverse backgrounds [1]. There is increasing interest in training health professionals in the conversational and behaviour change skills to support health coaching conversations.

Why Health Coaching?

Good communication is the bedrock to building trusted relationships and is therefore vital to realise person centred care. With the inexorable rise of people living with long term conditions and a shift towards proactive and preventive health systems, supporting patients to self-care is a priority for the National Health Service. For example, the Five Year Forward View emphasises the importance of doing more to 'support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications' [2]. Providing training and support for staff in the use of coaching skills is one way in which this can be achieved and health coaching has been identified as one of the five key interventions by NHS England in their 2016 substantial self-care programme. Health coaching can equip staff with additional conversational skills, techniques and the mind-set to support and empower patients toward their own goals and aspirations [3]. However, communication training and education for the workforce in such approaches is variable, limited and even lacking for many staff groups. There is an emerging evidence base which

indicates the benefits of health coaching and related interventions, in bringing about greater patient satisfaction and adherence, improved health behaviours and outcomes, as well as potentially improving care cost efficiencies [4]. Individual studies show improved health outcomes when incorporating health coaching in the care of patients with a number of the most prevalent long term conditions (diabetes [5]; cardiovascular disease [6]; and pain management such as in cancer or rheumatoid arthritis [7]); in changing certain behaviours, including weight management, diet, nutrition and smoking cessation [8]; as well as having benefits for staff in terms of improved morale, particularly with primary care workforce vulnerable to 'burn out' [9]. More information on this evidence is provided throughout this framework (in the 'Examples' column) and in a short section at the end of the document.

A Health Coaching Quality Framework

Given the relevance and growing evidence base, what makes an effective health coaching development

programme? This quality framework is a synthesis of available research and best practice findings from a number of health coaching programmes around the country. It aims to be of use to all those seeking to commission health coaching training and development programmes within their organisation or locality. It covers the training of healthcare professionals to use conversational skills in their day to day work with patients, and can be seen as complementary with numerous other self-management support programmes like care planning and personalised care budgets. It is not informed by, and therefore does not cover, programmes involving the informal workforce and the use of health coaching as a referral pathway, but there's likely to be significant overlap which further research could identify.

If reading online, simply click on the underlined reference numbers to be taken to the associated paper or website.

For more details on the background to this Framework, please see the bottom of this document

The framework is divided into the four following sections:

1. Programme Design

This concerns the background work on which a training programme is based, including the curriculum design, the identification of appropriate participants and the fit with other self-management programmes and pathways

2. Programme Delivery

This concerns the practical aspects of delivery: the timing, length and accessibility of sessions

3. Monitoring and Evaluation

This concerns the effectiveness of the training programme. Has it achieved its aims?

4. Sustainability

This concerns the ongoing usefulness of coaching skills within the health professional workforce and their embedding into the 'culture' of healthcare in a given area

To view a summary of this framework, and a Delivery Template which examines how a coaching approach to healthcare can be supported across an area, please [click here](#)

1. Programme Design

Standard The training is:	Strategies and Approaches	Examples
<p>Evidence-based</p> <ul style="list-style-type: none"> ● Programmes draw on available evidence ● Programmes draw on patient experience to inform design 	<p>Design and content draws on previous research and case studies of what works</p> <p>Providers have either a strong track record with available evidence of successful past delivery available to a reasonable standard (see example) and/or are drawing on an existing and empirically tested approach</p> <p>Patients are involved in the development of training, their experiences and views are directly integrated where relevant</p>	<p>Systematic data collection: A number of organisations have systematically collected pre and post questionnaire data for all coaching training programmes for healthcare professionals offered. This data is qualitative and consistent and tracks impact data over time</p> <p>Chance UK are participating in a Randomised Control Trial to assess the effectiveness of their mentoring programmes [10]</p> <p>MECC (Making Every Contact Count) have drawn on behaviour change research to design their interventions [11]</p> <p>Health Education East of England co-created training with The Performance Coach on the basis of a review of international evidence related to health coaching [12]</p> <p>Barts and the London School of Medicine and Dentistry have created a Patient Forum where patient citizens attend medical students training to share perspectives on how care should be delivered [13]. This idea could be extended to health coaching training</p> <p>The Evidence Centre’s rapid review of the empirical evidence for health coaching found that training that includes a practical element (observation, role play) are associated with positive outcomes [14]. The studies reviewed included the use of audiotaped sessions with patients [15]</p>
<p>Integrated</p> <ul style="list-style-type: none"> ● Training is integrated into the needs of local systems and care pathways [16] 	<p>Clear objectives are set, with regards to the intended outcomes for patients, practitioners and the system, and these are linked to learning objectives and evaluation</p> <p>Connections are made between local strategic objectives and likely outcomes from training programmes to maximise leadership buy in</p> <p>Local pathways are mapped to identify</p>	<p>Identify objectives: The AQuA team in the North West of England support teams embarking on shared-decision making activities [17], to identify the changes they’re seeking to make, the associated levers, necessary learning objectives and appropriate indicators to measure</p> <p>Aligning strategic objectives: The Health Education East of England Health Coaching programme [18] engaged leaders from all organisations across the region through identified co-ordinators, workshops and conferences to determine how the health coaching training could align with and add value to existing strategic objectives to maximise leadership buy-in and resulting</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Integrated <i>(continued)</i></p>	<p>those audiences who would benefit most from the training</p> <p>Introduction of organisation or service changes are used as opportunities to train new colleagues together</p> <p>Supported patient self-management saves resources when training is targeted at appropriate staff members</p>	<p>attendance and local capacity building</p> <p>The REFOCUS programme was a 5 year research study which aimed to find ways to increase the recovery support offered to service-users by community adult mental health services. As part of this, staff were trained in coaching skills to support staff behaviour change with respect to understanding values and treatment preferences of service users, assessing strengths and supporting goal striving. This was evaluated in an RCT in South London and Maudsley NHS Trust and 2gether Partnership NHS Foundation Trust, and the wider use of coaching was recommended in addition to a team based approach to support recovery [19]</p> <p>Multi-disciplinary: Ealing CCG are building in Coaching for Health training for all members of their new Joint Care Teams, with ongoing Action Learning Sets to aid reflection [20]</p> <p>Integrated care sites: The integrated care agenda often requires holistic care plans and person-centred conversations. Hence a number of new Pioneer and Vanguard Sites [21] (for example in Tower Hamlets and Islington) are examining these workforce development activities for new teams</p> <p>New care pathways: Some 3000 practitioners in 26 communities have begun to introduce the House of Care Model via the Year of Care Programme [22] which achieves patient personalised care planning via actions such as goal setting and action planning. Clinicians modify consultation times to fit patient need (20-40 minutes), in cases of cardiovascular, chronic pulmonary obstructive, and older patients with complex conditions. Health care teams are incentivised to make the system changes through local payment systems</p> <p>Existing care pathways: At Barnet, Enfield and Haringey Mental Health Trust, coaching is being taught as a tool to staff working on the 'Patient Enablement Programme' (in line with the Care Act and the national policy context)</p> <p>Cost saving: Hampshire Hospitals NHS Foundation Trust UK designed a training intervention to achieve 'coaching conversations' between patients and staff (the Wessex Coaching Initiative) [23], and found more elderly patients returned home with the same level of care as on admission (compared to the expected decline),</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Integrated <i>(continued)</i></p>		<p>and fewer required residential care placements on discharge</p> <p>Totally Health provides a number of CCGs, GPs, Trusts and other providers with tele-coaching services delivered by trained nurses to support patients' long term conditions management. They provide evidence of client ROI (e.g. cost-savings) and positive patient outcomes (e.g. reduced hospital admissions), and cite empirical studies of cost reductions resulting from other similar telephone-based chronic disease management programmes [24]</p>
<p>Targeting the right people</p> <ul style="list-style-type: none"> ● Training meets the needs of a defined group ● Thought is given to the effective engagement of that group 	<p>Audiences are prioritised based on:</p> <ul style="list-style-type: none"> ● Time and continuity working with patients with long term conditions (LTCs) ● Willingness to get involved ● Time and space to practice and embed the skills to maximise value for money <p>Leaders are engaged (and ideally experience the training) to maximise the engagement of others and help institutionalise / integrate the approach</p> <p>Training content is matched to the reality of health contexts for both patient and clinician - this might include factors such as patient expectations, cultural considerations and clinician time constraints (e.g. using coaching approaches when supporting disempowered groups, when working cross-culturally, or where language or other social factors may be at issue)</p>	<p>Voluntary: Many larger programmes, such as those run originally by the London Deanery and consequently by HEE NCEL [25], and the Health Education East of England training [26], have been made available to health professionals across all settings on a voluntary basis because of the importance of willingness amongst participants</p> <p>Teams: The Wessex coaching initiative used training by The Performance Coach as developed in the Health Education East of England model to train all staff on a rehabilitation ward ("recovery coaching")</p> <p>Consultation length: Year of Care [27] implementation in Tower Hamlets invested in longer consultations to support person-centred conversations, resulting in higher satisfaction levels on the part of practitioners (as well as better health outcomes for patients)</p> <p>Flexibility: Health coaching courses run in areas of London have made coaching models flexible for use in limited time (e.g. from a few questions over 30 seconds, to 10-15 minute conversations) and also across multiple conversations to support a deepening of patient engagement. The Bridges Shine project funded by the Health Foundation adapted training to the reality of working in an acute environment with patients with traumatic brain injury (TBI) [28]</p> <p>Criteria: Yorkshire and the Humber Leadership Academy [29] use the following criteria to select participants: congruent values, existing use of skills/approaches, capacity, line manager support</p> <p>Influence: The London Deanery coaching programme targeted GP trainers, senior staff or practice nurses, Trust education leads and senior professionals (e.g.</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Targeting the right people (continued)</p>		<p>medical consultants or therapists) who have a regular teaching component in their job plan and interest in education to maximise buy in [30]</p> <p>Engaging leaders: Islington CCG sought leadership buy in for its Year of Care training by engaging leading GP practitioners as trainers and champions [31]. Bridges Self Management have found it important that leaders are not only engaged, but need to attend the training itself to be suitably engaged [32]</p> <p>Trainees: Imperial College piloted a health coaching training and an ongoing reflection programme for trainee doctors and nurses, using longer ‘home visit’ consultations</p> <p>Qualifications: Where possible and useful, training contributes to qualifications and continuing professional development (CPD)</p>
<p>Well structured</p> <ul style="list-style-type: none"> • Sufficient time for an immersive experience • Provides participants opportunities to practice the techniques 	<p>A minimum of one and normally two days training is provided initially as part of the core offer (defined as immersive – away from ‘day to day activities’) which is integrated with ongoing activities</p> <p>The sessions are divided up to provide participants the opportunity to practice in between with reminders as appropriate</p>	<p>International evidence of health coaching is that two days training is a minimum requirement to achieve a mind-set shift and necessary competencies</p> <p>A number of studies now indicate that short workshops may not enable healthcare professionals to achieve proficiency in health coaching and other behaviour change skills [33]</p> <p>Time: The Performance Coach [34], Osca [35] and other health coaching training programmes are all two days in length, separated by one to two weeks to enable sufficient practice in between</p> <p>Reflection: Bridges Self Management [36] encourage participants to complete a case reflection, and to develop an individual and team action/sustainability plan based on their learning</p>
<p>Ongoing</p> <ul style="list-style-type: none"> • Opportunities to revisit skills are available • Follow up sessions are offered 	<p>The activity does not stop after the training. Evidence and experience suggest that follow up is necessary for behaviour change interventions in order to embed change. Appropriate reflection and ongoing training activities are provided, based on the local setting and participant needs,</p>	<p>Examples of ongoing reflection and practice activities: The Performance Coach [37], Osca [38] and other training providers run a range of ongoing activities, including online webinars, action learning sets, refresher courses, the opportunity for buddying up of trainees and online support. Detailed course handbooks or other relevant reading materials are provided for course participants to support ongoing learning and reflection (see for example [39])</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Ongoing <i>(continued)</i></p>	<p>and participants engage with them on an ongoing basis</p> <p>These activities are supported by qualified experts (including local assets) and are ideally linked to monitoring activities</p>	
<p>Maximising attendance</p> <ul style="list-style-type: none"> • By an effective use of a range of recruitment avenues • By engaging leaders and managers to engage others • By targeting approaches to appropriate patient groups who are likely to benefit from coaching 	<p>Target audiences are consulted to identify the most appropriate messaging and recruitment avenue prior to recruitment</p> <p>Leaders and managers are engaged early on to maximise the outreach to colleagues</p>	<p>Examples of effective recruitment techniques include: keeping email messaging short and to the point; identifying those key individuals responsible for decisions concerning workforce availability and seeking to understand and meet their needs; engaging leaders (as mentioned elsewhere); establishing strong networks and using representatives of different sectors to publicise the opportunity to their colleagues; using existing events to publicise and provide tasters where possible; using word of mouth as the most effective technique of all. Multi-year health coaching programmes in London have used past participants to market the activity to colleagues to build up teams using similar approaches for consistency and mutual-support</p> <p>Tasters: North East London Foundation Trust uses tasters effectively to engage participants for longer trainings</p> <p>Accreditation: A number of programmes have sought accreditation from relevant health bodies to increase the appeal of their training courses</p>

2. Programme Delivery

Standard The training is:	Strategies and Approaches	Examples
<p>Well-planned</p> <ul style="list-style-type: none"> ● Consideration is given to time and availability of audience ● Communication is transparent, timely and accurate ● Reminders are issued and followed up as necessary 	<p>Busy times of year are avoided for certain audiences</p> <p>Long-lead times (minimum of six weeks) are provided to maximise communications and enable participants to organise cover where necessary</p> <p>Reminders are provided to maximise ease for busy professionals</p>	<p>Timing: Certain courses avoided the winter period because of the challenge of vaccinations, school holidays should also be avoided, and whilst Quality and Outcomes Frameworks (QOF) periods may be a challenging time for GPs to give time to training, QOF periods may also represent an opportunity to take up training, as the end of the financial year can be a time when budgets need to be spent</p> <p>Half-days: Co-Creating Health ADP (Advanced Development Programme) [40], for example at the Whittington Hospital [41], run their courses over a series of half-days to make this easier for clinicians to attend</p>
<p>Practical</p> <ul style="list-style-type: none"> ● It provides practical demonstrations of skills ● It enables opportunities for each participant to discuss and reflect ● It draws on skills and knowledge already developed by participants 	<p>Experiential learning is the foundation of all training, to be able to challenge existing conceptions, and raise awareness of how important and difficult it can be to place the person at the centre of the conversation. This only really happens through 'seeing and doing it'</p> <p>Face to face training should be restricted to a maximum of approximately 20 participants per course to ensure there's an opportunity for meaningful discussion, supervision and questions</p>	<p>Practice inspired: Many courses provide numerous opportunities for practice and observation in any half day or single day course. This includes observing demonstrations from trainers, and each other, as well as coaching and being coached by them</p> <p>Up to date: Materials used in course design and distributed during courses and follow up are kept up to date with relevant developments in the field</p> <p>Embedded: Work shadowing and opportunity for feedback on language and interactions used with patients can be integrated in order to give further first hand experiential learning</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Practical <i>(continued)</i></p> <ul style="list-style-type: none"> Well-designed, practical and useful materials are provided in support of training 		
<p>Delivered by experts</p> <ul style="list-style-type: none"> High quality trainers are used from health and wider backgrounds who have both appropriate qualifications and experience 	<p>High quality trainers are recruited</p> <p>Consideration should also be given to the presence of health and social care professionals as trainers. A partnership between a health professional and an experienced coach can offer different and important contributions</p>	<p>Patient involvement: The Health Foundation Practitioner Development Programme suggests the involvement of actors, lay tutors or patient volunteers (suitably trained and supported) to simulate patients in role play activities</p> <p>Health professionals: Health coaching training programmes require the participation of high quality trainers that are also practicing health professionals, with a number (e.g. the London Deanery) prioritising health professionals with credibility amongst, and of the same discipline as, the participants</p> <p>Local assets: UCL have developed a programme where they identified clinical psychologists who are already skilled in the desired conversational skills, and are also embedded in the target team, to deliver training and provide ongoing support</p>
<p>Consistent</p> <ul style="list-style-type: none"> Common principles are covered and a core set of competencies developed 	<p>Across methodologies core principles are covered [42]</p>	<p>Accreditation bodies: Certain training providers link the competencies developed to coaching bodies (e.g. the European Coaching and Mentoring Council) [43]</p> <p>Competency frameworks: UCL have developed a (comprehensive and relatively complex) competence framework for health professionals working with people with persistent physical problems [44]. The Health Foundation have a simpler framework [45], involving only four dimensions: care and support planning; collaborative agenda setting; recognising and exploring ambivalence; and goal setting, action planning and follow-up. The NICE Prevention and Lifestyle Framework also incorporates relevant competencies [46]</p>

Standard (cont.)

Immersive and safe

- It provides a safe space for challenging existing practice and developing new approaches

Strategies and Approaches (cont.)

Sufficient time is provided for participants to 'open-up' about their own practice and challenges

Trainers create safety with ground rules and encourage active participation from the start

Consideration is given to training amongst colleagues, which may give rise to perceived 'safety' issues

Examples (cont.)

Open programmes: Voluntary participation across an organisation or setting can enable more objective reflection, as it is away from the participant's place of work. Participants may also feel they can be more open about their current approaches without colleagues present. Many health programmes are run in this way, e.g. The Performance Coach [\[47\]](#), Co-creating Health Advanced Development Programme (ADP) [\[48\]](#)

Team programmes: The Bridges Self-Management Programme [\[49\]](#) delivers workshops throughout the UK, training members of healthcare teams in supporting the self-management of people with long term conditions. Each training is contextualised to target patient group and the service context of participating teams. The facilitation methods of the trainers aim to promote a safe and interactive environment in which a team explores current practice, and creates a shared understanding of best practice in self-management support, and a shared action plan for its implementation

3. Monitoring and Evaluation

Standard The training is:	Strategies and Approaches	Examples
Monitoring Tracked <ul style="list-style-type: none"> • Attendance is recorded • Attrition is noted 	Training is monitored for accountability and to ensure that participants access the full course according to the principles of design and delivery	
Process Evaluation - assessing the quality of the training delivered		
Quality assured <ul style="list-style-type: none"> • Quality of training is systematically assessed using clear criteria by peers or independent reviewers • Learning is integrated for consistent improvement • Learning is shared with wider health networks 	Assessment is made of the training delivery to ensure that it is of high quality Feedback is sought from participants on the quality of the training Learning is shared across networks to build up the evidence for good practice	For example: The Advanced Development Programme for clinicians run through Whittington Health [50] provides a questionnaire to complete before and after three half day sessions, each delivered one month apart. This includes a mix of Likert scales and open ended questions, evaluating participant experience, confidence and perceived usefulness in using health coaching skills following the training In the US, the Centre for Employment Opportunities [51] have introduced a trial measure using the Net Promoter System to assess their effectiveness with their service users. This is systematically embedded and regularly analysed to check that those accessing the programme agree that it is a high quality programme that effectively meets their needs
Faithful to its premises <ul style="list-style-type: none"> • Delivery is in line with programme premises and design, and integrates evidence wherever it is available 	Programmes are assessed by commissioners and providers against quality guidelines grounded in evidence Providers are bought into the measurement process, understand why it is important, and are systematic in implementing its use	The aim of this document is to give commissioners and providers a framework for reviewing both the evidence base and experience from current practice, so they can ensure training commissioned is of high quality Programmes ensure that feedback is integrated so that training is assessed effectively against evidence-based guidelines

Impact Evaluation - short and medium term outcomes

Feedback

Organised to seek systematic feedback from participants to establish immediate and intermediate outcomes – training is understood and being put into practice by practitioners following the end of the ‘immersive’ experience

- At baseline and end point
- At a follow up stage to check it has been embedded

Qualitative feedback is sought on the training delivered – wherever possible this data is comparative i.e. the same tool/ instrument is used across different forms of training

Feedback is sought at follow up stage to learn how training becomes embedded in practice – this should ideally be sought through self-report and patient feedback

The London Deanery commissioned the Tavistock Institute [52] to develop a three questionnaire methodology (pre-training, post-training and three month follow up) which could be used by various training providers, e.g. [53], to enable comparable analysis

Health Education East of England commissioned the Institute of Employment Studies to evaluate a two day health coaching education intervention across five pilots, by conducting qualitative ‘deep dive’ case studies, using a range of methods including interviews and focus groups [54]

Proxy measures

Evaluated using proxy measures to assess that the training is being implemented effectively and has been well understood by participants

Use supervision and shadowing to give participants opportunities to reflect upon and assess the quality of their resulting conversations with patients

Monitor the quality of shared-decision making outputs, such as care-plans

Feedback and quality assurance data is considered and included in follow up training for continual improvement

Supervision: Many of the organisations that have most effectively integrated a ‘coaching approach’ have formalised supervision into their structures, providing training for supervisors in addition to the core coaching training. Yorkshire and the Humber Leadership Academy [55] offer supervision for health coaches and are developing awareness of health coaching and of coaching supervision in existing clinical supervisors

Shadowing: Bridges Self Management [56] provide opportunities for experts to shadow participants in their work with patients, to provide feedback

Care planning review: In Tower Hamlets (and in planning in Islington) staff have carried out anonymous audits of care plans as reflective exercises at individual practices, to identify how ‘person-centred’ the resulting plans are. This can be complemented with peer observation and reflection

Standard (cont.)

Strategies and Approaches (cont.)

Examples (cont.)

Impact Evaluation - short and medium term outcomes (cont.)

A shared measure

Integrated with a shared measure to track patient progress following healthcare practitioner training to establish long term outcomes – trained practitioners are seeing better outcomes for their patients:

- Consistently through all training and at follow up
- Using findings to make improvements
- Sharing findings with wider healthcare networks

A straightforward integrated measure such as that used by Alcoholics Anonymous (number of consecutive days of sobriety), could generate a consistent understanding of the benefits of coaching approaches across services from trainers to patients

The Research into Recovery and Wellbeing Centre at Nottingham University have developed the INSPIRE measure [57] to track the support that a service user receives from a mental health worker. The measure assesses the quality of support and the relationship between the worker and service user. An online version of the tool allows for entering scores and analysing responses

The POET measure of personal health budgets aims to assess the use by service users and carers of their budgets. It has only been used with a small sample so far, but aims to determine the effectiveness of budgets in practice through systematic measurement [58]

Impact Evaluation - longer term impact

Using existing measures

Designed to draw on measures that are in use across the healthcare system and triangulate relevant findings to establish long term outcomes. These might include:

- The Patient Activation Measure (PAM)
- Patient satisfaction measures
- Longitudinal staff survey

Relevant clinical measures are identified, collected and analysed for service improvement

Systematic patient feedback is collected using a validated tool

Staff measures are systematically collected to assess how embedded training approaches have become and to note any changes in staff wellbeing

Qualitative and anecdotal data is collected for case studies and training

The AQuA team have introduced a four part evaluation system for their Shared Decision Making intervention [59] that integrates training, measurement, feedback and analysis for service improvement. The measures used are patient feedback measures using the CollaboRATE and SURE measures, qualitative feedback, biometric data and a longitudinal survey of staff (based on a Health Foundation developed questionnaire). Analysed data is fed back to each participating clinical setting and is integrated into training

Health Education East of England co-created training with The Performance Coach [60] and commissioned three evaluations of training provided to over 800 clinicians. The pilot, comprising 19 practice nurses and 290 coaching appointments, adapted the Stanford Self Efficacy score to measure patient confidence and

Standard (cont.)

Strategies and Approaches (cont.)

Examples (cont.)

Impact Evaluation - longer term impact (cont.)

Using existing measures (continued)

- Biometric data from
e.g. National Diabetes Audit
- Practitioner wellbeing

Feedback loops

Set up to share improvements based on feedback with patients ie. the feedback loop is closed

Patient feedback for service improvement is collected and information on subsequent changes to services are communicated back to patients to generate ownership

motivation to self-care, and patient satisfaction following the training. Five of the pilot's sites were evaluated qualitatively [\[61\]](#)

Recovery coaching in Wessex also used Bartel scores and residential home placement to evaluate impact on rehabilitation [\[62\]](#)

Patient voice: Bridges Self Management [\[63\]](#), in one project, asked patients three simple questions relating to confidence to self-manage, distributed in a leaflet by health care professionals

Examples of effective 'closing of the feedback loop' for empowerment of service users exist in International Development contexts, e.g. Integrity Action use a measurement 'fix rate' in their work in Nepal which is relayed back to participants so they can understand which parts of their services have been 'fixed'

4. Sustainability

Standard Sustaining and building impact is considered by:	Strategies and Approaches	Examples
<p>Developing local capacity. This can include:</p> <ul style="list-style-type: none">• Developing local champions• Train the trainer programmes• Building a participant pathway	<p>Programmes encourage developing ‘champions’, advocates for the approach who: present at relevant events, lead by example, support fellow practitioners and influence colleagues in their organisations. It can be an informal or formal role, and active engagement and ongoing support is provided</p> <p>Sustainability is supported via a ‘train the trainer programme’. This involves building the skills in existing professionals, and supporting them to run ongoing training and reflection activities to embed the skills among colleagues. Success criteria for this approach include:</p> <ul style="list-style-type: none">• Trainers must be carefully selected and given sufficient time to become familiar with the material and as a facilitator• The role of trainer must be built into their job descriptions with allocated time (not an ‘add-on’)• The ongoing training needs to be a part of the organisation’s existing Learning and Development curriculum (e.g. for a GP trainer)• Trainers need logistical support to co-ordinate the trainings• Trainers need to complete a certain number of ongoing Continuing Professional Development (CPD)	<p>Practitioner pathway: Evaluation of the Health Foundation’s ‘Co-creating Health Improvement Programme’ [64] found that courses should have a tiered structure – from an entry level up to a more advanced course – the level being selected in terms of who is more likely to use skills in day-to-day practice [65]</p> <p>Health Education East of England Health Coaching programme [66] involved the development of local capacity through a train the trainer programme with ongoing CPD for continued development and quality assurance</p> <p>Barnet, Enfield and Haringey Mental Health Trust trains cohorts of staff to create an internal coaching network of around 20 staff (including clinicians, community nurses, occupational therapists and mental health professionals) who coach each other within teams. One cohort is managerial staff, to establish a coaching culture at a leadership level. This coaching training is supported by 3 or 4 cultural and organisational change programmes</p> <p>Raising awareness: Bridges Self Management [67] support participants to run brief sessions to communicate the main messages from their training to other staff unable to attend, to familiarise them with the approach</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Developing local capacity. This can include: <i>(continued)</i></p>	<p>An eventual 'pathway' or 'tiered structure' for participants might include:</p> <ul style="list-style-type: none"> ● Online material – written and video – to raise awareness and inspire further interest ● Talks at educational events and relevant meetings 	
<p>Developing leadership:</p> <ul style="list-style-type: none"> ● Filling each role useful to pursuing this approach ● Connecting leaders into wider networks beyond the area 	<p>With regards to the different leadership roles, the following stratification is useful:</p> <ul style="list-style-type: none"> ● 'Leader' – one or more individuals in leadership positions, who continue to raise the profile of the approach, establish and organise the systems which encourage it, and persuade other leaders ● 'Champions' – who are applying the approach in their day to day work, and are able to make the case to colleagues at events and in their day to day work, to build credibility and convince others ● 'Co-ordination' – the role of maintaining the system of, for example: ongoing communication, events, CPD <p>Linking in leaders and champions with the numerous networks existing across the country that are pursuing this approach</p>	<p>For example, health coaching has been chosen as an intervention of proven value to scale through NHS England's National Innovation Accelerator Programme (NIA) with Dr Penny Newman leading work to create a social movement in adopting a coaching approach to healthcare practice through a series of design workshops and other processes for engagement, supported by NHS England, the Health Foundation and UCL Partners [68]</p> <p>Many examples of health coaching champions exist nationally, such as in the Yorkshire and Humber LETB and in Wigan's implementation of Making Every Contact Count (MECC)</p> <p>For example, the RCGP Care Planning Champions network [69] for practitioners and managers from across the country, is active in pursuing person-centred care planning, to learn from each other and share good practice</p>
<p>Including complementary activities for patients:</p> <ul style="list-style-type: none"> ● Managing expectations 	<p>Consideration is given to managing patient expectations to increase the openness to, and understanding of, their role in a person-centred conversation about their health</p>	<p>Joint: Haringey CCG ran a joint programme targeting both health professionals and patients (see also Wong-Rieger and Rieger (2013) [70] for a case study showing that health coaching interventions may work better when combined with patient focused self-management approaches).</p> <p>St. John's Way Practice in Islington uses posters and screens in waiting rooms to communicate messages that raise patient expectations of their involvement in subsequent health conversations</p>

Standard (cont.)	Strategies and Approaches (cont.)	Examples (cont.)
<p>Using existing systems:</p> <ul style="list-style-type: none"> ● Maximising complementarity 	<p>Consideration is given to existing system frameworks, for example care planning, and to how synergies can be created to maximise the mutual benefits</p>	<p>Year of Care [71]: where data is shared with patients in advance and more time is given to a person-centred care planning conversation</p> <p>Personal health budgets [72] where co-produced personalised care and support planning helps people to identify their health and wellbeing goals, together with their local NHS team, and sets out how the budget will be spent to enable them to reach their goals and keep healthy and safe</p> <p>Integrated personal commissioning (IPC) where people, carers and families are enabled to blend and control the resources available to them across the system in order to 'commission' their own care through personalised care planning and personal budgets. In tandem, IPC also supports people to develop their knowledge, skills and confidence to self-manage through partnerships with the voluntary and community sector (VCSE), community capacity building and peer support</p>
<p>Exploring longer term funding</p>	<p>Longer term funding (e.g. 3 years) would give training time to be embedded into practice and yield results, thereby building the evidence base. A single year is unlikely to produce significant results and potentially valuable methods may be abandoned prior to an evidence base being properly established</p>	<p>The Co-Creating Health ADP (Advanced Development Programme) has been run at the Whittington Hospital for a number of years, training health care professionals from across Islington as well as teams within the hospital [73]</p>
<p>Using data</p> <ul style="list-style-type: none"> ● Sharing data and resources, and developing a data infrastructure for communication training 	<p>Encouraging the use of standardised measures to compare outcomes across training sites</p> <p>Creating a resource bank of materials, videos and experiences to encourage continued upskilling and self study and to share good practice</p>	<p>The website for Making Every Contact Count includes a databank for resource materials [74]</p>

Background and Acknowledgements

Commissioned by Health Education England – North, Central and East London (HEE NCEL), this Framework brings together the insights gathered from fifty or so conversations between the Tavistock Institute (www.tavistock.org) and Osca (www.osca.co) with commissioners, providers, champions and experts, and builds on complementary work done by a range of organisations both inside and outside of the North, Central and East London area. It has also been developed following feedback from 30 or so contributors from around the country. It includes explicit references to particular examples of delivery around the UK. This is to be as transparent as possible about the examples that have been shared with us, to allow anyone interested to follow up on these examples, and to encourage anyone running a health coaching training programme to contribute new examples to the document. This framework is not intended to be a finished product. It is a snapshot of health coaching training and its application to healthcare practice at the present time. We expect it to evolve. Indeed, this evolution is what will make it most useful.

Endnotes

To view a summary of this framework, and a Delivery Template which examines how health coaching training can be supported across an area, please visit: <https://hee.nhs.uk/hee-your-area/north-central-east-london/our-work/attracting-developing-our-workforce/multi-professional-workforce/health-coaching>

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