

Transforming clinician patient communication to support behaviour change

East of England Clinical Senate Assembly

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*Developing people
for health and
healthcare*

Just fixing doesn't work



<https://www.youtube.com/watch?v=-4EDhdAHrOg>

NHS

Health Education England

Improving lives - NHS Constitution

The core function of the NHS is emphasised in this value – the NHS seeks to improve the health and wellbeing of patients, communities and its staff through professionalism, innovation and excellence in care.

This value also recognises that to really improve lives the **NHS needs to be helping people and their communities take responsibility** for living healthier lives.

Person centred coordinated care

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

National Voices

Renewable energy

We stand on the cusp of a revolution in the role that patients – and also communities – will play in their own health and care.

Harnessing what I've called this renewable energy is potentially the make-it or break-it difference between the NHS being sustainable – or not.

Simon Stevens, NHS Confed, 2014

Activated patients' can save providers between 8-21% of costs. KPMG



LTCs: A burning platform

- Lifestyle causation
- Multiple comorbidity
- Age and poverty related
- Unaffordable



How are clinicians managing?

- Clinicians cannot meet every need
- Half of patients leave primary care visits not understanding
- Only 9% of patients participate in decisions
- Adherence rates for medications and lifestyle changes are ~ 50% and 10%
- Drs interrupt within 12 seconds
- The GMC experienced 104% rise in complaints 2007-2012, with 54% about clinical care or communication



Bennett, H Coleman E, Parry C,
Bodenheime, GMC Annual report 2013,
Rhoades DR, Fam Med 2001

Clinician training

Typical disease management interventions often employ healthcare professionals who do not necessarily value patient empowerment, who may not have exposure to or adequate training in the science of behavioural change, and who may not have the complex interpersonal skills to facilitate behaviour change effectively.

This leaves those trained in the conventional medical model vulnerable to using approaches that are expert driven, authoritarian, and advice-giving as opposed to taking stances that are supported by the latest research in behaviour change models.

Wolever R 2013

Alignment between what patients want and what is provided is poor

The goals of patients are not given enough recognition in treatment choices, and the benefits of shared decision making and patient and carer involvement are not being realized.

KPMG Creating new value with patents, carers and communities 2014



Learnt dependency

Paternalism breeds dependency, encourages passivity and undermines people's capacity to look after themselves. It may appear benign, comfortable and reassuring, but it is a hazard to health. *Coulter, 2011*

We know communication
needs to improve

hello

my name is...

The impact is overwhelming



Health coaching transforms the clinician/patient relationship

Role of patient

A patient centred approach wherein patients at least partially determine their **goals**, use **self-discovery** and active learning processes together with **content education** to work towards their goals, and **self-monitor** behaviours to increase accountability all within the context of an interpersonal relationship with a coach.

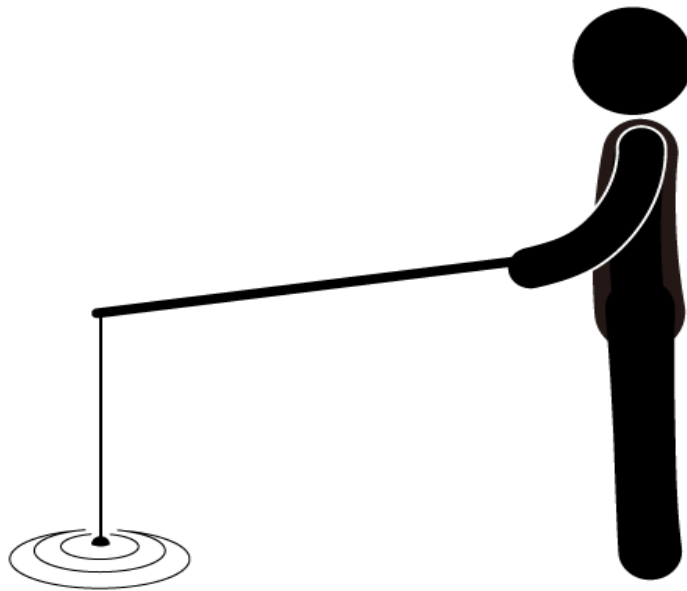
Role of clinician

The coach is a healthcare professional **trained in behaviour change** theory, motivational strategies, and communication techniques, which are used to **assist patients to develop intrinsic motivation and obtain skills** to create sustainable change for improved health and wellbeing.

Wolever 2013

www.eoeleadership.nhs.uk/healthcoaching

“Give patients a fish” or “teach patients to fish”?



Bennett, H Coleman E, Parry C, Bodenheime T

*Developing people
for health and
healthcare*

**Based around patients
self determined goals**

**When people generate their
OWN ideas . . .**



TPC

The Performance Coach

NHS

Health Education East of England

Evidence Centre Rapid review – 275 studies, 109 RCTs

- Most research of services in USA vs as part of usual care (EoE)
 - Vulnerable groups benefit
 - Can support patients motivation to self manage
 - Can support adoption of healthy behaviours
 - Applicable to population and of use by all professionals
 - Insufficient evidence about the most cost effective training
 - Mixed evidence on outcomes
 - Insufficient evidence on costs
- } Be part of a wider programme
UK research needed

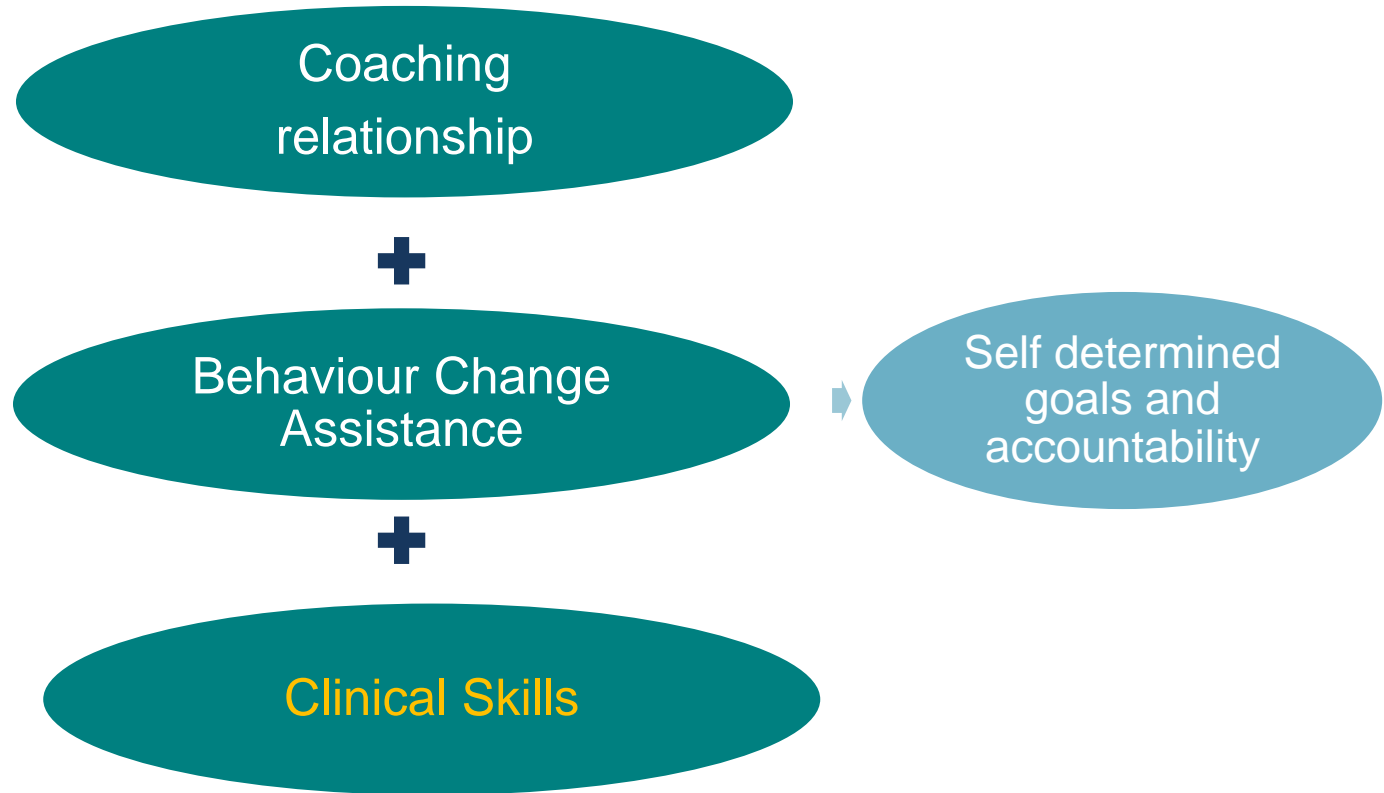
The aim of EoE Health Coaching programme

To equip a range of clinicians with the right skills, knowledge and behaviours:

- Supplement core clinical skills
- Promote self-care, motivation and responsibility in patients
- Improve patient satisfaction
- Provide a tailored approach to different patient's needs.



Health Coaching integrates



Theory & practice

Listening

Foundations of coaching

Listening, trust and rapport

Range of approaches

Change

Readiness to change

Barriers to change

Behaviour change techniques

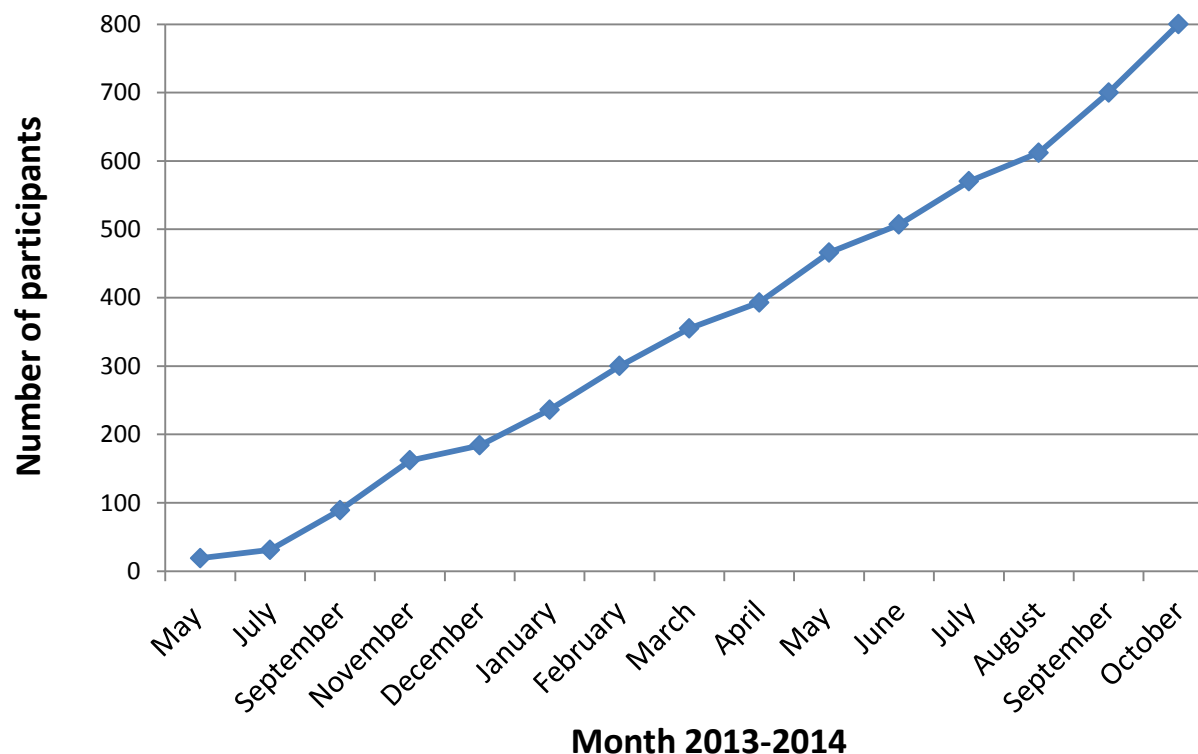
Motivation

Positive psychology

Supportive challenge

Patient self determined goals

Current and planned uptake of HEE EoE Health coaching programme 2013-2014



Mind set shift
*“change comes
from the client”*

Expert to enabler –
*“Stop trying to fix
everything”*

New relationship -
*“help patients to see
problems in
different ways”*



Shared
responsibility -
*“patients find it
difficult to argue
with their own
suggestions”*

Key learning – patient centred

Patient determined goals - *“small changes make a difference”*

Expert to enabler –
“Stop trying to fixing everything”

*Build core skills
“listening more, speaking less”.*

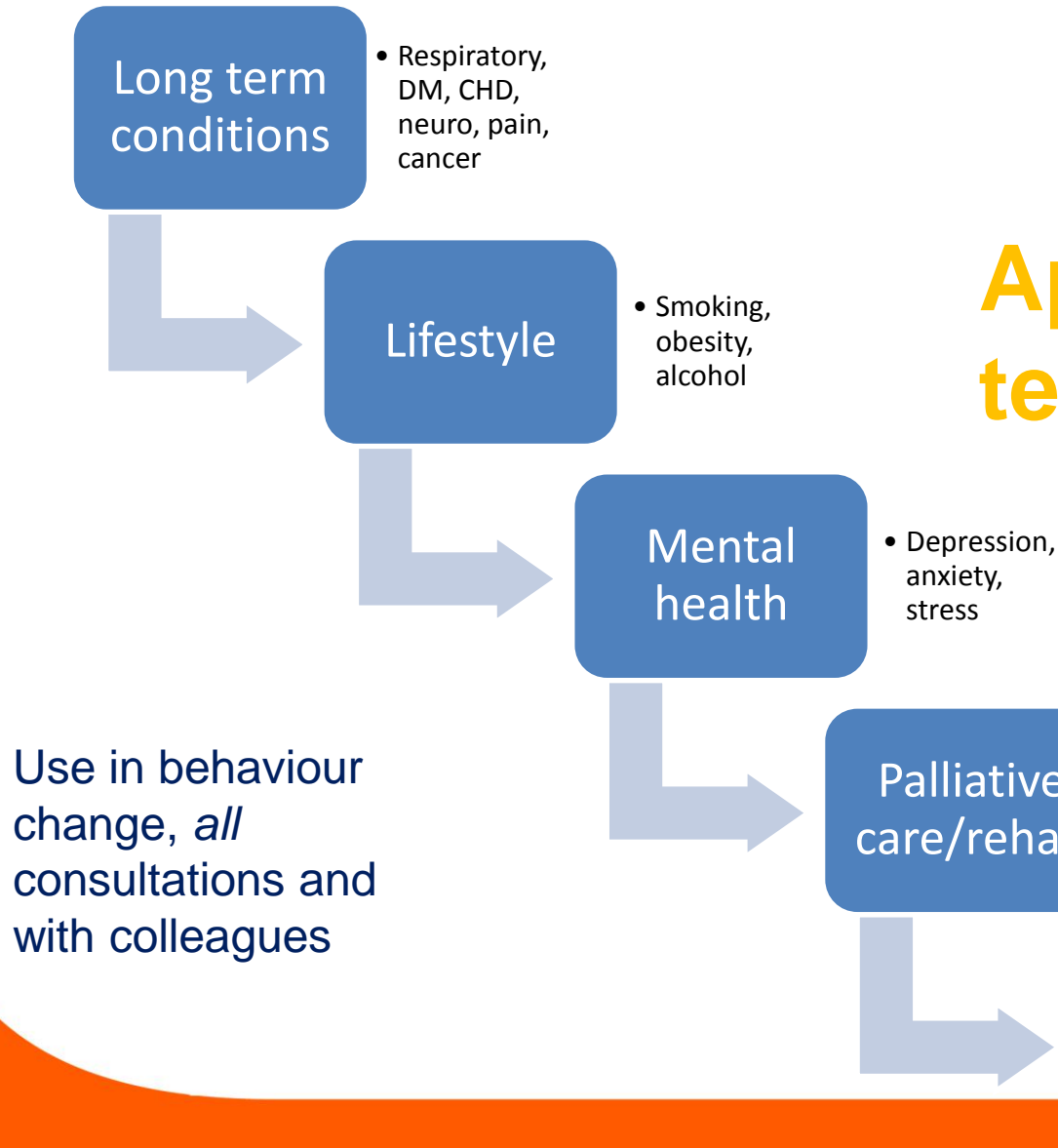
New techniques –
“the gap between where patients want to be and where they are - your opportunity”



Raised awareness
“this is very different from the medical model which we generally follow”

Key learning – behaviour change

Application of techniques



Reported benefits to patients and clinicians



Patients

- Increased engagement & motivation to change
- Increased satisfaction with consultation
- Potential outcome

Clinicians

- Effective consultations
- Resilience and job satisfaction
- Use with colleagues and others

Benefits to NHS organisations



- Improved quality of care and standards e.g. CQC
- Meet strategic priorities e.g. LTC, integrated care, frail elderly
- Improved patient experience, reduce complaints
- Improve multidisciplinary working with application across all sectors
- Experience of positive impact on utilisation, costs and outcomes

Summary

No brainer

Cost of 20 clinicians training = ~ £4k

Cost of bariatric surgery = £9-21K

Skills in empathetic communication that supports patient's motivation to look after themselves, including the most disadvantaged, improves patient and clinician satisfaction and may improve outcome and save money

- My learning
- Practicing differently?
- The impact -The Patient
The Staff

- Plans for the Department

‘What’s it like to be treated by me?’

- Plans for the Trust

We don’t own the services we deliver, our patients do. We have a duty to ensure they are using them to enable them to reach their goals and ambitions.’

National Voices 2014



Examples of potential

Impact on community rehab case load and referral

Examples of cross service integration
committing to patient goal



How to save the NHS

“The NHS should stop treating patients as passive patients in its care. There is great international evidence to suggest that you can reduce costs by 8-9% when you empower and enable patients to take more control over their LTC”

Mark Britnall News Night 2014

www.eoeleadership.nhs.uk/healthcoaching