Health Connect Coaching: developing a peer-to-peer coaching service to increase access to supported self-management

Learning from co-designing a volunteer peer coaching service to enable more people to safely join the Patient Initiated Follow Up pathway and increase supported self-management for people with long-term health conditions. See also the PIFU case example on the benefits of implementing a PIFU pathway to prompt.

What is the project?

- Health Connect Coaching is a tapered, peer-to-peer coaching programme[1] for people to access support to self-manage their long-term health conditions and move onto the patient initiated follow up (PIFU) pathway.[2] Patients without the knowledge, skills or confidence to effectively manage their own health (ie low activation levels) – 'who… possibly don't know their early warning signs [or] have a plan of what to do are much more likely to end up in crisis.' – are matched with people who know when and how to access the information and support they need to live well with their conditions.[3] The peers have similar symptoms or experience in terms of background.[4]

- Tapering the coaching conversations over six months is an evidence-based approach to ensure the programme is 'a catalyst and not a crutch'. Volunteers start by intensively coaching two people once a week each for two months. When those two move to fortnightly calls the coach takes on another person, and when those three lots of conversations reduce in frequency at the next stage, the coach takes on two more people. '[So] we are valuing the coach, not overburdening them, but at the same time keeping the numbers of people who can be supported coming through.'

- Helen Davies-Cox, Head of Personalised Care at Torbay and South Devon NHS Foundation Trust and project lead, and Krystina Bones, one of the two coordinators for the service, spoke with Q peer interviewers Suzanne Wood and Chris Pavlakis.

What were the challenges? How did they overcome them?

It's complex to design a robust volunteer training and management programme that takes account of individual needs, learning styles and clinical/information governance. Co-design through patients' and professionals' lived and learned experience has been essential for enabling the team to navigate challenges and iterate their approach. The initial four-week taught programme (1.5 hours twice a week) presented barriers for people with long-term conditions. Now much of the training is online for people to access at their own pace alongside live practice sessions and rich discussion. This means the team need to recruit volunteers with digital capability, so they have '[created connections with] voluntary organisations who would… be able to help individuals… [borrow] equipment.'

The time taken to develop and test.

It has taken longer than expected to develop the approach and test it enough to give confidence that the model works and enable a sound business case. This poses a challenge for funding (including for the coordinators) despite the substantial interest in the work. The external funding from Q Exchange, having senior champions within their organisation and sharing learning externally have helped to alleviate this challenge. Also, being agile and moving more quickly than they would otherwise to has allowed them to respond to opportunities by offering the service to people on elective care pathways.

What were the results?

Wide external profile and confidence in the work.

The evidence base underpinning the programme design/embedded co-design instils confidence, with 'wide interest' from external organisations. Helen applied for, and was awarded, an NHS Clinical Entrepreneur Fellowship[5] on the back of this work. The service, currently rolled-out in six outpatient pathways, is designed for growth. One staff coordinator can safely manage 50–100 volunteer coaches as volunteers increase in competency and move to group-based supervision.

> *"I don't know any clinician who could intensively support 250–500 people every 11 months."*

Lessons for improvers

Co-design takes time to establish and evidence but adds enormous value.

While the time taken to establish and evidence the programme is affecting the team's ability to secure funding, co-design is nonetheless a strength of the project. The time and effort spent on this has been well rewarded for how it has strengthened the design and is potentially improving people's lives.

> *"It is a constant iteration and… QI is [an essential] part... Supported self-management and improving health expectancy is everybody's business."*

Design for scale from the start.

The team are designing for scale[6] and will train people to run a similar programme in their own areas:

> *"We will be doing the codification element and we can mentor and support, but people need to make things work in their areas as everywhere is slightly different."*

A potential conflict with scalability is their use of the Patient Activation Measure (PAM) to identify people as either coaches or peers,[7] in terms of the usage licence fee. So as part of a randomised control trial (RCT) feasibility study,[8] they are testing it alongside other free-to use measures shown to be equally effective.

Find out more

Rose J. Using co-production to improve patient experience. Q blog; 22 July 2021.

Strategy Unit and Ipsos MORI. Patient-centred intelligence: A guide to patient activation.

Endnotes

1. It emerged from a Q Exchange-supported participatory co-design process in 2019. See Q Exchange. Redesigning outpatients through inclusive participatory co-design. Winning idea 2019.
2. NHS England. Patient Initiated Follow Up: Giving patients greater control over their hospital follow-up care.
3. Recent analysis has also highlighted interventions that increase activation as being 'essential for reducing avoidable demand and maximising the value of care'. See Horton T, Mehay A and Warburton W. Agility: the missing ingredient for NHS productivity. The Health Foundation; 2021.
4. The team are using the Indices of Multiple Deprivation to inform this matching process. https://www.gov.uk/government/collections/english-indices-of-deprivation
5. NHS England. Clinical Entrepreneur Programme.
6. Following the Billions Institute approach, see: www.billionsinstitute.com.
7. The Health Foundation. Webinar: Understanding and using the Patient Activation Measure in the NHS. 2017.
8. Funding is secured for a feasibility study for an RCT currently funded by Torbay Medical Research Fund, with plans to apply for an NIHR multi-site full RCT once the feasibility study is complete.