

Health and wellbeing coaching impact and effectiveness: A research perspective

April 2025

INTRODUCTION

Health and Wellbeing Coaches (HWbCs) are playing a crucial role in Wakefield's healthcare landscape, supporting the NHS Long-Term Plan to focus on person-centred care. Introduced into primary care in 2020, HWbCs provide non-clinical, personalised support, working with individuals to help them identify the things that matter most to them. They also provide people with support to implement changes by building knowledge, skills and confidence.

Coaching promotes self-management and self care, driving improved health outcomes for people with physical and mental health conditions, long-term conditions, and those at risk of developing them.

Trinity Health Group Primary Care Network: Health & Wellbeing Coach Service Evaluation



Paul Rudd is the Team Lead HWbC for Trinity Health Group PCN. He has worked with Dr Caroline Gibson, of Castle Health & Coaching Ltd to evaluate the effectiveness of health coaching interventions across the PCN.



Paul Rudd



Dr Caroline Gibson

AT A GLANCE

In the Wakefield District, health coaching is delivered by trained Health and Wellbeing Coaches who work within Primary Care Networks (PCNs). These coaches employ evidence-based theories such as motivational interviewing and the transtheoretical model - which is where a model of behaviour change is used to assess an individual's readiness to act on a healthier approach to life choices. Coaches work on the assumption that individuals are resourceful and with the right support, they are able to better manage their own health.

Coaches work with patients over a number of sessions, usually across 12-24 weeks, with appointment times of between 45 minutes to an hour. They encourage patients to self-manage their own health with a focus on empowerment and decision making.

Referrals to health and wellbeing coaches can come from GPs, nurses and health care assistants for patients with long-term lifestyle-related health conditions such as type 2 diabetes, obesity, and high blood pressure. Patients must be willing and eager to make sustainable healthy behaviour changes. Sometimes, patients are also able to self-refer.

THE EVALUATION

The recent service evaluation, undertaken by Paul Rudd and Dr Caroline Gibson, provides quantitative data on the impact of health coaching. Top level numbers are:

- 242 adult patients referred within a six-month period
- 69% of patients completed the service standard questionnaire at the beginning and end of their coaching
- 168 patients completed a coaching intervention
- 218 hours of coaching

RESEARCH METHODS

The evaluation used the following research methodology:-

Patients are asked to complete the EQ-5D-5L questionnaire. This is a recognised self-report survey that measures quality of life across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.

Patients are given the questionnaire at the start and at the end of the coaching intervention.

Objective measures are recorded for eligible patients, including weight, BMI, HbA1c (glucose levels), and blood pressure.

The number of coaching sessions per patient is decided between the patient and coach, in line with the patient-centered approach. (Each session lasts up to one hour).

Changes in scores before and after health coaching are calculated and then Quality of Life improvements (QALYs) are derived from the score changes.

QALYs were compared to costs to determine the "cost per QALY."

To measure the impact on primary care, the number of GP appointments for the 6 months both before and after the health coaching intervention were counted.

Patients had to be over 18 to take part.

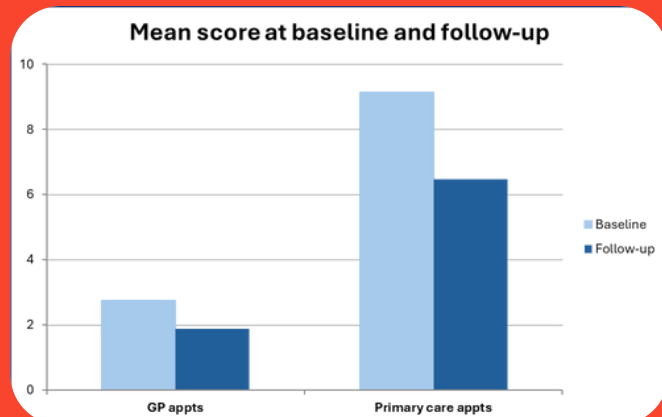
This case study focuses on just one aspect of Health and Wellbeing coaching and, in particular, the research conducted on the efficacy of interventions.

We know that Health and Wellbeing coaches are involved with so much more. Future case studies will examine other aspects of coaching and the activities that are organised for patients across the Wakefield District.

For more information on the research, contact Paul.Rudd@nhs.net.

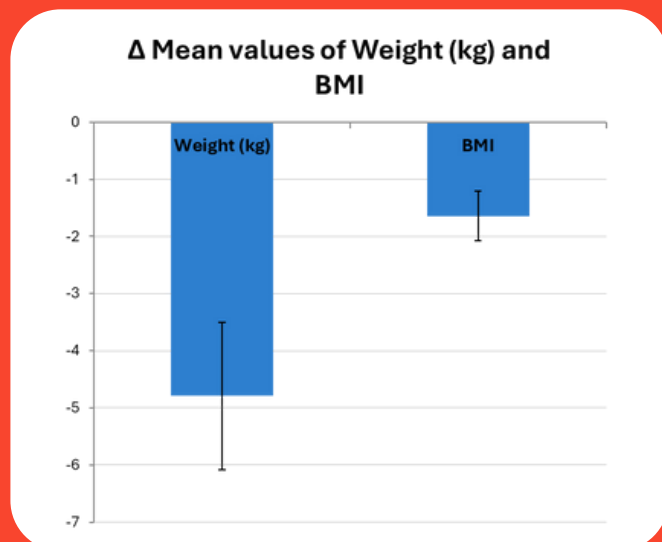
If there are any topics that you would like to see highlighted in future case studies, please contact:
wyicb-wak.conexuscommunications@nhs.net
with your ideas

RESULTS – GP & PRIMARY CARE APPOINTMENT DEMAND



GP Appointments: 31% reduction in number after health coaching

Primary Care Appointments: 29% reduction in number after health coaching



Average weight loss was 5kg, and Bmi reduction of 1.6 points



IT'S ALL ABOUT THE QALY

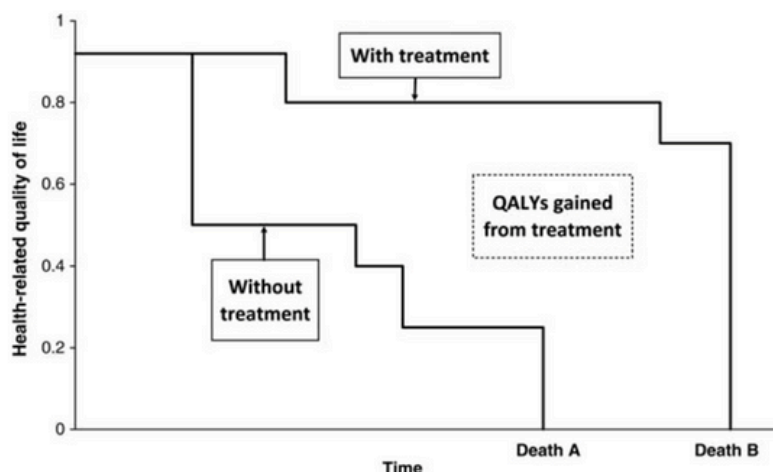


Fig. 1 QALYs gained from treatment.

The quality-adjusted life year (QALY) is a measure of disease burden, including both the quality and the quantity of life lived. It is used in economic evaluation to assess the value of medical interventions.

One QALY equates to one year in perfect health. It combines both the length of life gained from a treatment and the quality of those years into a single metric.

QALYs can be used to inform treatment decisions, to evaluate programs, and to set priorities for future programs

What do QALY's measure and why

Measurement: QALYs quantify the benefits of a treatment by considering how many additional years of life a patient might gain due to the treatment, adjusted by the quality of life experienced during those years.

Quality of Life: Quality of life is typically measured on a scale where 1 represents perfect health and 0 represents death. Scores between 0 and 1 reflect different states of health.

Calculation: QALYs are calculated by multiplying the number of years of life gained by a quality-of-life score (a utility value) for each year.

For example, if a treatment adds 2 years to a person's life, and the quality of life during those years has a utility level of 0.8, the treatment would provide 1.6 QALYs (2 years * 0.8 utility = 1.6 QALYs).

Use in Healthcare Decisions: QALYs are used to evaluate the cost-effectiveness of different treatments and interventions. This helps healthcare decision-makers, such as those at NICE (National Institute for Health and Care Excellence), allocate limited resources efficiently by comparing the value gained from different healthcare options.

In the evaluation conducted by Paul and Caroline, the cost per QALY for health coaching was calculated to be in the range of £634 – £2,272. This is significantly less than the NICE threshold for approving early phase clinical trials. This demonstrates the cost-effectiveness of health coaching.

It's important to note that the effect of some treatments, like health coaching, might decrease over time after the intervention stops, which is referred to as 'decay time'.

Here's a short video in case you want to know more about QALYs:

<https://youtu.be/1ZfqPGS-aTY?si=ReIdksB0m467JwLx>

Costs excluding drop-out cost

	Hours	Hourly Rate	Total
Costs		£	£
Staff	637	35	22295
Facilities	637	10	6370
Total		45	28665
Cost per patient (n=135)			212.33
Cost per QALY			
18 months			1690.64
4 years			633.99

Costs including drop-out cost

	Hours	Hourly Rate	Total
Costs		£	£
Staff	856	35	29960
Facilities	856	10	8560
Total		45	38520
Cost per patient (n=135)			285.33
Cost per QALY			
18 months			2271.88
4 years			851.95

WHAT DOES THIS MEAN FOR PATIENTS

Patient A - let's call him Rob

Rob was referred by GP following a diabetes review and after an observed increase in HbA1c from 49mmol/mol to 72mmol/mol over a 12 month period.

HWbC contacted and Rob was triaged to explore options and he consented to coaching intervention.

Initial Assessment:

- Rob's weight was affecting his mood. States embarrassed by way he looks, low confidence and self-worth.
- Tried diets in past but always seems to regain weight.
- Reported drinking alcohol multiple times a week and eating share bag of chocolate every other day.
- Wanting motivation and accountability from coaching sessions.

Goals Identified:

Weight loss (focused on his 'why') - increase self confidence and self worth.

KEY QUESTION: 'WHAT ARE YOU TRYING TO ACHIEVE AND WHAT IS THE WHY BEHIND THIS GOAL?

- 6 coaching sessions total over 6 months

Old Habits/Behaviours: snacking and eating ultra processed foods, drinking alcohol. Physical inactivity, sedentary at work and home. Little to no exercise throughout week. Not having good relationship with son at home.

New Habits/Behaviours: exploring diversity of whole foods and reducing ultra processed foods, avoids alcohol. Signed up to gym 3 to 4 times per week and going with son. Increased physical activity at work and 'focuses on the majors'.

Information signposting: non-directive, supportive advice. Discussions about the negative impact of ultra processed foods and the benefits of whole foods.

OUTCOMES

Rob's outcomes after the health and wellbeing coaching interventions were:

- Total weight Loss - 37.7kg
- BMI reduction - 12.45kg/m²
- HbA1C reduction of 41mmol/mol - no longer taking diabetes medications (metformin).
- 2 less GP appts and 5 less primary care appts 6 months post-coaching compared to pre-coaching.



Paul helped me come up with a clear self-understanding of my daily struggles and how I could take back control to improve my health and well-being. I liked that I wasn't told what to do but encouraged to make my own plan."

Patient Weight (Kgs)

● Pre-measure ● Post-measure

