

Health & Wellbeing Coach Service Evaluation

Authors

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IPM, June 2025



NHS health coaching

- The NHS Long-Term Plan prioritises person-centred care, with Health and Wellbeing Coaches (HWbCs) as a key initiative to enable personalised care.
- HWbCs were introduced into primary care via the Additional Roles Reimbursement Scheme (ARRS) in 2020.
- HWbCs are a non-clinical, personalised care role that support individuals by working collaboratively aligned with what matters most to the patient.
- HWbCs employ evidence-based psychological theories such as motivational interviewing, transtheoretical model, self-efficacy and positive psychology principles to support their coachee.
- Use a non-directive, non-prescriptive, and behaviour change-focused approaches to empower individuals to lead their own change.
- Focus on setting personalised health-related goals aligned with what matters most to the patient.



Case study

Referral

- Referred by GP following T2 diabetes review and reviewing blood test- increase in HbA1c from 49mmol/mol in Aug 2022 to 72mmol/mol in Aug 2023.

Initial Assessment

- Low mood re weight. States embarrassed by way he looks, low confidence/self-worth.
- Tried ‘diets’ in past but always seems to regain weight.
- Goals Identified: Weight loss (**Focused on his ‘why’**)- increase self-confidence/self-worth.

Pre Measure	Value
Weight	152kg
BMI	50.2kg/m ²
HbA1c	72mmol/mol
Systolic BP	135mmHg
Diastolic BP	90mmHg
GP appts 6m prior	2
PC appt 6m prior	9

Pre Measure	Value
Mobility	1
Self-Care	1
Usual Activities	1
Pain/Discomfort	1
Anxiety/Depression	2
EQ-VAS	45
WHO-5 Index	8



Aim

- Evaluate the effectiveness of a coaching intervention
 - How much impact does coaching have on the person receiving coaching?
- Describe how health coaching interventions are being used
- Estimate the cost-effectiveness of health coaching intervention
- Estimate the impact of health coaching intervention on primary care demand

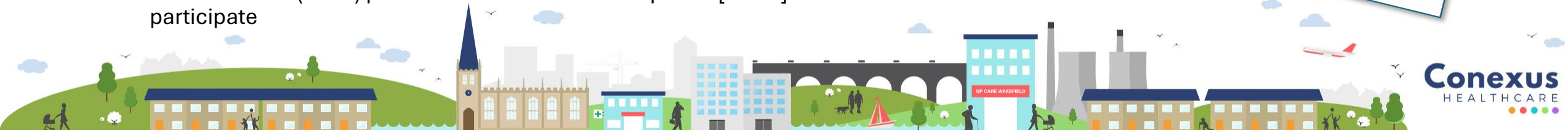
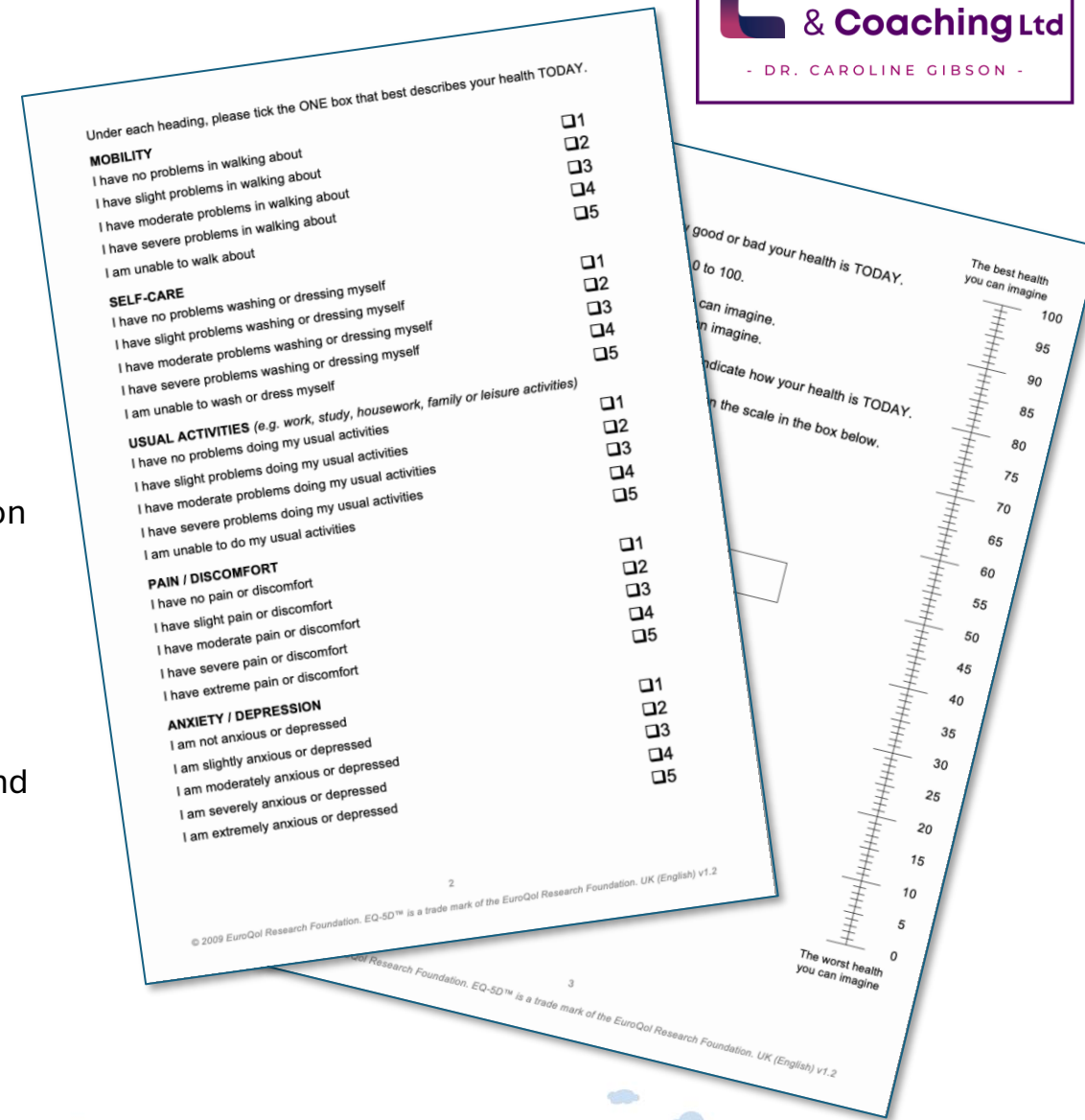


Method

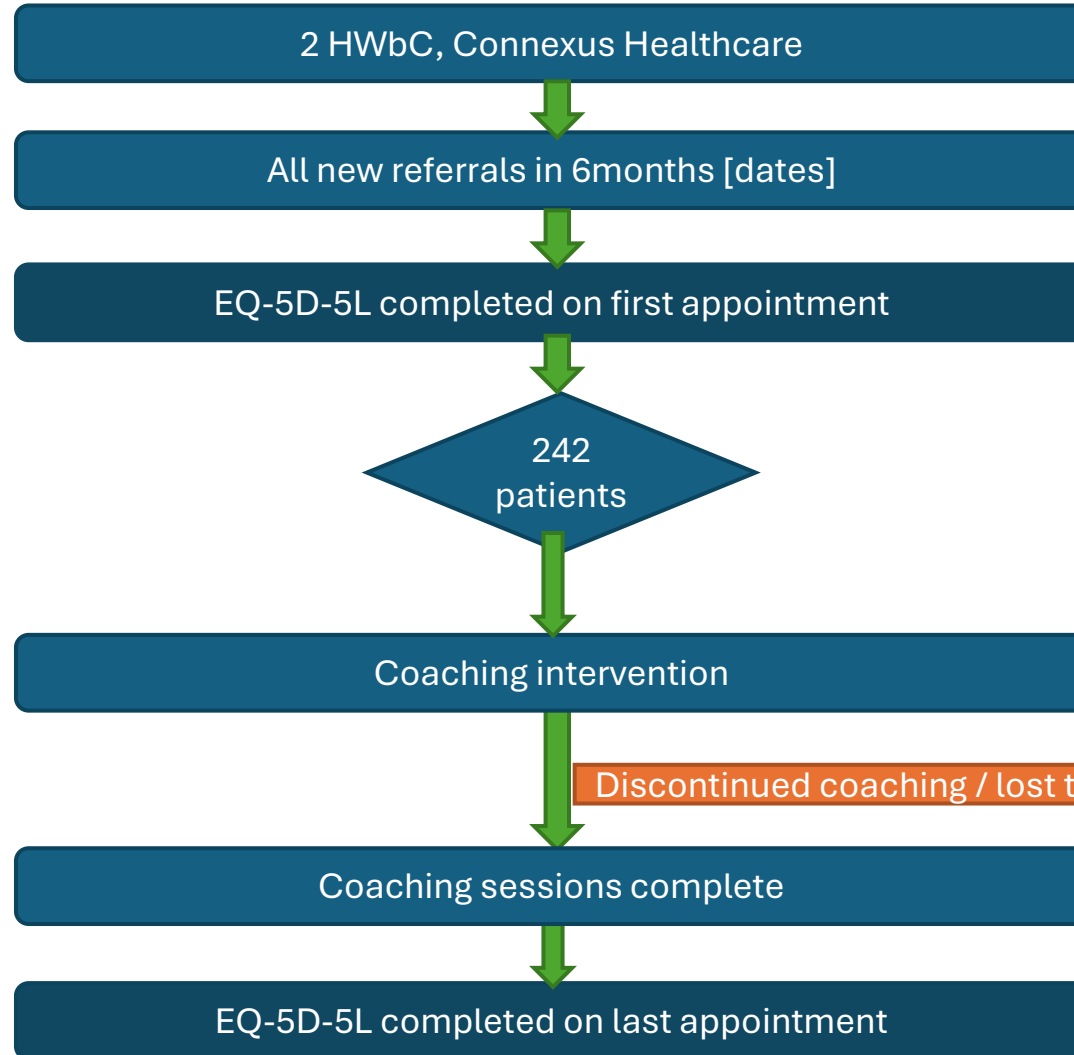
- Used EQ-5D-5L Quality of Life tool at beginning and end of coaching intervention.
- Objective measures are recorded for appropriate patients (Weight, BMI, HbA1c, BP)
- The number of coaching sessions per patient is agreed between the person and coach as per patient-centred approach to coaching.
- Quality of life improvements (QALY's) are calculated from the change in scores.
- QALYs are compared to costs to calculate “cost per QALY”
- GP & all primary care appointments are counted in the 6months before and 6months after health coaching intervention

Project Structure

- Across 1 PCN, Connexus healthcare
- Invited all new (adult) patient referrals in a 6month period [dates] to participate



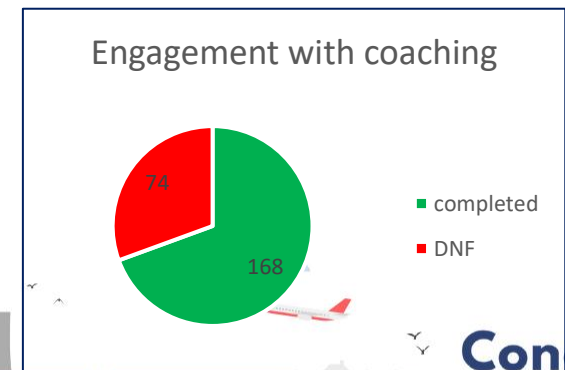
Process



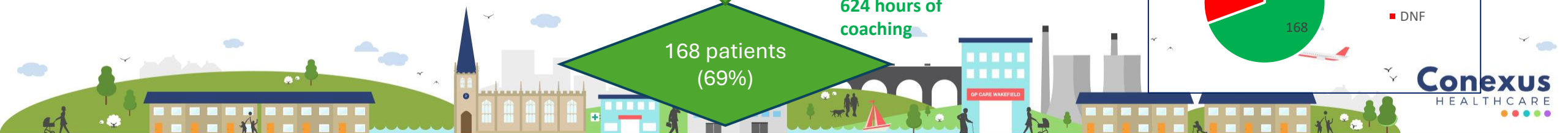
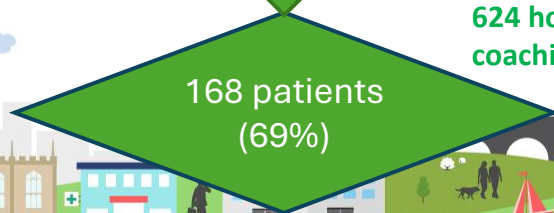
Discontinued coaching / lost to follow up



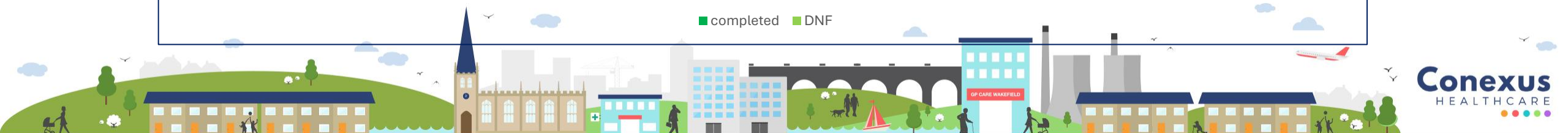
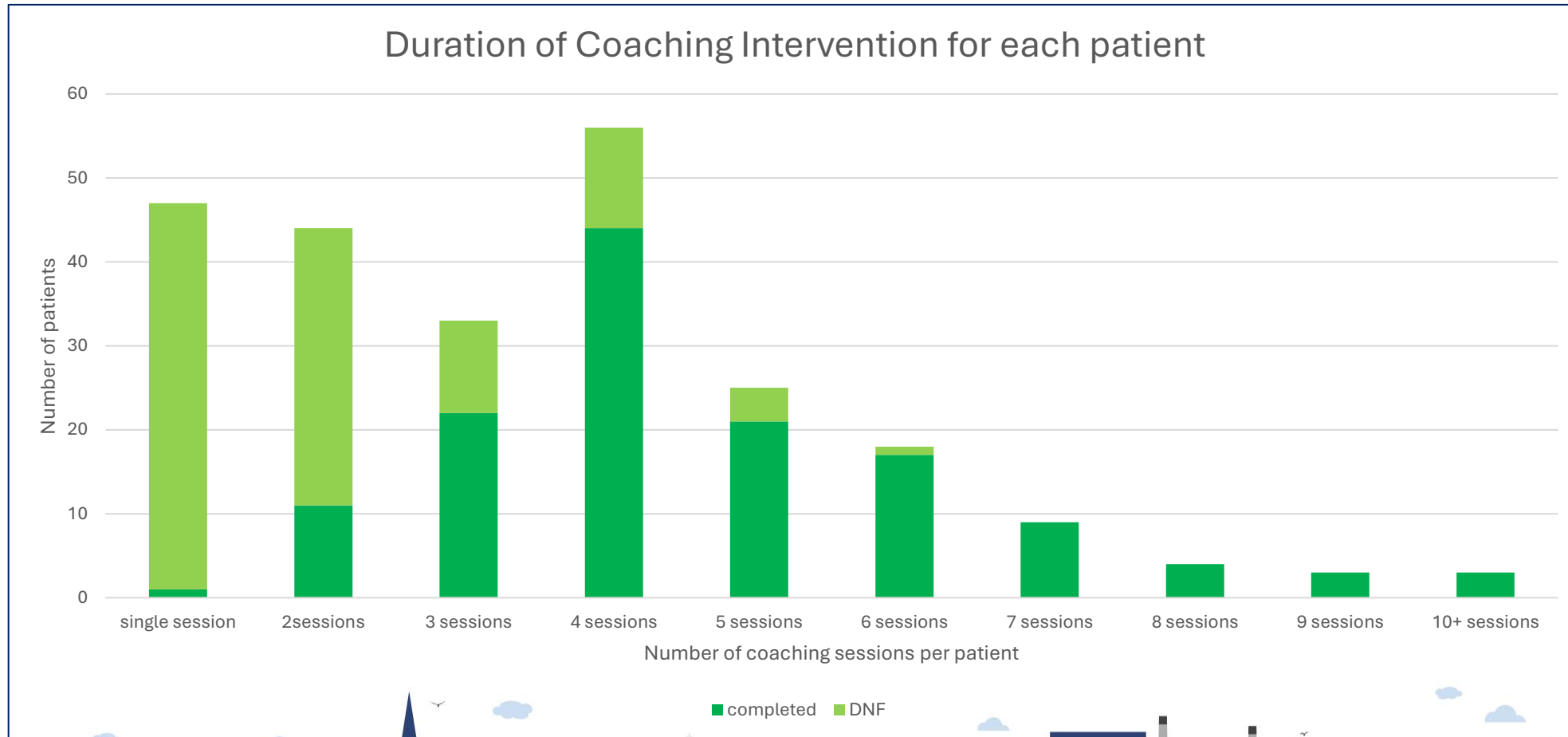
218 hours of coaching



624 hours of coaching

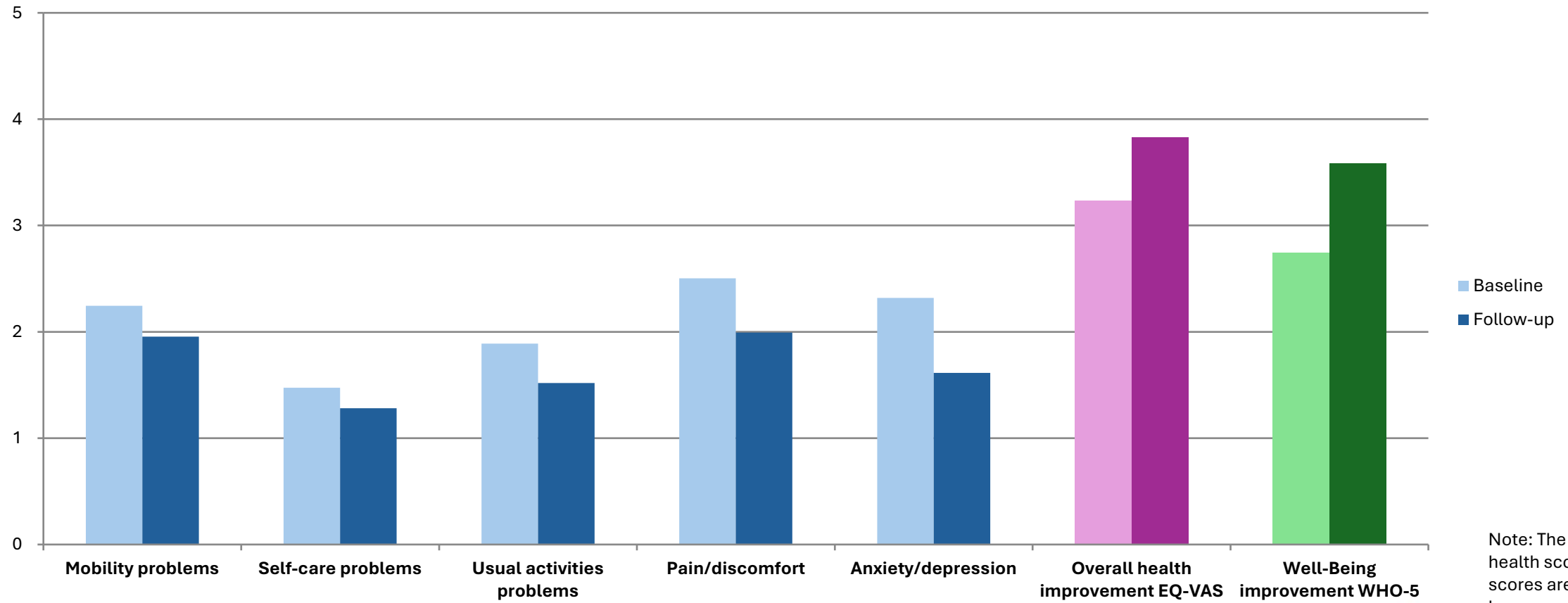


Duration of coaching



Results

Mean scores at baseline and follow-up

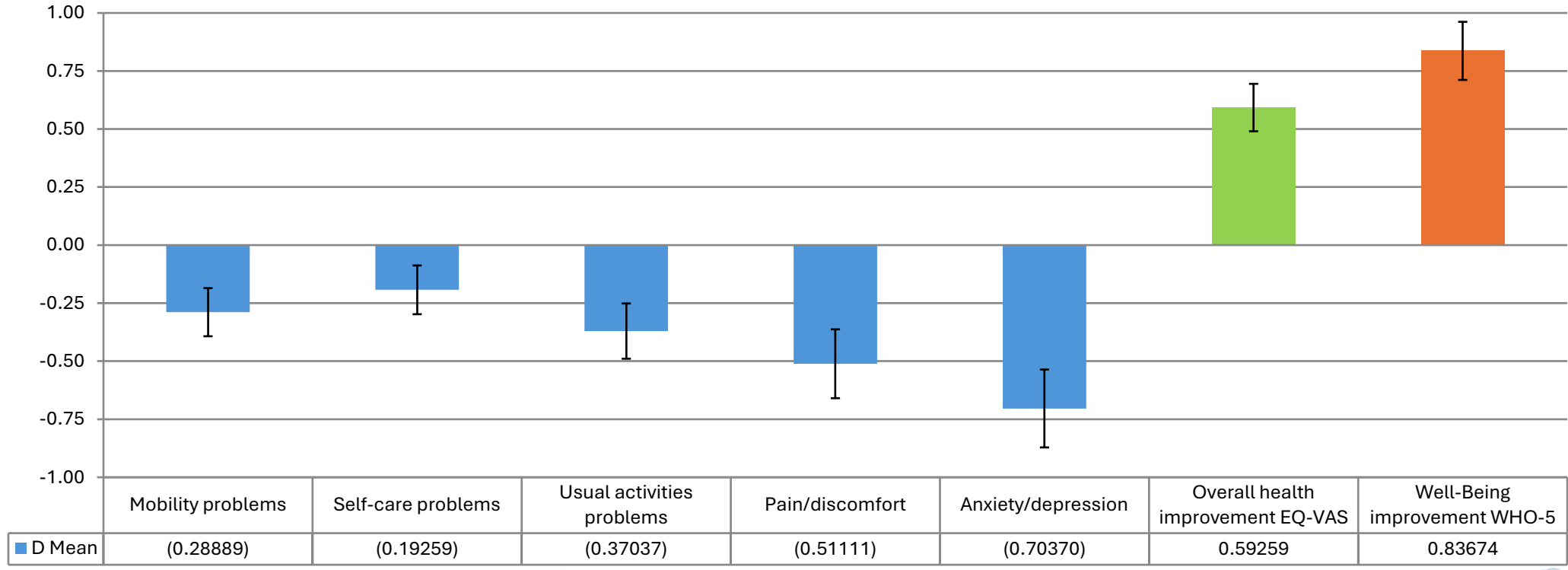


Note: The EQ VAS overall health score and WHO-5 scores are rescaled (Max=5) to be comparable with the 5Q-5D-5L dimension scores



Results 2 - changes in scores

ΔMean scores between baseline and follow-up



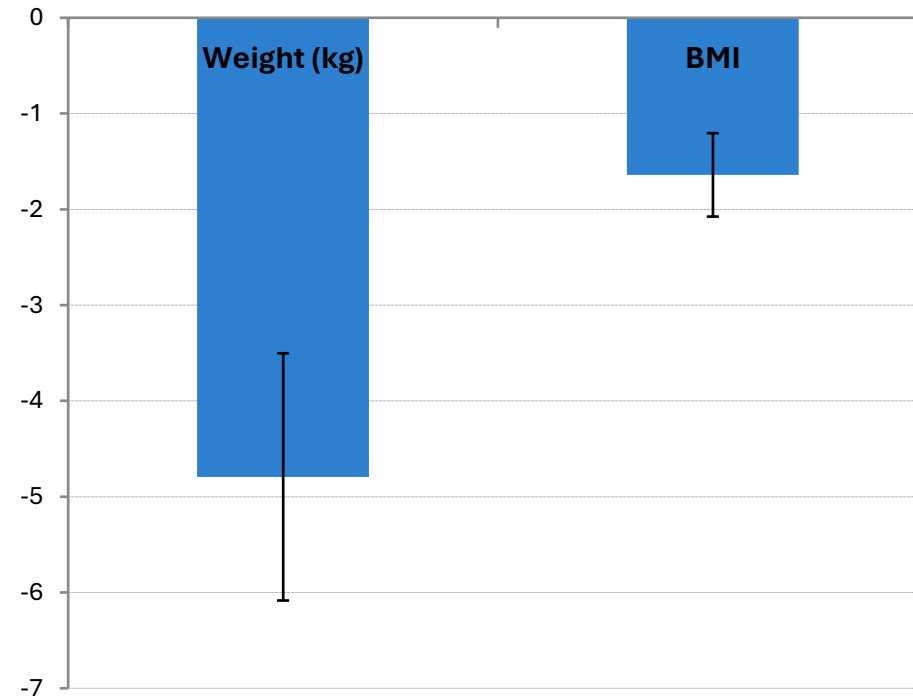
Notes:

1. The EQ-VAS overall health score and the WHO-5 wellbeing scores are rescaled (Max=5) to be comparable with the EQ-5D-5L dimension scores
2. Error bars show 95% confidence interval for a paired two-tailed t-test

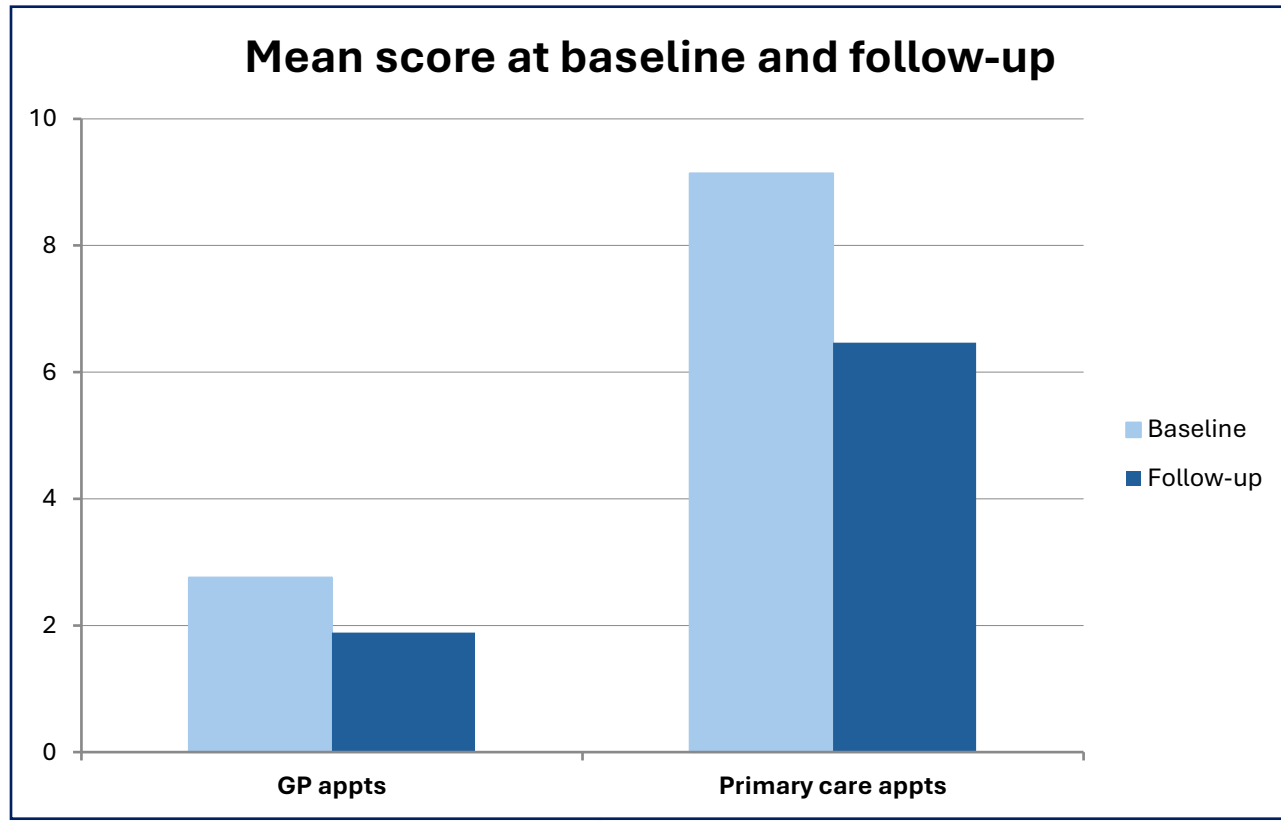


Results – objective data

Δ Mean values of Weight (kg) and BMI



Results – GP & primary care appointment demand



**GP Appointments
= 31% reduction**

**Primary care
appointments
= 29% reduction**



Case study (end)

- 6 coaching sessions
- Focus on behaviour change and creating new habits, especially around physical activity, relationships and food.
- Information signposting- ‘non-directive’ - **‘what would you change and why?’**
- ***“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.”***

Value	Pre	Post
Weight (kg)	152	114.3
BMI (kg/m ²)	50.2	37.8
HbA1c (mmol/mol)	72	31
Systolic BP (mmHg)	135	110
Diastolic BP (mmHg)	90	78
GP appts 6m prior	2	0
PC appt 6m prior	9	4
EQ-VAS	45	85
WHO-5 index	8	15



How cost-effective is health coaching?



QALYs

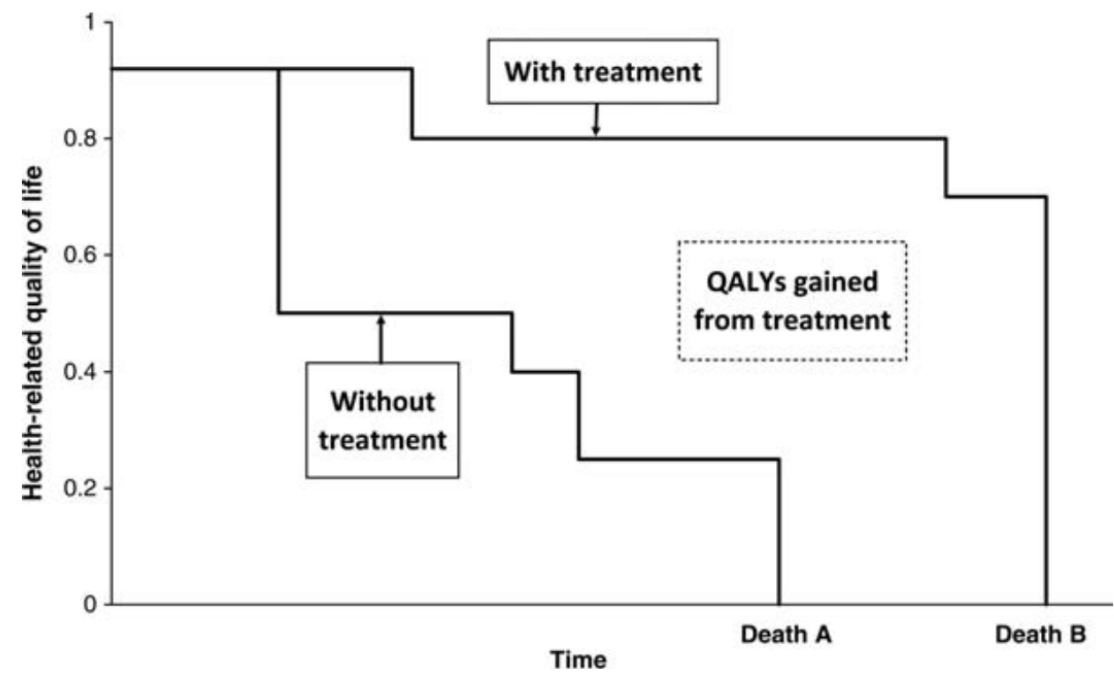
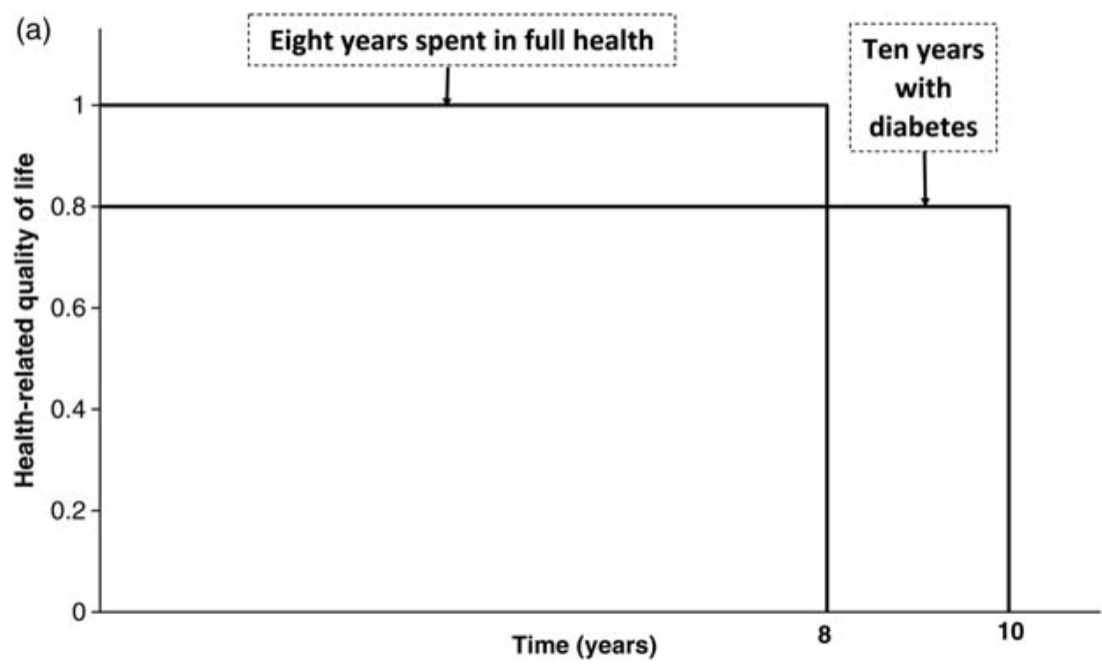


Fig. 1 QALYs gained from treatment.

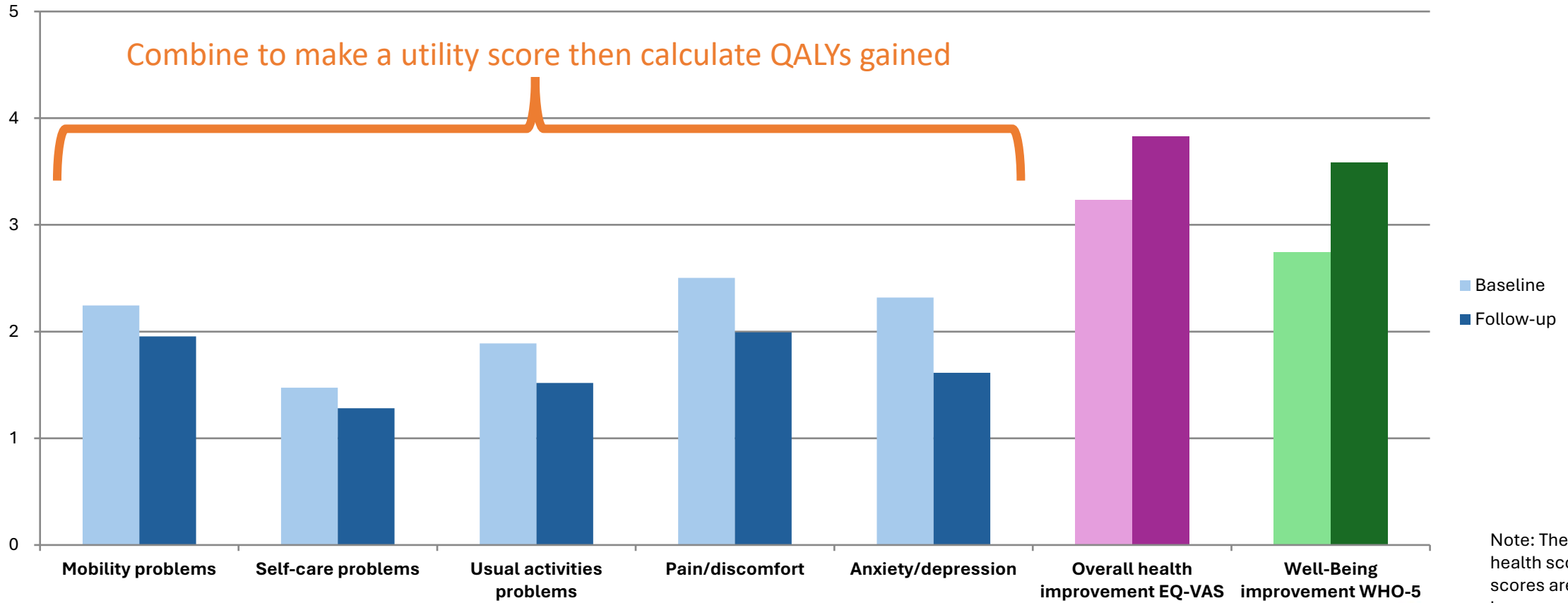
Reference:

1. Ogden, J. 2017. QALYs and the role in the NICE-decision making process. Prescriber, Apr 2014, p41-43
2. Whitehead, S.J. & Ali, S. Health outcomes in economic evaluation: the QALY and utilities



Results

Mean scores at baseline and follow-up



Note: The EQ VAS overall health score and WHO-5 scores are rescaled (Max=5) to be comparable with the 5Q-5D-5L dimension scores



Costs per QALY

QALYs gained calculated from increase in utility scores (EQ-5D-5L changes)

Costs of staff and facilities used to estimate cost per QALY.

From these 2024 figures, the cost per QALY is
approximately **£634 – £2272**

for comparison, the NICE threshold for approving novel therapies is
£20,000-£30,00 per QALY



Conclusions

- Health coaching has a high level of engagement from patients
- Coaching provides an **effective and cost-effective improvement** in patient's self-reported **overall quality of life and wellbeing scores**.
- Significant improvements seen are in ability to carry out usual activities, mobility, pain, self-care ability and anxiety & depression.
- **Health coaching is a cost-effective** intervention, with low cost-per-QALY gain
- Health coaching is associated with **significant reduction in patient demand for primary care and GP appointments**.



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With thanks to:

Connexus Healthcare

