



UWL REPOSITORY

repository.uwl.ac.uk

A Quality Improvement Service: An evaluation of the Diabetes Health and Wellness Coaching Service in Ealing Community Partners

Manginas, Katerina, Tsiami, Amalia ORCID logo ORCID: <https://orcid.org/0000-0002-1122-4814>, Lara, Szymon Wojciech ORCID logo ORCID: <https://orcid.org/0000-0002-1120-2092>, Cross, Peter and Talib, Shamin (2022) A Quality Improvement Service: An evaluation of the Diabetes Health and Wellness Coaching Service in Ealing Community Partners. In: Ealing Community Partners, 01 Nov 2022, London, UK. (Submitted)

10.13140/RG.2.2.34170.91849

This is the Presentation of the final output.

UWL repository link: <https://repository.uwl.ac.uk/id/eprint/12409/>

Alternative formats: If you require this document in an alternative format, please contact: open.research@uwl.ac.uk

Copyright:

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy: If you believe that this document breaches copyright, please contact us at open.research@uwl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Rights Retention Statement:

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/369197324>

A Quality Improvement Service: An evaluation of the Diabetes Health and Wellness Coaching Service in Ealing Community Partners

Poster · November 2022

DOI: 10.13140/RG.2.2.34170.91849

CITATIONS

0

READS

31

5 authors, including:



Amalia Tsiami

University of West London

95 PUBLICATIONS 1,437 CITATIONS

SEE PROFILE



Szymon Lara

University of West London

12 PUBLICATIONS 3 CITATIONS

SEE PROFILE



Peter Cross

University of West London

2 PUBLICATIONS 3 CITATIONS

SEE PROFILE

A Quality Improvement Service: An evaluation of the Diabetes Health and Wellness Coaching Service in Ealing Community Partners

Author: Katerina Manginas, Healthier Lifestyle Service Lead, West London NHS

West London NHS Team : Vidya Ghandi, Anissa Hared, Mehrad Tafreshi, Raminta Pinarello University of West London Team: Dr. Amalia Tsiami, Peter Cross, Shamin Talib, Szymon Lara, Arif Ahmed

Background:
Ealing borough has one of the highest prevalence rates of diabetes in London (8.24%). Type 2 diabetes is generally caused by excessive weight, it is the single greatest risk factor for developing the condition. Other risk factors include age, family history, and ethnicity including people of African-Caribbean, Black African, or South Asian descent who are two to four times more likely to develop the condition (1,2).
People who live with type 2 diabetes generally try to self-manage their own condition in their day-to-day and have minimal contact with healthcare professionals (estimated to be a few hours per year). To support people to self-manage well, requires support and empowerment to enable people to make the right choices and decisions about how to manage their life and their diabetes. Through well supported self-management programmes, people can show improvements in mental wellbeing, reduction of complications associated with diabetes, prevention of hospital admissions and if admitted a reduced length of stay (4,5).
Health coaching is a supported self-management intervention and is part of the NHS Long Term Plan's commitment to make personalised care 'business as usual' across the health and care system. Personalised care is about people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths and needs (3). This will help people gain and use the knowledge, skills and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goal. Evidence suggests that this way of working significantly increases the likelihood that people will adopt behaviours and approaches that contribute to their health and wellbeing. The current service is based on COM-B behaviour change theory and Stages of change model (6,7).

Aim:
To support patients set SMART goals using COM-B model and stages of change cycle to their self management of Type 2 diabetes.

Methods:
The Diabetes Health and Wellness Coaches deliver a lifestyle programme that covers healthy eating, physical activity, smoking cessation through behaviour change techniques and motivational interviewing, and are sensitive and flexible to the needs, abilities, cultural or religious norms of the local population.

The service has three core elements:

- One-to-one health and wellbeing coaching for minimum 6 sessions over 12 weeks (delivered face to face or remotely)
- Cooking class delivered and facilitated by the University of West London (monthly sessions of culturally appropriate cooking educational classes)
- Walking group (weekly)

In the current review, there were 25 patients who have completed the service by July 2022. In the current service there are 3 main outcome measures which are the Self-Management Assessment Tool (8). For the Mental Wellbeing Scale (Warwick and Edinburgh) was used (9). For the physical activity the International Physical Activity Questionnaire (10).

Table 1 shows the demographic data of the patients included in the review

Demographic Data	Values
Gender	76 % (19) Female 24% (6) Male
Mean Age	61 years
Ethnicity * Used 2021 census categories	64% (16) Asian or Asian British 20% (5) Black, Black British, Caribbean or African 16% (4) White

References:
1. Diabetes UK, New figures show rise in diabetes rates across London.
2. Chandok, R. et al. (2019) Collaborating for improving diabetes care in Ealing, London: a time for cautious optimism, years 2011 to 2018
3. NHSE (2020) Health Coaching Implementation and quality Summary Guide. <https://www.england.nhs.uk/wp-content/uploads/2020/03/health-coaching-implementation-and-quality-summary-guide.pdf>
4. <https://www.nationalvoices.org.uk/publications/ourpublications/peer-support> (accessed 22 October 2018)
5. Barker, I. et al. (2017). Patient activation is associated with fewer visits to both general practice and emergency departments: a cross-sectional study of patients with long-term conditions, Clinical Medicine, 17(3), p.15
6. McSharry, J., Byrne, M., Casey, B., Dinneen, S. F., Fredrix, M., Hynes, L., ... & Morrissey, E. (2020). Behaviour change in diabetes: behavioural science advancements to support the use of theory. Diabetic Medicine, 37(3), 455-463.
7. Greene, G., Rossi, S. R., Rossi, J. S., Velicer, W. F., Fava, J. L., & Prochaska, J. O. (1999). Dietary applications of the stages of change model. Journal of the American Dietetic Association, 99(6), 673-679.
8. Öberg, U., Hörnsten, Å., & Isaksson, U. (2019). The Self-Management Assessment Scale: Development and psychometric testing of a screening instrument for person-centred guidance and self-management support. Nursing Open, 6(2), 504-513.

Results:
Coaching Outcomes:
Table 2 shows the results from the 3 main outcomes for the patients. For Self-Management Assessment Tool (8) which has shown there has been a significant improvement. This has shown that the coaching sessions and the supplementary activities has increased the self-reported management of their type 2 diabetes. The questionnaire focuses on knowledge, goals for future, social support, daily routines and emotional adjustment.
For the Mental Wellbeing Scale (9). From the table it can be seen that there was an improvement in their general wellbeing overall the 12 weeks whilst receiving support.
For the physical activity the International Physical Activity Questionnaire (Craig, 2003). It shows that after the support that patients have received their physical activity has increased for the majority of the patients with 70% of patients being classed as "high" activity.

Table 2 shows the main outcomes measures for the coaching/behavioural support of the service:

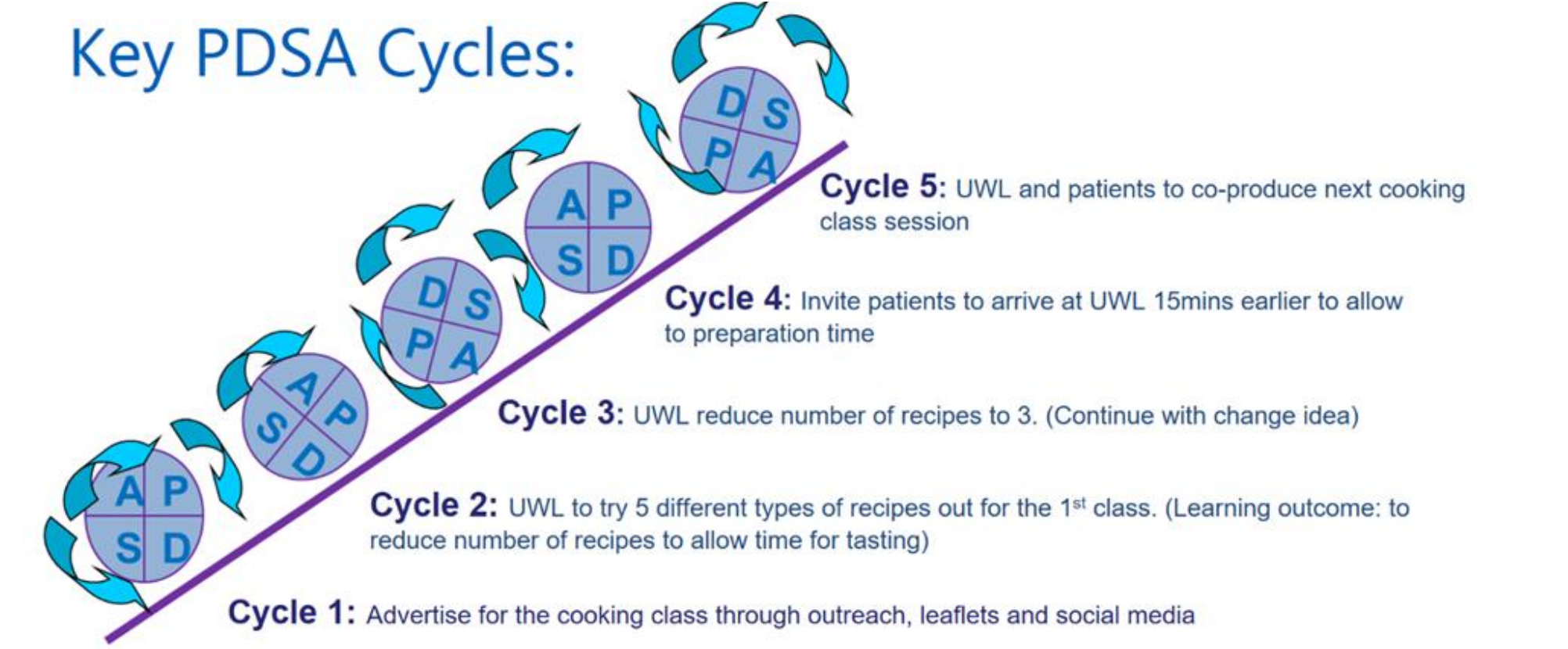
	Initial Consultation	Final Consultation	Change
Self-management assessment tool	40	54	+14
Mental Wellbeing Scale	54	61	+7
IPAQ (Physical activity)	Low	62%	-47%
	Medium	7%	+8%
	High	31%	+39%

Cooking Classes:
On average 50% of patients have participated in the cooking classes join them. Questionnaires (10) have been completed the pre and posts change in cooking skills for the classes. From table 3, below, it is clear to see that there has been an overall large improvement in the patients cooking classes which can be attributed to the classes delivered by UWL.

Table 3 shows the main outcome measure for the cooking classes

	Initial Consultation	Post Class	Change
Cooking Skills Questionnaire	104	172	+68

A diagram to show the key PDSA cycles in the transformation of the cooking classes with the University of West London



Walking Groups:
As part of the new programme the service physical activity has been integrated as "walk and talk" sessions with patients. This has enabled service users to opt for their 1-1 support based in Southall, but behavioural and coaching support would be whilst walking. This has increased their physical activity throughout modelling behaviour from the coach and allowing for a greater number of service users to be seen face-to-face whilst on-going work is completed to locate space in the office. In the initial stages this element has been tested as part of QI. Patient will also be offered activity trackers to loan for the duration of the programme and research has shown that they can act as a motivational tool. Local collaboration with existing providers through which is community led physical local initiative to get the town of Southall more physically active

Tobacco Dependency:
Smoking cessation support has been included as part of the service. The service has a service level agreement with a local pharmacy to provide electronic vouchers for a 12 week course of nicotine replacement therapy (NRT). So far in the service a total of 4 patients who are attempting a quit attempt and 3 successful quit attempts.



Conclusion:
Overall, since the service has begun in February of 2022 the review has shown evidence greater improvement in self-management for patients of their type 2 diabetes condition as well as better mental wellbeing as well as improved physical activity. Patients have also shown their cooking skills have improved after the cooking classes. The service has also shown integration and collaboration with multiple stakeholders. The Diabetes Health and Wellness Coaching Service has shown promising results in targeting patients who would require the current support.



9. Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., ... & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. Health and Quality of Life Outcomes, 5(1), 1-13.
10. Lavelle, F., McGowan, L., Hollywood, L., Surgenor, D., McCloat, A., Mooney, E., Caraher, M., Raats, M. and Dean, M., 2017. The development and validation of measures to assess cooking skills and food skills. International Journal of Behavioral Nutrition and Physical Activity, 14(1), pp.1-13.