

PEER CONNECT: A Feasibility RCT of Peer Coaching for Adults with Long-term Conditions

Background

- People with low levels of knowledge, skills and confidence to manage their health and wellbeing (low activation, Patient Activation Measure (PAM) levels 1+2) are more likely to have unmet health needs.
- In the UK it is estimated this may apply to 25-40% of people living with a long-term condition.
- Peer coaching may support people to increase their level of activation.

Methods

Research question:

Is it feasible to undertake a future multi-centre RCT to determine the impact of a targeted peer coaching intervention (for people with low activation) on health and wellbeing?

- Intervention: volunteer peer health and wellbeing coaching (Health Connect Coaching), co-designed with people with multiple sclerosis (MS), chronic pain and rheumatology conditions plus usual care. Delivered in a stepped approach over 6-months.
- Control: usual care.
- Coach training: 8, weekly 90-minute video-call sessions and online 'homework'.
- Peer coaching delivered online via video-call.
- Recruitment strategies included: invitation letter via clinical service lists; direct invitation from clinicians; adverts in GP practices; support groups; local radio; newspapers and social media.
- Feasibility outcomes and measures of patient activation (PAM), mental health and wellbeing (HCS, WEMWEBS, LTCQ, ICECAP-A, participant resource use).
- Semi-structured interviews exploring service and study feasibility, acceptability and deliverability were conducted with coaches, peers and service staff.

COACH TRAINING



Findings (so far)



Volunteer coaches

27 potential volunteer peer coaches were screened, 21 recruited (n=13 MS, n=4 rheumatology, n=4 pain). Recruited to target. 8 have withdrawn (n= 4 MS, n=2 rheumatology, n=2 pain).

Peers

Nineteen potential peers were screened with seven (n= 2 MS, n=5 pain) recruited. Target n=60. 11 were ineligible due to high activation score (PAM).

Interviews

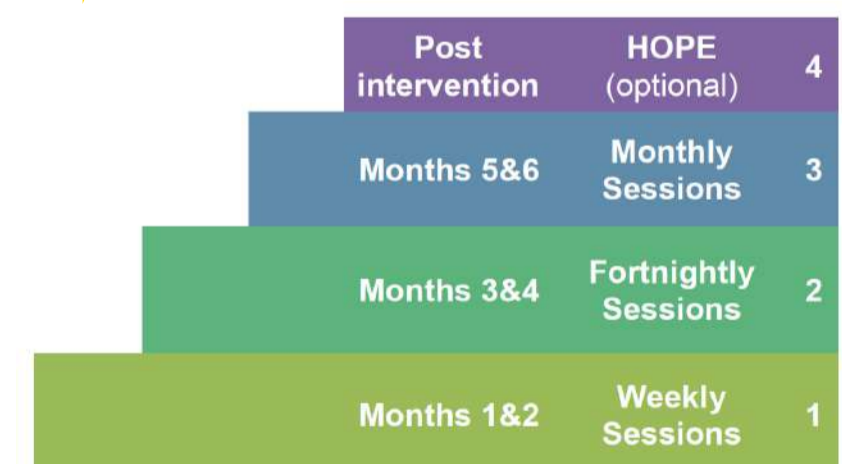
Ten volunteer coaches were interviewed after completing the coach training. To date, 2 have been interviewed after delivering coaching. So far, 2 peers have been interviewed after receiving the coaching. Peer, coach and staff interviews continue.

I started thinking "how am I gonna do this?" I wasn't at all feeling confident that I could go off and coach somebody...now I'm thinking, "do you know what? I can do this!" C303

"[My coach] is very good at showing me a path and then... lets me work it out for myself" P1002



PEER COACHING



Conclusions (to date)

- Coach recruitment is feasible.
- On-going co-design led to greater acceptability of the components of the training programme.
- Creation of a 'coaching community' improved coach retention.
- Future work will use co-design to explore more innovative and engaging ways of recruiting people with low activation to the coaching service.
- If successful, integration of peer coaching into patient care pathways using the new engagement approaches will be explored.