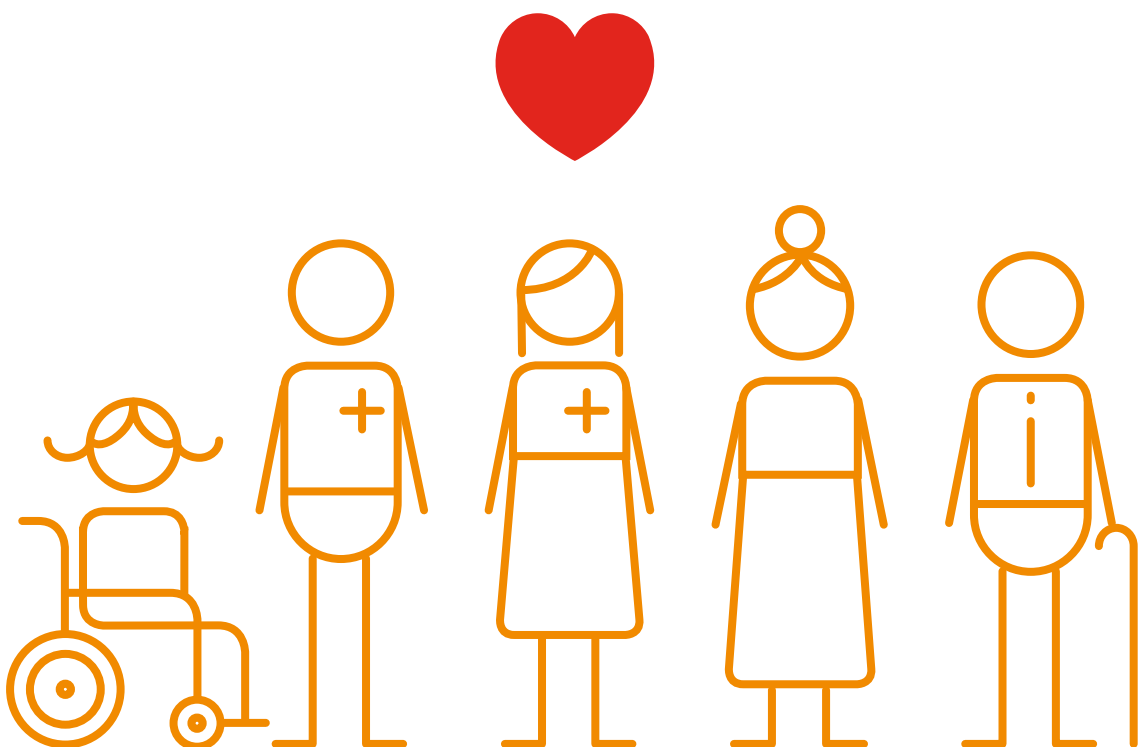


Supporting Self-management for People Living with Long-term Conditions



Contents

Welcome and Introduction from UCLP and Care City.....	3
How to Use This Pack.....	5
Top Tips for Microsoft Teams Meetings.....	6
UCLPartners Protocols	7
Training Slides Workshop 1.....	8
Training Slides Workshop 2	41
Resources and References	62
Contact Details.....	64



Introduction and Welcome from UCLP and Care City

COVID-19 has placed unprecedented pressure on our health system. Immediate focus was understandably on supporting patients with or at risk of the virus.

However, there are large numbers of people living with long term conditions who have depended on regular, proactive face-to-face care to keep them well. The pandemic has offered the opportunity to rethink how the NHS proactively supports people to stay well at home.

UCLPartners has developed a series of frameworks and approach to help people living with long term conditions stay well at home. The approach involves the breadth of staff involved in primary care including you!

For more information please visit:

<https://uclpartners.com/long-term-condition-support/>

To support you to care for patients with long term conditions, UCLPartners in collaboration with Care City is delivering this training.

Support for you: Workshops

These workshops will be drawing on several approaches to supporting self-management (including the principles of motivational interviewing and health coaching) to provide some practical skills to enable you to prepare for and maximise the value of the UCLPartners long term condition frameworks.

We want you feel confident in delivering these so you can adapt them to each individual person. Many of you will have developed these skills in your roles and so the sessions are also a chance to share knowledge, recap and build a support network – working together to find the best ways to deliver supported self-management to our population, particularly in light of the COVID-19 pandemic.

About Care City

Care City is a community interest company, based in Barking. Travel east on the tube from Westminster, and each stop represents a year of healthy life lost. We want to change that. Our mission is a happier, healthier older age for East Londoners. Not just better health and care services – healthier communities, economies and lives. We want to show how new approaches to care can remake East London for the better.

About UCLPartners

UCLPartners, is one of the largest academic health science partnerships in the world, encompassing more than 40 health care providers and universities that together serve a population of 6 million people in London and surrounding areas.

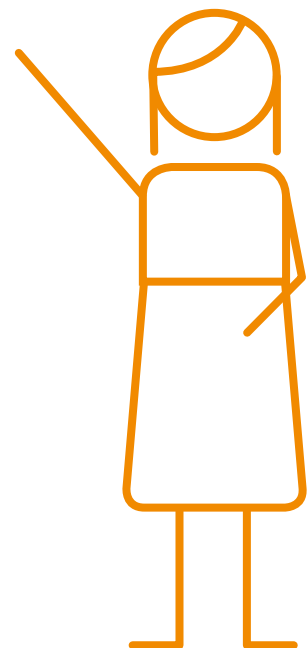
We are a not-for-profit social enterprise and support our partners to collaborate across a number of health and social care settings.

We act as a healthcare hub, bringing together academics, healthcare professionals, primary care, universities, and community services. We share practical and evidence-based solutions as well as methods for building capability and supporting system change. Read more about us here <https://uclpartners.com>

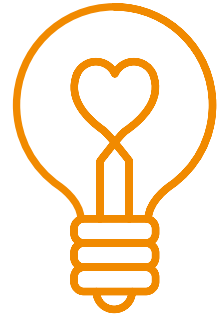


How to Use This Pack

- This pack is intended to be used in conjunction with the virtual training programme on supported self-management delivered by Care City and UCLPartners
- It is aimed at those staff supporting and contacting low risk patients as defined by the UCLPartners frameworks. This could be healthcare professionals, link workers, pharmacy technicians, health and wellbeing advisors or other staff involved in the delivery of care
- This pack includes all the slides used during the training as well as some extra information and reading around topic
- Contact details for both Care City and UCLP are included should you need any further information



Top Tips for Zoom Meetings



Zoom is a collaboration app. It is a platform that enables you to host or join meetings and interact with others, view presentations, ask questions and work collaboratively.

How do I access Zoom?

- 1 A web app or a desktop app is available. The experiences are very similar however the desktop app requires installation, which can take a few minutes. For the benefit of this training, joining via the web app works just as well. Simply click on the **Zoom** link from the email you've been sent.
- 2 Click **Join Meeting** button to be admitted into the meeting.
- 3 Please mute your mic for now, but we would love to see your faces please!
- 3 If you want to blur your background you can do this in your video and audio settings before joining the meeting.

Housekeeping

Where possible please join with your video **on**, so we can see you! On some occasions where internet connection is unstable, turning your video **off** can improve the experience.

In order to help us hear each other, please turn your mic **off** until you want to ask a question or contribute to the conversation.

You can also use the **chat function** in the top right of your screen to ask questions or interact whilst your microphone is turned off.

We know that video calls can be tiring so we will build in regular breaks to stretch/get a drink.

UCLPartners Protocols

These materials and resources are designed for healthcare professionals or those who are supporting primary care teams across the UCLPartners geography.

The programme aims to provide training in understanding supported self-management and development of skills which support the delivery of the UCLPartners long-term condition protocols. The protocols include support for people living with low-risk asthma, COPD and diabetes. The full protocols are included in the appendix or can be downloaded from <https://uclpartners.com/long-term-condition-support/education-and-training-for-managing-low-risk-patients/>

These are intended to be used as a guide and there may be local variations you wish to make.



Supporting Self-management for People Living with Long-term Conditions

Workshop 1



Meet Hannah and Julie



Hannah Harniess Deputy CEO

Hannah is a physiotherapist by training and worked for several years in acute and community care in east London.

Hannah developed an interest in the interaction between health and behaviour and studied behavioural economics as part of her MSc. She has participated in many inter-disciplinary education programmes and loves learning from other's experiences.

She now helps head up Care City and leads on a number of the programmes of work, including digital health and innovation.



Julie Atkins Project Lead

Julie has an extensive background in self-management training. She began her career in the health service in 2002 as part of the Expert Patients Programme.

Since then Julie has continued to develop self-management work across NELFT, delivering training to both healthcare professionals and patients.

Julie has an in-depth understanding of the concepts surrounding self-management and patient activation and recently achieved the ILM 7 Certificate in Executive Coaching and Mentoring.

Creating a Safe Space to Learn

- **Mutual respect** – we recognise and appreciate our differences and similarities
- **Attentive listening** – giving attention to what others are saying
- **Appreciation** – avoiding negativity and judgement
- **‘Right to pass’** – right to pass or share when participating
- **Its ok to change our minds**



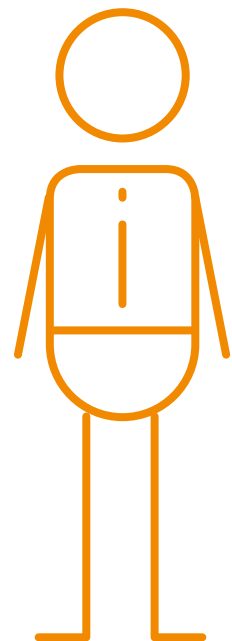
Workshop Overview

Workshop 1

- Understanding and exploring the impact of living with a long-term health condition
- Understanding self-management and supported self-management
- Introduction to UCLPartners protocols
- Introduction to health coaching conversations
- Key lessons and next steps

Workshop 2

- Coaching conversations – using OARS
- Understanding readiness for change
- Understanding ambivalence
- Implementing UCLPartners protocols
- Strategies for improving activation
- Reflecting on own learning



Review our Learning Objectives

- **Understand the concepts** underpinning self-management and supported self-management for people living with long-term conditions
- **Develop confidence** in applying strategies and tools in your own workplaces (including virtual support and digital resources)
- **Understanding how** to use the protocols developed by UCLPartners
- **Build peer networks** with other people working in self-management
- **Share learning** with workplace colleagues



What lies behind us and what lie before us are tiny matters compared to what lies within us.

Ralph Waldo Emerson



Exercise:

Asking and Listening

In your pairs find out what living through lockdown has been like for your partner in three rounds:

Round 1

Ask questions which can be answered with 'yes' or 'no'.

Round 2

Ask questions which can only be answered with one word.

Round 3

Ask questions to get as much detail as possible.

In most consultations and healthcare interactions we have to ask a lot of questions to gain information. We asked you to think about some different ways of asking questions. For example:

Am I speaking to Mrs. Begum? – Yes

Whom am I speaking to? – Mrs. Begum

What's your experience of lockdown?

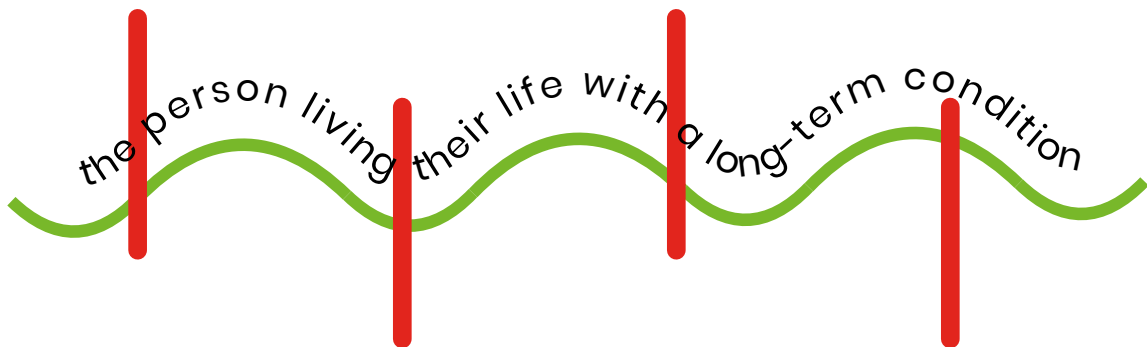
The first provide short, limited answers whereas the final round allow you to ask different types of questions, known as open questions. These often start with:


What when, how, why, who, tell me...


Both types of questions are vital in a consultation because you need to gain information and time is often constrained.

We will talk a bit more detail about open questions later – please hold on to your thoughts on this. It's very important for us to think about the impact of each of our interactions with patients and how simply changing how we ask questions can make a big difference to the outcome.

Making Every Contact Count



 Time spent with a healthcare professional = **3 hours in a year**

 Time spent managing on my own = **8,757 hours in a year**

'Making Every Contact Count' has been around for some time and the importance of self-management is not new to those working in health and care. However, supporting self-management is now being built into the redesign of care provision as a result of the NHS Long Term Plan.

Chapter one of the Long-Term Plan sets out personalised care as one of the five major changes that will establish the new service model for the NHS.

Ultimately, the plan wants to give people greater control and choice over their care, based on what matters to them, their individual needs and preferences.

Core to delivering personalised care is an intention to ramp up resources and support so that people living with a long term condition can develop skills in self-management.

NHS Long Term Plan and Supported Self-management

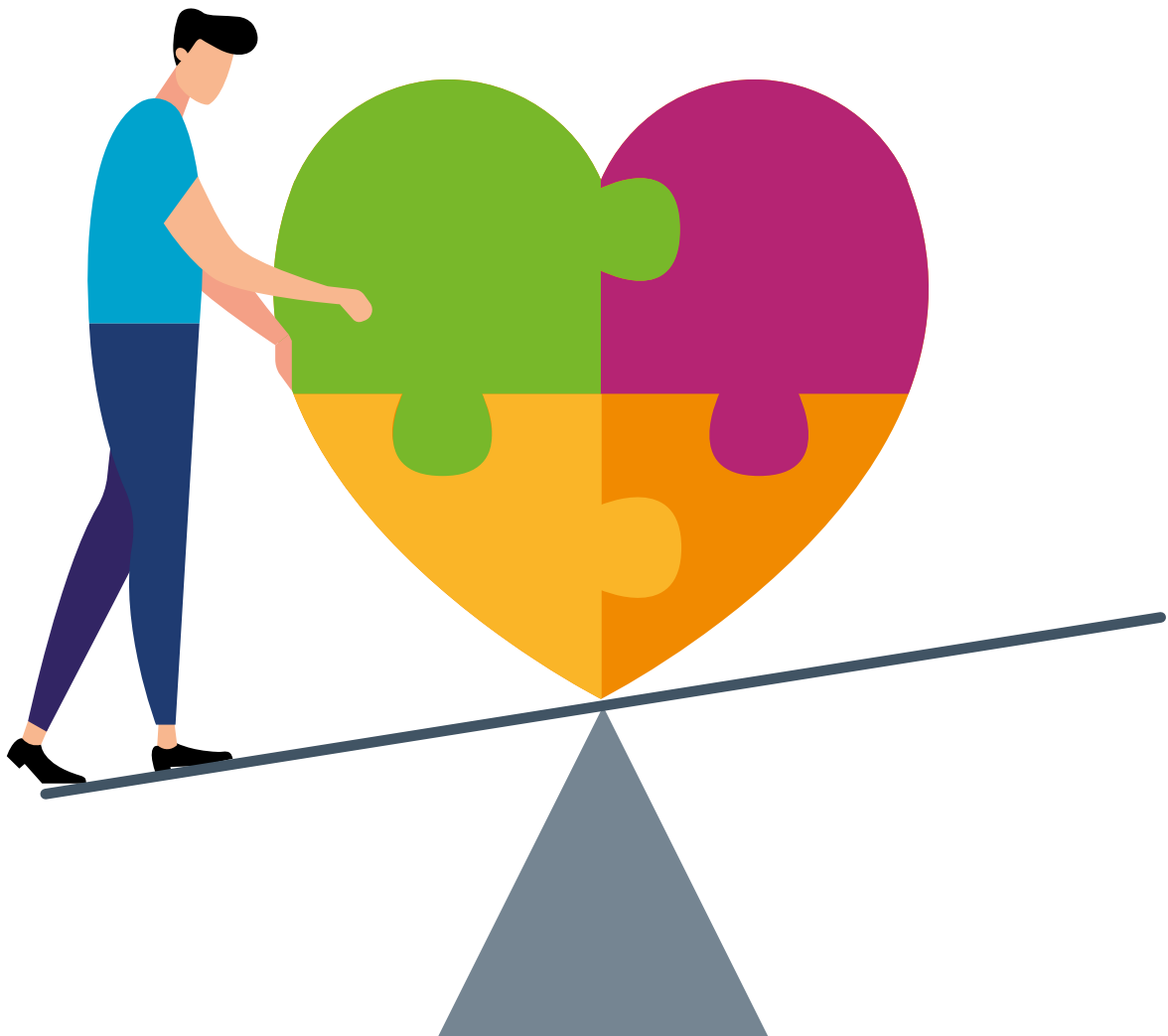
- Personalised Care is one of the major changes to service delivery in the NHS
- This means people have choice and control over the way their care is planned and delivered
- Care is tailored to individuals and their whole life
- Self-management is core to this work
- Ambitions are to provide a positive shift in power and decision making that enables people to feel informed, have a voice, to be heard and be connected to each other and their communities

Source: NHS England, 2020



It is Important to Remember That...

- We only see a tiny part of people's lives
- The rest of the time the person is self-managing – not always in the way health professionals may want them to
- People manage in the way they can with the beliefs, skills, knowledge and confidence they have



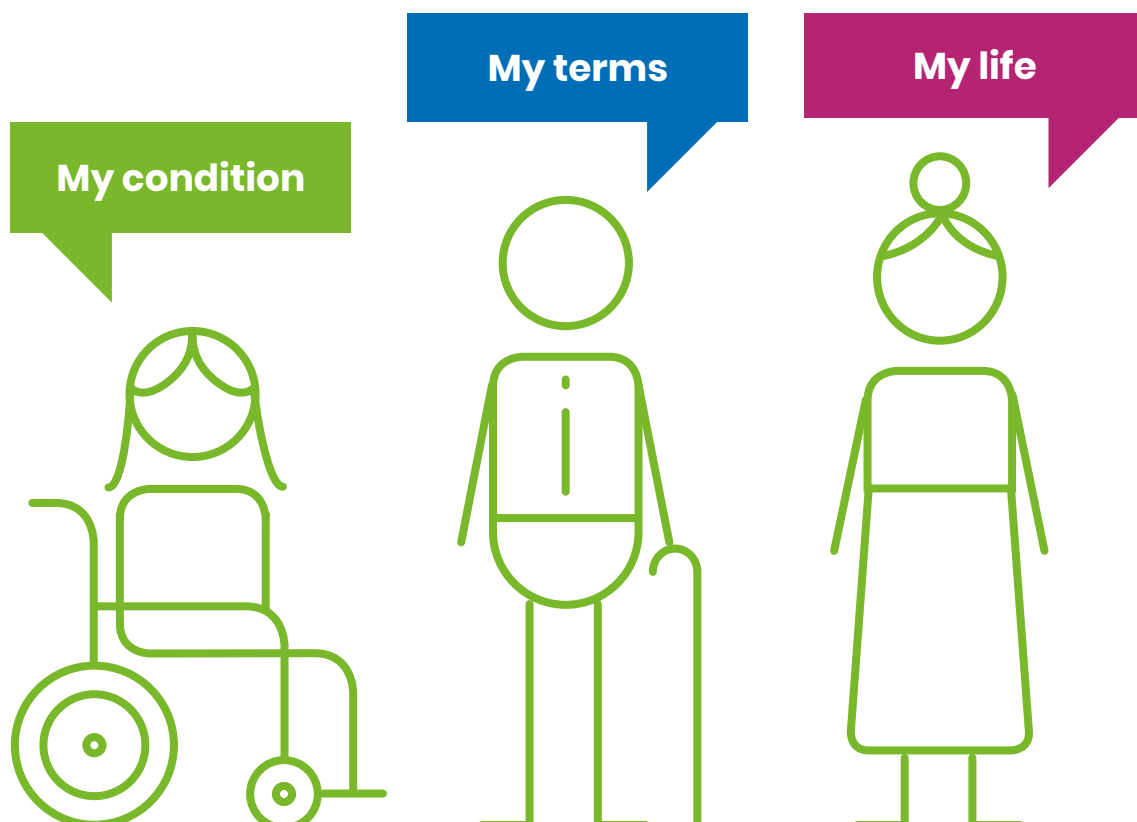
What is Self-management?

People can play a distinct role in protecting their own health, choosing appropriate treatments and managing long-term conditions. Self-management includes all the actions taken by people to recognise, treat and manage their own healthcare independently of or in partnership with the healthcare system

National voices 'Supporting Self-Management'

At a broad level, self-management is defined as the day-to-day management of chronic conditions by individuals over the course of an illness.

Lorig & Holman (2003)



Exploring Experiences of Supporting Others or Our Own Experiences of Living With a Long-term Condition

As a group we have discussed many of the challenges facing people living with long-term conditions and the feelings they may be experiencing.

This word cloud contains the most recurring and meaningful words used by people living with COPD to describe their emotional experience.

How we, as healthcare professionals respond to people's thoughts and emotions can have a significant impact on how they feel and their motivation and confidence to make a behavioural change.

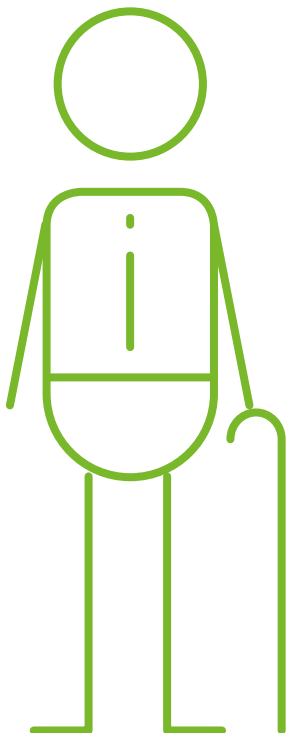


Pozzar M, Volpato E, Valota C, Pagnini F, Banfi PI (2020) How people with chronic obstructive pulmonary disease perceive their illness: a qualitative study between mind and body. *BMC pulmonary medicine*, 20(1), 120.
<https://doi.org/10.1186/s12890-020-1157-3>

Common Challenges Living with a Health Condition

- Physical difficulties
- Psychological/emotional
- Reduced quality of life
- Isolation
- Loss of confidence
- Changed expectations
- Unpredictability
- Changes in relationships
- Loss of independence/freedom
- Can't work/reduced work
- Financial worries
- Fear for the future
- Impact of treatment/medicine
- Guilt/shame because I'm not looking after myself
- Impact of different cultural views

Feel I can't ever get it right



Can't do what I used to do



What is Supported Self-management?



Self-management support can be viewed in two ways; as a portfolio of **techniques and tools**, such as a fundamental transformation of the patient-caregiver relationship into a **collaborative partnership**.

Bodenheimer T, MacGregor K, Shafiri C (2005) *Helping Patients Manage Their Chronic Conditions*, California: California Health Foundation

Not about Success or Failure

- A process, not a one-off event
- Encouragement as well as information
- For some people, 'willpower' works but for most of us, most of the time this isn't enough



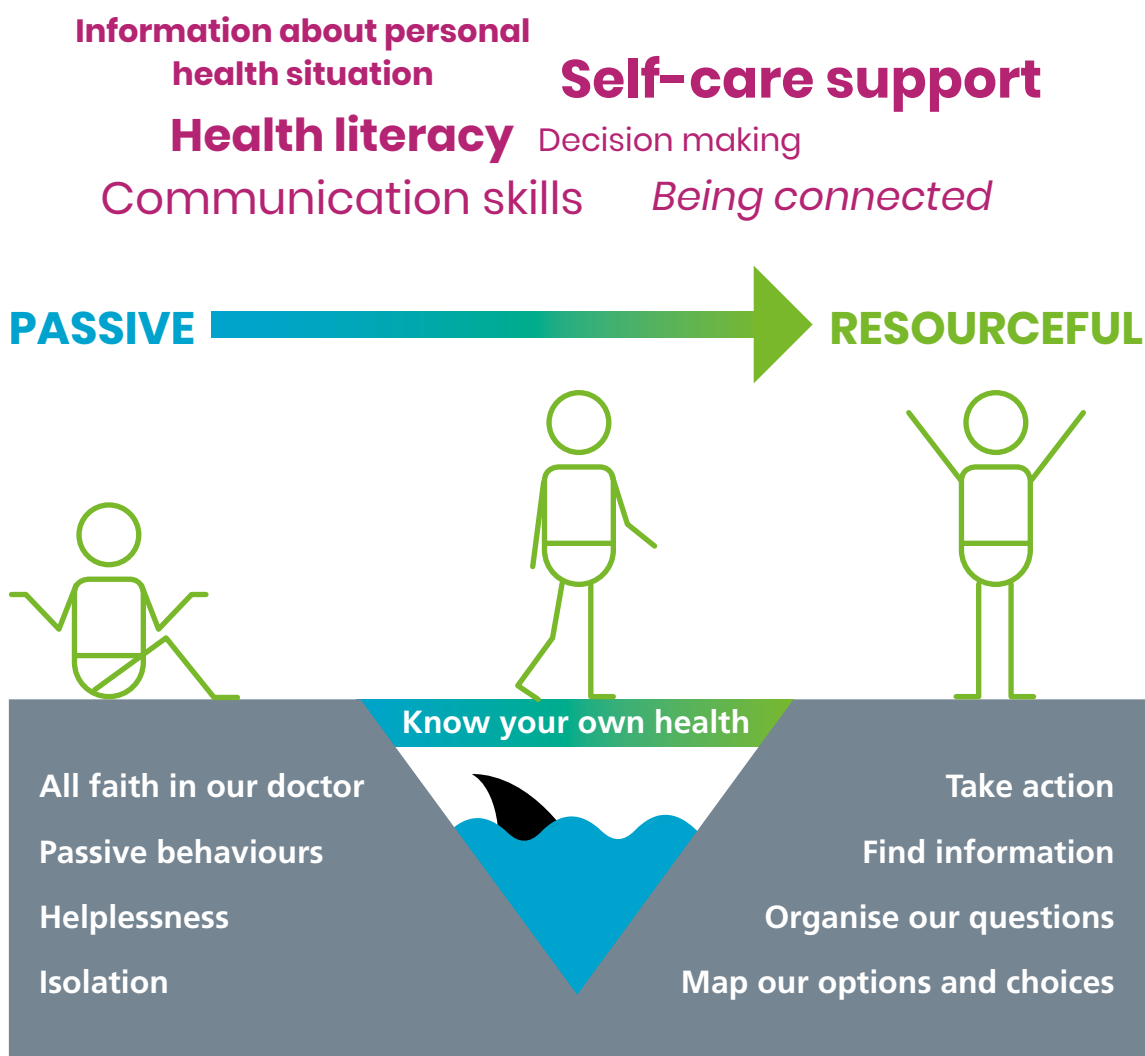
How to Support Patients to Self-manage?

Self-management support means moving patients away from patients as **passive** recipients of care to a **collaborative relationship** where patients are **active partners in their own health**.

To do this patients need to develop their **knowledge, skills and confidence** to make informed decisions and adapt their health related behaviours.

They need to be supported by health professionals with the **skills, expertise and confidence** to support them in making informed decisions, achieving **their goals and overcoming barriers**.

Source: NHS England



Changing the Frame

Do what I tell you

VS

**Tell me your
thoughts**



Changing Relationships Between Healthcare Professional and Patient

	Current Practice	Person-centred Care
Roles and beliefs	Patients passive	People active partners and managers of their health
	Clinical expert gives advice, fixes, cares for and promotes dependency	Expertise used to support the person's journey to living well in the presence/absence of symptoms
	Knowledge creates behaviour change	Knowledge, skills, confidence create behaviour change
Model	Primarily medical	Biopsychosocial
	Values clinical outcomes	Values outcomes that matter to people
Who	Workforce = clinicians	Workforce = clinicians + peer support workers + navigators + health coaches...
How	Clinician shares results and information during consultation	Person receives results and information at appropriate time
Training	Communication skills for agreement to clinician determined goals	Skills to support people to determine and enact their own goals
Mode	Compliance with clinically determined goals and treatment plans	Collaborative care and support planning with adherence to co-produced goals

Adapted from **Ahmad N, Ellins J, Krelle H, Lawrie M** (2014) Person-centred care: from ideas to action, The Health Foundation Inspiring Improvement. Available from: <https://www.health.org.uk/publications/person-centred-care-from-ideas-to-action>

Key Messages

Telling people isn't enough

**Finding out what people
already know – be curious**

Listening well

Showing you understand

**Working together to
make decisions**

**Believing individuals have the
resources to make changes**

**'What matters to me' not
'what's the matter with me'**

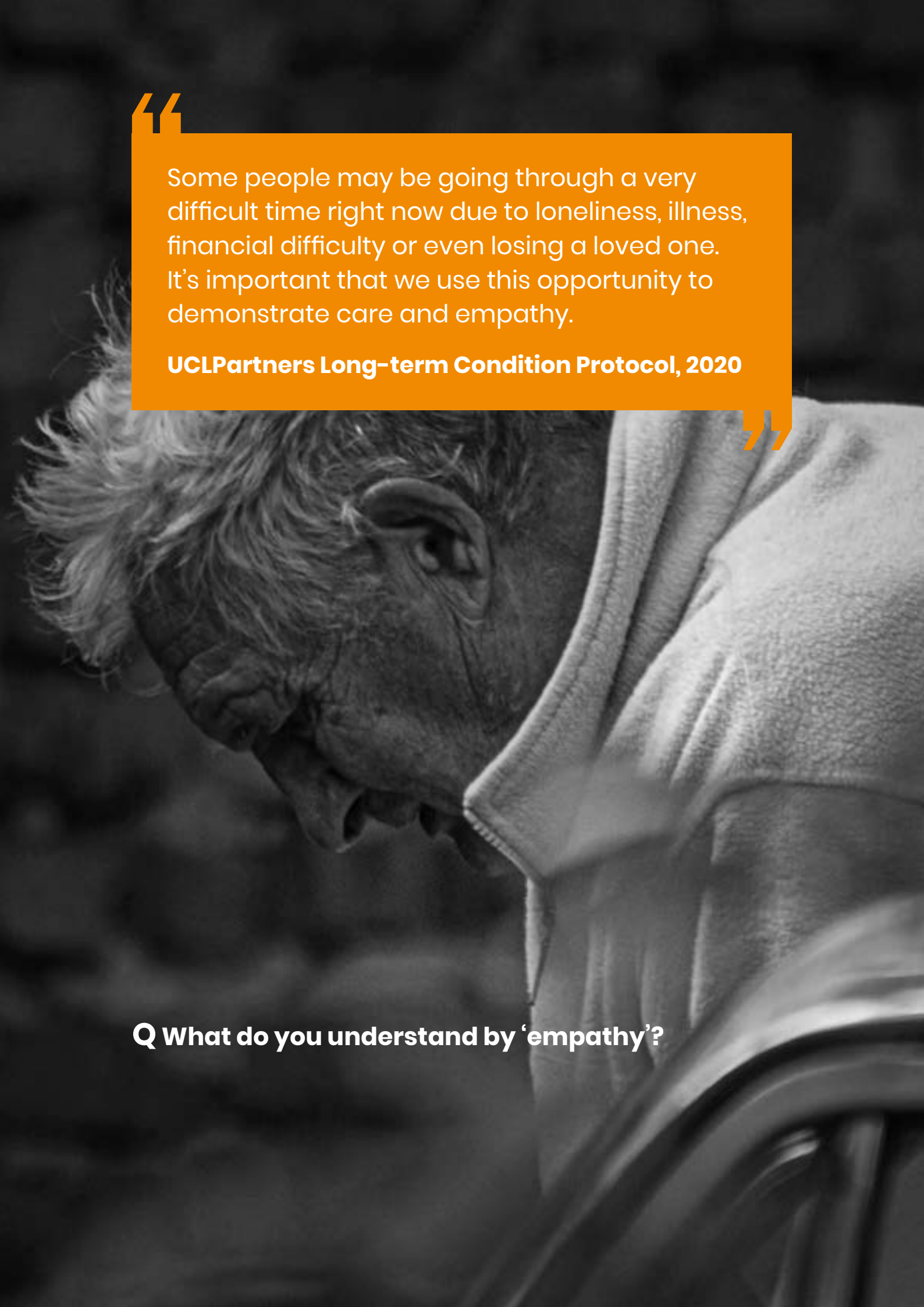
Good Supported Self-management

Supported self-management is helping people be who they were before their diagnosis.

Having control over your day to day life is what makes us human.

For an excellent example of good supported self management, visit https://youtu.be/_ub8poGSQ44





Some people may be going through a very difficult time right now due to loneliness, illness, financial difficulty or even losing a loved one. It's important that we use this opportunity to demonstrate care and empathy.

UCLPartners Long-term Condition Protocol, 2020

Q What do you understand by 'empathy'?

em.pa.thy

n./'em-pə-thē/ or /ɛmpəθi/

The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

Merriam Webster



Building Rapport

- Rapport is key as it relates to the whole intervention
- Be curious
- Eye contact
- Responding empathetically
- Unconditional acceptance
- Active Listening
- Body posture – mirroring posture, legs crossed
- Use of their words – speed, pace, volume
- Breathing
- Be consistent build trust and respect
- Self-awareness
- Take time to ask the right question and time to listen

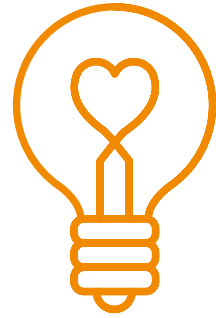


Building Rapport Over the Telephone or Video Call

- Prepare for the call – know who you’re speaking to
- Open the call with the smile (smiles can be heard!)
- Check that they can understand you. Do they require an interpreter?
- Start the conversation with a ‘warm-up’
- Demonstrate empathy
- Listen well and demonstrate that you are listening
- Use words that the caller uses and match their pace and their tone
- Consider paper notes not typing (think about other noises)
- Sometimes you might need to go off script
- Don’t feel pressured to always be ‘the expert’ or ‘fix people’
- Virtual can be exhausting – finish each call with a brief mind break before your next conversation



Top Tips for Video Consultations



Before the Consultation

- Make a definite time for the consultation and let the patient know if you'll be late
- Think about which is more suitable: a video or telephone call. A telephone connection may be more reliable, but a video call may be more effective
- Before you connect, open the patient's medical record, preferably on a second screen for a video call
- If an interpreter (language, BSL, lip reader) is booked, check that everyone is clear of their roles and that the communication is accessible for all

Starting the Consultation

- Check that the patient is in a confidential and safe place to take the phone or video call
- If they are not able to make eye contact, explore the reasons behind this, as it may be cultural
- Introduce everyone in the room (even those off-camera) or confirm with the patient that they (and you) are alone
- Understand the person's level of confidence using technology and give people a choice of how to communicate
- Patients who are less comfortable with video technology can be supported to use video technology by a carer (patient consent is implied in this case)
- Take the patient's phone number in case the video link fails. If the connection or video quality is poor, ask the patient to re-book or conduct a phone or face to face consultation as it is possible you could miss something due to technical interference
- Check the camera position in order that the patient sees your full face and you are in focus; ensure you are in a private, well-lit room
- Reassure the patient that the consultation is likely to be very similar to a standard one, and that the call is confidential/secure

During the Consultation

- When talking, look at the camera. When listening continue to look at the camera and screen
- If you need to interrupt the patient, try a visual signal such as raising your hand
- Rapid gestures or body movements can be distracting – try to slow them down
- Signpost what you are doing when you need to look away to avoid looking uninterested. Preface with a comment such as *“I’m going to take a closer look at your breathing now”*
- Acknowledge that a remote consultation may feel different and odd for everybody including yourself; this can help build rapport
- Make sure you check what the patient needs, clarify what is happening next and who is responsible for the next stage of care
- Slow down the pace of the consultation, demonstrate active listening
- Regularly ‘check-in’ with the patient; ask how the consultation is going and whether they need anything else
- Always ask yourself the question ‘how would I feel if I got this response?’
- Use the chat function in video calls to make the appointment more interactive, share links to information or summarise next steps
- Don’t ask people to provide information you already have access to

Closing the Consultation

- Explain next steps in language that will be clear to the patient
- Confirm when you’re going to leave the call and be the last person to do so

Stephen Ray, Project Manager, UCLPartners

Active Listening



“ Create a particular environment and people will think for themselves. It's that simple!

Nancy Kline

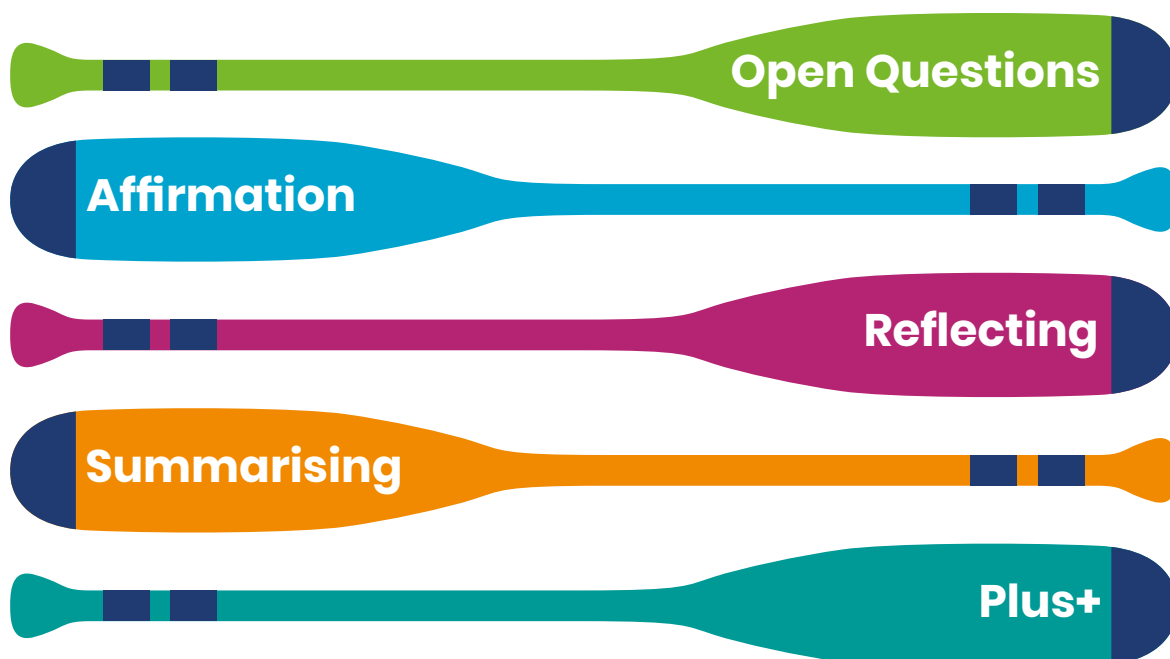
”

Active Listening

- Focus completely on what the person is saying and not saying
- Understand the context of what is being said and what the person wants
- Listen to their concerns and their beliefs/values about their health and their goals
- Be aware of your judgement slipping in and try to avoid imposing your own thoughts or opinions
- Allow silences
- People come with creative ideas when not rushed
- Don't start planning what to say next
- Watch for non-verbal cues



OARS+



OARS is a tool in supporting 'self efficacy' – the belief in one's ability to make a change.

When using OARS it is important that the healthcare professional believes in the person's ability to use their own resources and make changes to their lifestyle.

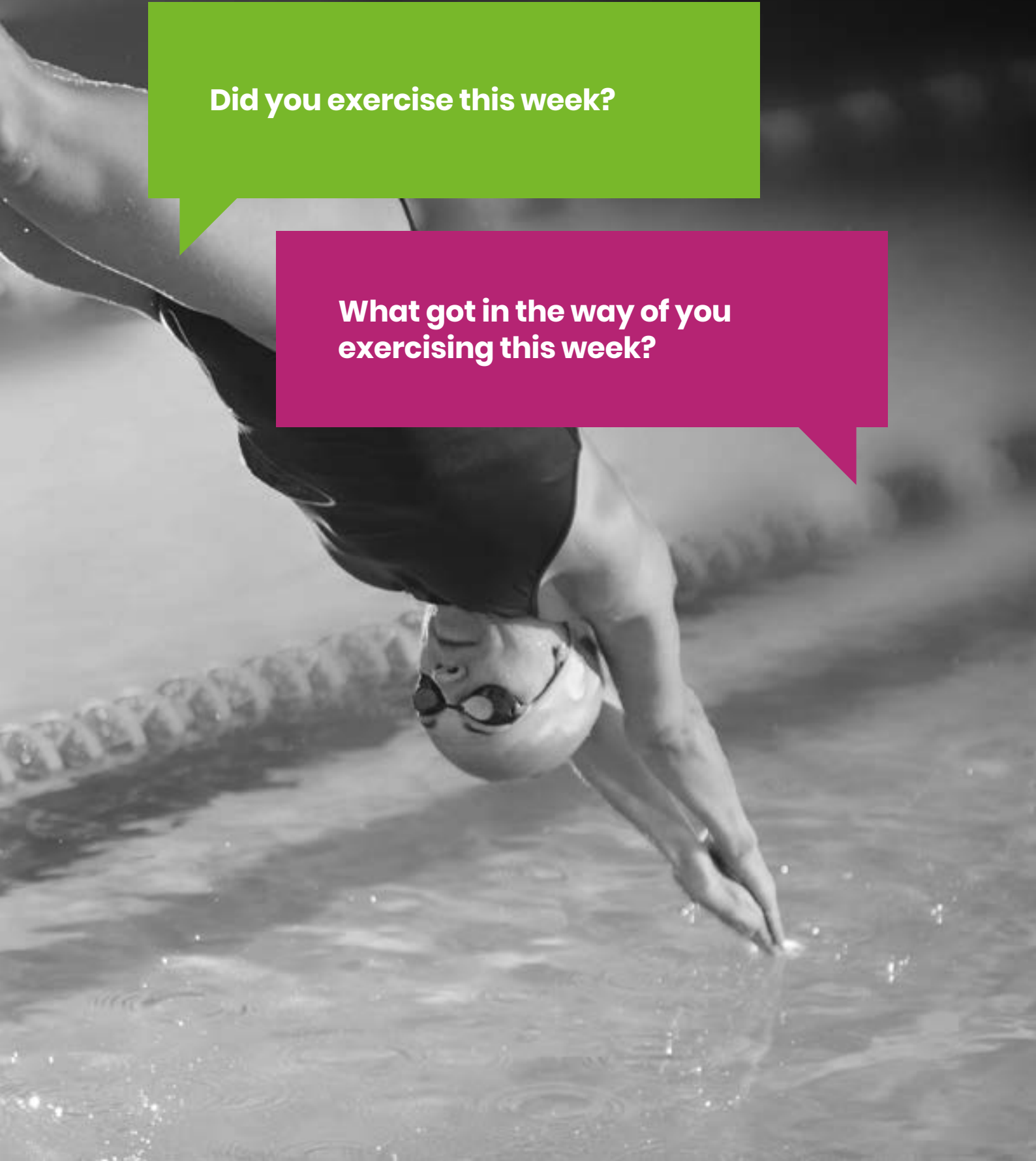
OARS can help to build rapport, get a good understanding of people's feelings, motivation for change, their beliefs about health and encourage them to develop further skills, knowledge and confidence.

These skills can be used throughout the consultation.

Open-ended vs Closed Questions

Did you exercise this week?

**What got in the way of you
exercising this week?**



Practice – Using the UCLPartners Protocols

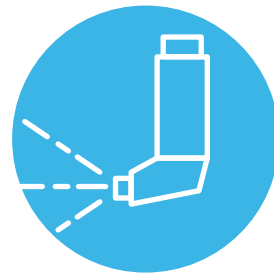
Open Ended Questions

In pairs, drawing on what we have discussed today and the two very different videos we have watched, you have a few minutes to practice asking open questions with each other. In pairs choose who will be the healthcare professional and who will play the patient. The person playing the patient should think of a challenge you have or can imagine having in one of these four areas.

Q How is your general wellbeing at this time?

Q Which of the following, if any, do you feel may be the biggest challenge(s) for you right now?

- 1 Keeping active
- 2 Maintaining a healthy diet
- 3 Keeping alcohol intake within the advised guidelines
- 4 Stopping/reducing smoking
- 5 Maintaining good mental health



Examples of Open-ended Questions You Can Use In Conversations With People

What do you know about...?

How do you feel about...?

What's getting in the way of...?

Describe your typical...?

Which of these topics, if any, are you interested in talking about?

What would you like to know about...?

What's helped you so far in cutting down your...?

How important is that on a scale 0-10, 0= not important, 10 = really really important? – Why is it a 5 and not a 3?

What small steps, if any, could you take?

Where did you hear about...?

Tell me more about that?

How can you...?

Anything else?

Summary

During Workshop 1 we have:



Explored and discussed the experience of people living with a long-term condition.



Discussed what supported self-management is and why it is important.



Worked through key skills for an effective supported self-management conversation – listening, rapport, open conversations, empathy.



Explored how to ensure we know how our patients would like to be communicated with and ensure they have access to accessible information.

Applying to My Role

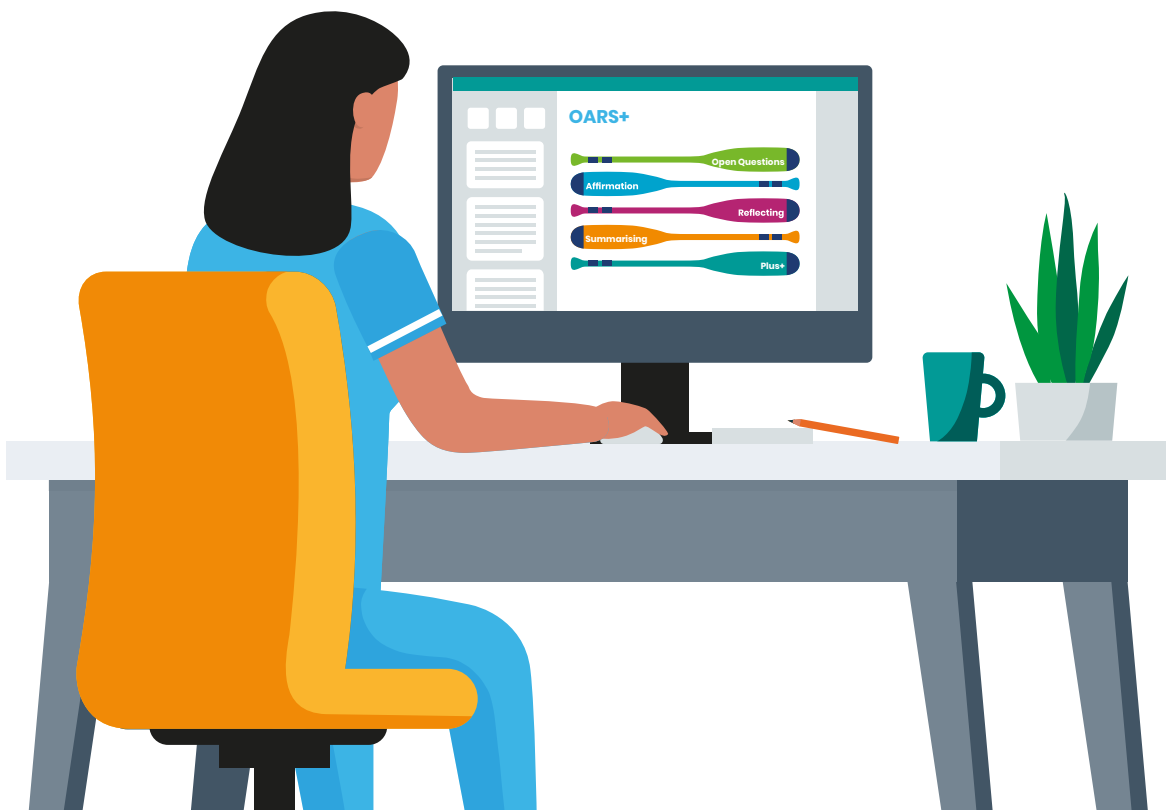
Q What have I learnt from our work today?

Q What can I take back to my workplace?

1 Note down one or two things that have been useful or challenging.

2 Think about trying out the UCLP tools/script with a colleague and personalising it in your voice.

3 What is one open question you may not normally ask but could try?



Supporting Self-management for People Living with Long-term Conditions

Workshop 2



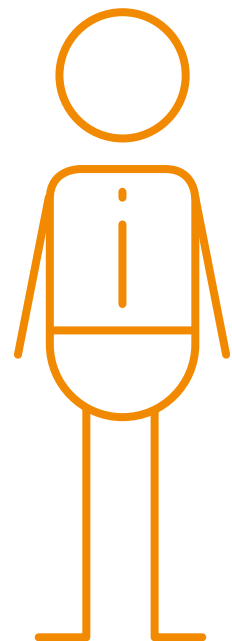
Reflecting on Workshop 1



Workshop Overview

Workshop 2

- Coaching conversations – using OARS
- Understanding readiness for change
- Understanding ambivalence
- Implementing UCLPartners protocols
- Strategies for improving activation
- Reflecting on own learning



Open-ended Questions

You only need to ask a few open-ended questions to find out what is important to people and for them to feel you are interested in them and their care.

Open ended questions start with:



If you change words around in a sentence you can create a much more interesting conversation and work with the person to start to think about making change.

For example:

How much exercise do you do a week? could be changed to
How important is exercise to you?



Affirmation

Self-efficacy is the belief in one's ability to make a change. We have discussed the fact that people often lack the confidence to make and sustain a change, meaning their sense of self-efficacy is low. People may have experienced failure when trying to change a behaviour, for example – stop smoking, drink less alcohol or eat more healthily. In this case they need a bit of boost to their confidence and providing affirmation can achieve this.

Affirmations are not compliments, but state real successes and offer positive reinforcement and encouragement. They are positive, genuine statements that guide someone in the right direction. Through supported self-management we are trying to help people build their self-efficacy.



Reflection

Reflection keeps a conversation flowing and helps people know we are listening. It is also a way for us to check we understand what they mean.

If you don't get it quite right, people don't seem to be offended by it! They just correct you and carry on talking. When people hear back what they have said this can be very powerful especially when it comes to supporting behavioural change. Remember to pause and allow silence for people to think about what you have reflected back.

Reflection is:

- Listening and repeating back both feelings and words
- Statements not questions
- A way to convey empathy and to see from another person's perspective



Summarising

Summarising helps move the conversation from the beginning through the middle and then to the end. It helps you to clarify your understanding of their goals and preferences, and ensures they are clear about what they have committed to.

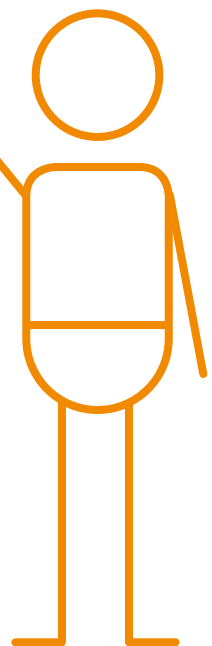
Summarising also helps you to organise your thoughts. If you feel 'stuck' in a conversation, summarising can remind the person where they are and refocus the conversation.

You may want to ask: *Is there anything else?; What would you like to have happen?; What happens next?*

So, let's go over what we have talked about so far...

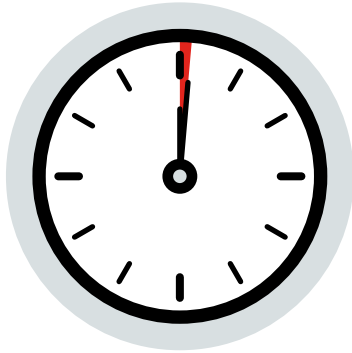
So, to pull it all together, you're going to walk for 15 minutes outside at least twice before we speak next week...

You just mentioned about wanting to... maybe now we could explore how you can do that?



Practice:

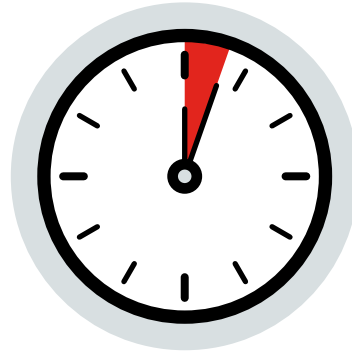
Practicing OARS Skills – Over to You...



1

Minute

to introduce each other



3

Minutes

each way (to play healthcare professional and patient) using UCLPartners extract

Q How is your general wellbeing at this time?

Q Which of the following, if any, do you feel may be the biggest challenge(s) for you right now?

- 1** Keeping active
- 2** Maintaining a healthy diet
- 3** Keeping alcohol intake within the advised guidelines
- 4** Stopping/reducing smoking
- 5** Maintaining good mental health



OARS+ **Giving Information and Advice With Permission**

OARS+ recognises the importance of asking for permission before we offer advice or instructions to people. Doing this communicates our respect for others and people are more likely to feel able to change when asked to rather than being told or lectured to do so. As members of a wider multidisciplinary team you do not need to have all the answers for people and can refer to other team members when needed.

Exercise:

OARS+ Role Play

Before you give advice, you need to know what the person already knows, what they would like to know and what they have already tried before. This helps ensure that you are giving them the information that will best meet their needs. Use the role play script below to practice this with your partner and think about how this could be incorporated into your everyday conversations with patients.

Healthcare professional: *What do you know about the impact of smoking on your health?*

Patient: *I know that it's not good for me, but don't know how it really affects my health and I would like to stop (Change talk)*

Healthcare professional: *You know it's not good for you and you're not sure how it affects your health and you would like to stop smoking. I wonder if it would help if we talked about COPD and smoking?*

Patient: *Yes ok*

Healthcare professional: *So, smoking increases the risk of COPD progression and stopping smoking will protect your heart and lungs from deterioration. Stopping smoking is one of the best things you'll ever do for your health. You can get started with free expert support, stop smoking aids, tools and practical tips from the 'One You' website <https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>. It also contains a free downloadable app to support you. Do you want this information in your spoken language, easy read or any other format?*

Patient: *Thank you*

Healthcare professional to give the person some space to think about the information and then ask them how they feel about the new information and how they might use it.

What Influences Our Health Behaviours?



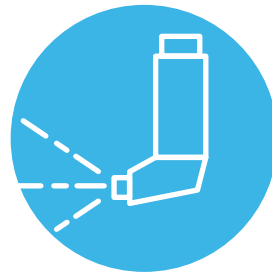
Eat our five a day



Exercise



Stop smoking



Take my medication
regularly
(and properly!)

Many of us need to make changes to our behaviour in order to improve our health. However, it is often hard to do this despite our best efforts. In supported self-management we are working with people living with long-term conditions, who may face the same challenges in trying to change their health behaviours. It is important for us to understand what determines the way people behave and what might help or impede behavioural change.

The COM-B model of behaviour, described by Michie et al (2011) is useful to think about when we are working with people and can help us understand what may be preventing them from achieving their desired behavioural change.

The COM-B model identifies 3 factors which are needed in order for any behaviour to occur. These are: capability, opportunity and motivation. Each of these interacts with the other and may change over time.

- 1 Capability** – Psychological or physical ability to put the behaviour into practice – does the person understand the dangers of having high blood sugars?
- 2 Opportunity** – Physical, social and interpersonal environment that enables the behaviour – it is easier for someone to give up smoking when their partner and friends also do it and harder when your partner continues to smoke?
- 3 Motivation** – internal/external motivations which may help or make it difficult to change – sometimes people don't believe they can change, so supporting people to take little steps at a time can really help.

Michie S, van Stralen MM, West R (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions in *Implement Sci.* 2011;6:42. Apr 23. doi:10.1186/1748-5908-6-42

Smoking cessation programmes delivered during Ramadan have often been more successful than other programmes. This is because these campaigns are joint initiatives between Local Authorities, community and religious leaders and because people are particularly motivated during Ramadan to stop smoking.

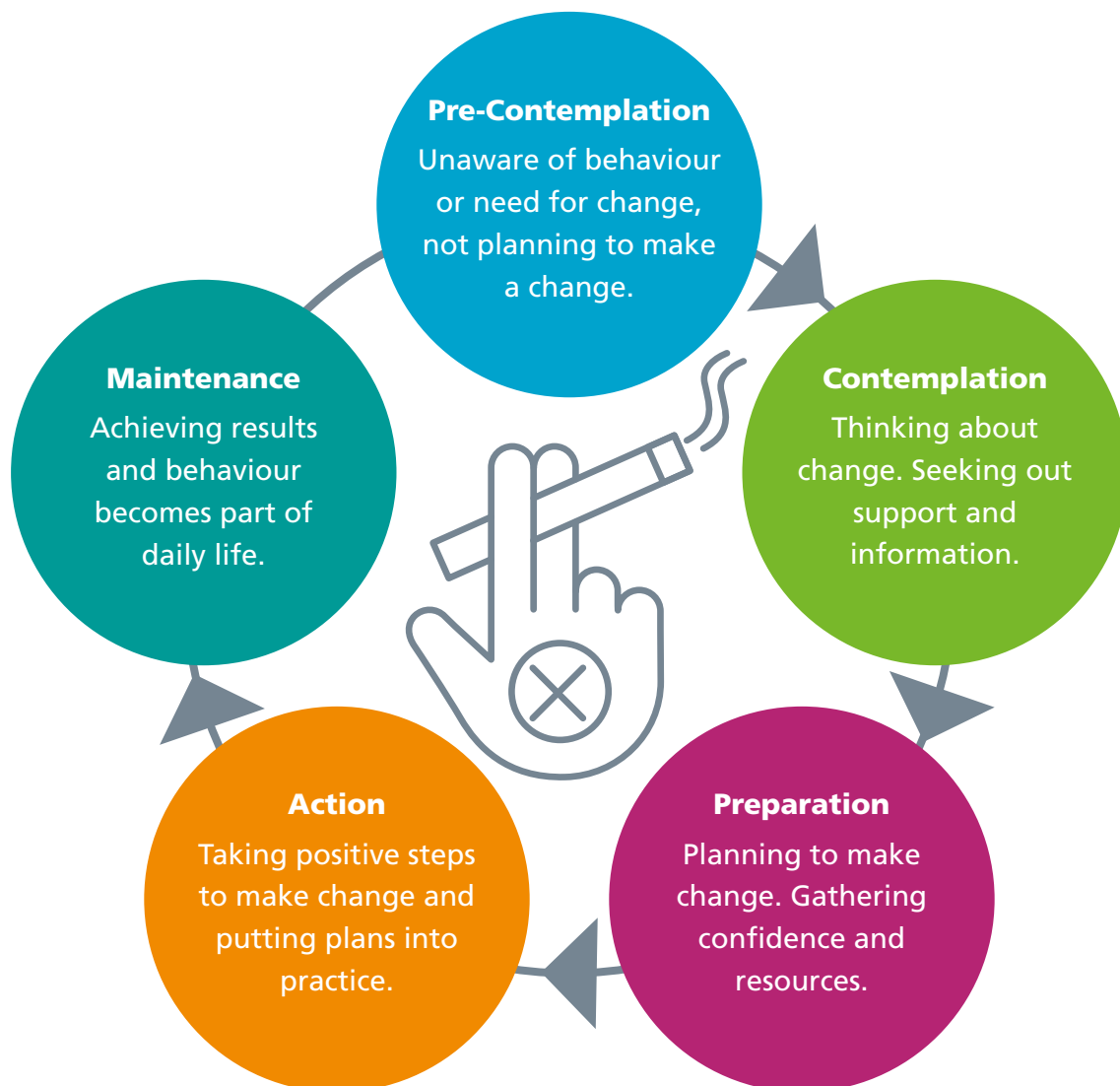
If we think about this in relation to the COM-B model we have described, during Ramadan, people often have the **capability** to stop smoking. They may have more **opportunity** because of the community nature of Ramadan and the **motivation** because of their commitment to fasting.



Change doesn't happen overnight. We don't wake up in the morning and say we are not going to smoke again; this will be something that someone has thought about for some time. We have thought about it a bit.

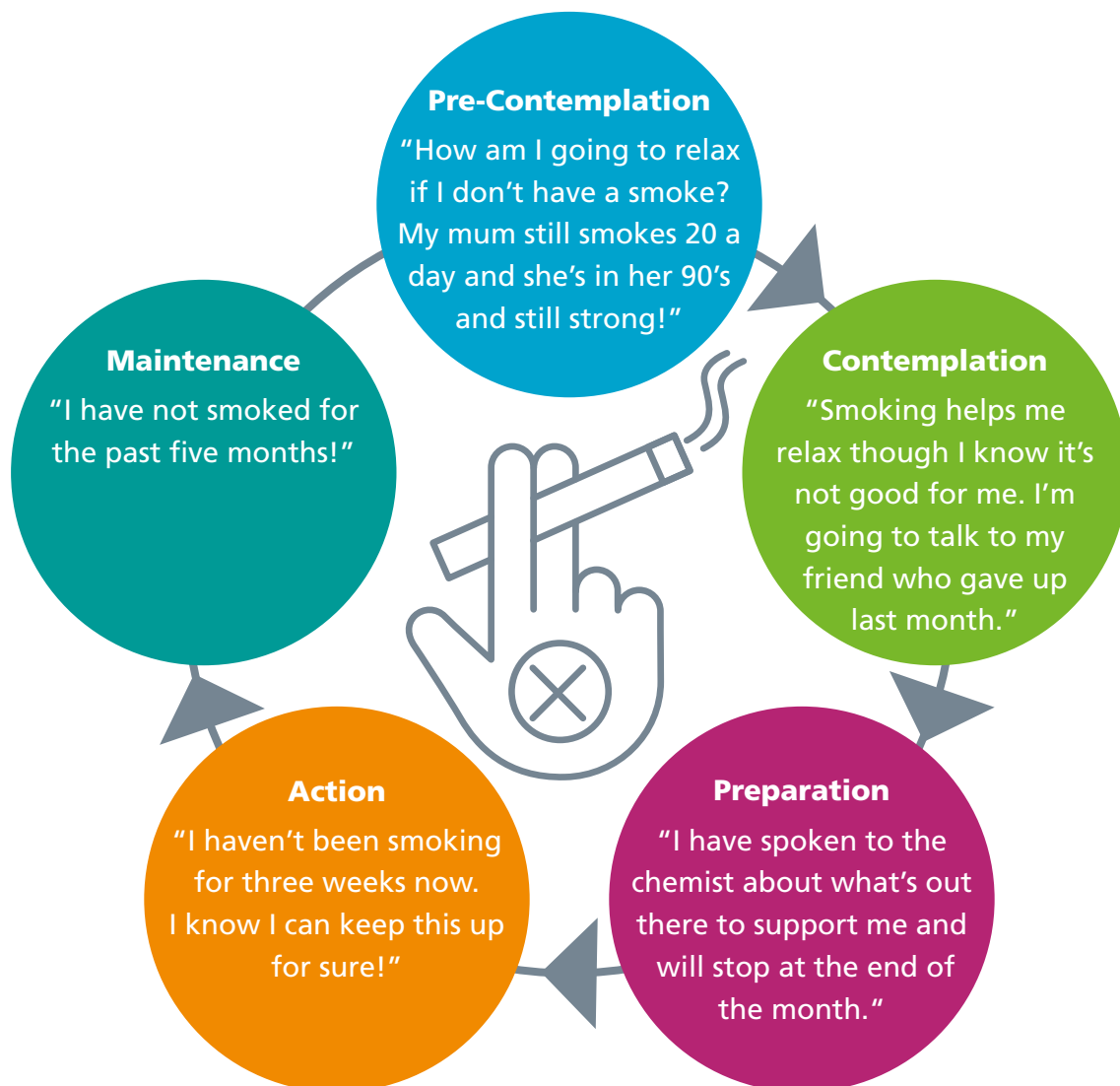
The following **Readiness for Change** model is a further tool for helping us understand people's behaviour and the process that most people will go through in order to start, stop or change a behaviour.

Readiness for Change



Prochaska, O, DiClemente, CC (1983) Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395.

Readiness for Change



Ambivalence

Sometimes health coaching discussions can be met with what feels like resistance – as healthcare professionals, we often fall into labelling people as:

- Difficult
- Resistant to change
- Uncompliant

The potential for a positive outcome in our conversations and work with people often sits as much with us as it does with the individual. How we respond to this perceived 'resistance' matters.

Ambivalence means a shifting back and forth between two beliefs, perhaps between a position of reluctance and one of willingness to change.

Some healthcare professionals react to this by being more confrontational or challenging, which often isn't productive and can damage relationships.

People can work through their ambivalence when they feel like they are being listened to and not judged. This can be slow and needs patience from the health coach or health professional.

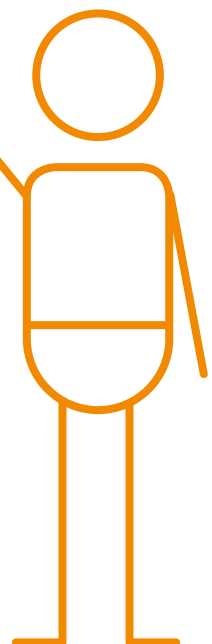


Useful Phrases to Move Past Ambivalence

So, what is good about... and what is not so good...?

On one hand, you've said...
(list 'pros' of behavioural change)
and on the other hand...
(list their 'cons')

Understanding the importance level to them: Why would this be an 8 and not a 6?





Challenge: **Group Task**

- 1 Visit <https://youtu.be/PPDXnNSaibY> to watch the short video: *Working with someone to overcome ambivalence*
- 2 What stood out to you?
- 3 Think about something you want to but haven't yet changes/done – perhaps something you have been thinking about for some time and don't mind sharing.
- 4 In pairs, take it in turns to role play the patient and healthcare professional. Talk through the pros/cons of changing behaviour. Use this handbook and your observations from the video to help.

SMART Goals



Specific

What will you do?



Measurable

How much? How often?



Activating

How important is this to you?



Realistic

How confident are you that you can do this?



Time

When will be the best time to do it?

Action Planning

Action Planning is something the person wants to do and not what someone wants them to do.



Activity:

Making a SMART Action Plan

In pairs think of something you would like to do in the next week. Use these SMART questions to guide your conversation and come up with an action plan.



What would you like to do?



How much? How often will you do it?

You're not aiming to go for every day. It's better to start small and if you do extra it's a bonus!



How important is this to you? (Scale 0-10)



How confident are you that you can do this? (Scale 0 –10)



When will you do this?

Think about the best time of the day, what commitments you already have. Be realistic!

Summary

In Workshop 2 we have:



Explored how to use OARS to support coaching conversations.



Discussed why behaviour change can be hard and how to support people to make change.



Tried out UCLPartners protocols – and tools to support them.



Learnt about SMART goals and Action Planning.

Reflections and Discussion



“It is the client who knows what hurts, what direction to go, what problems are crucial, what experiences have been deeply buriedunless I had a need to demonstrate my cleverness and learning, I would do better to rely on my client for direction of movement in the process.

Carl Rogers”

Final Reflections

Reflecting on our work over the last two workshops – spend some time thinking about:



Resources and References

Changing Relationships Between Healthcare Provider and Patient on page 24 is adapted from **Ahmad N, Ellins J, Krelle H, Lawrie M** (2014) *Person-centred care: from ideas to action*, The Health Foundation Inspiring Improvement. Available from: <https://www.health.org.uk/publications/person-centred-care-from-ideas-to-action>

Exploring Experiences of Supporting Others or Our Own Experiences of Living With a Long-term Condition word cloud on page 18 adapted from **Pozzar M, Volpato E, Valota C, Pagnini F, Banfi PI** (2020). How people with chronic obstructive pulmonary disease perceive their illness: a qualitative study between mind and body. *BMC pulmonary medicine*, 20(1), 120. <https://doi.org/10.1186/s12890-020-1157-3>

Future NHS Collaboration Platform is a collaborative workspace for Supported Self-management which includes the use of patient activation measurement tools and interventions such as health coaching, peer support and self-management education to help to build people's knowledge, skills and confidence to manage their long term conditions. Lots of videos and information to hand that have been used around the UK. <https://future.nhs.uk/>

Health Education England – Health Coaching resources: <https://www.hee.nhs.uk/our-work/health-coaching>

Making Every Contact Count (Health Education England) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations. Resources and information available from: <https://www.makingeverycontactcount.co.uk/>

National Voices (2014) Supporting Self-Management – A summary of the Evidence. Available to download from: <https://www.nationalvoices.org.uk/publications/our-publications/supporting-self-management>

NHS England – Personalised Care information and resources: <https://www.england.nhs.uk/personalisedcare/>

NHS England – Supported Self Management: <https://www.england.nhs.uk/personalisedcare/supported-self-management/>

Videos

Affirmation: <https://www.youtube.com/watch?v=QPoNWlstB5w>

True North: <https://truenth.org/en-gb/>

Books

Bodenheimer T, MacGregor K, Shafiri C (2005) *Helping Patients Manage Their Chronic Conditions*, California: California Health Foundation

Clifford D, Curtis L (2016) *Motivational Interviewing in Nutrition and Fitness* (Applications of Motivational Interviewing), The Guilford Press

Kline N (1999) *Time to Think: Listening to Ignite the Human Mind*. Cassell Illustrated, London

Matulich B *How To Do Motivational Interviewing: A Guidebook*, Audible

Michie S, van Stralen MM, West R (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions in *Implement Sci.* 2011;6:42. Apr 23. doi:10.1186/1748-5908-6-42

Prochaska, O, DiClemente, CC (1983) Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395

Rosengren DB (2018) *Building Motivational Interviewing Skills – A practitioner workbook*, second edition, The Guilford Press

Other possible interesting videos that you may want to watch about supporting self management, motivational interviewing and patient activation:

Bill Matulich also has short videos around different tools mentioned in this training including *Introduction to Motivational Interviewing*:

<https://www.youtube.com/watch?v=s3MCJZ7OGRk&t=475s>

Health Foundation: <https://www.youtube.com/watch?v=ac13iuGByRQ>

Heart Foundation *Motivational Interviewing: Core clinician skills – Introducing OARS*:

<https://www.youtube.com/watch?v=-zEpwxJIRQI&pbjreload=101>

Judith H. Hibbard and Jocelyn Cornwell discuss patient activation – November 2010

<https://www.youtube.com/watch?v=9NQZCK3vi3M>

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