

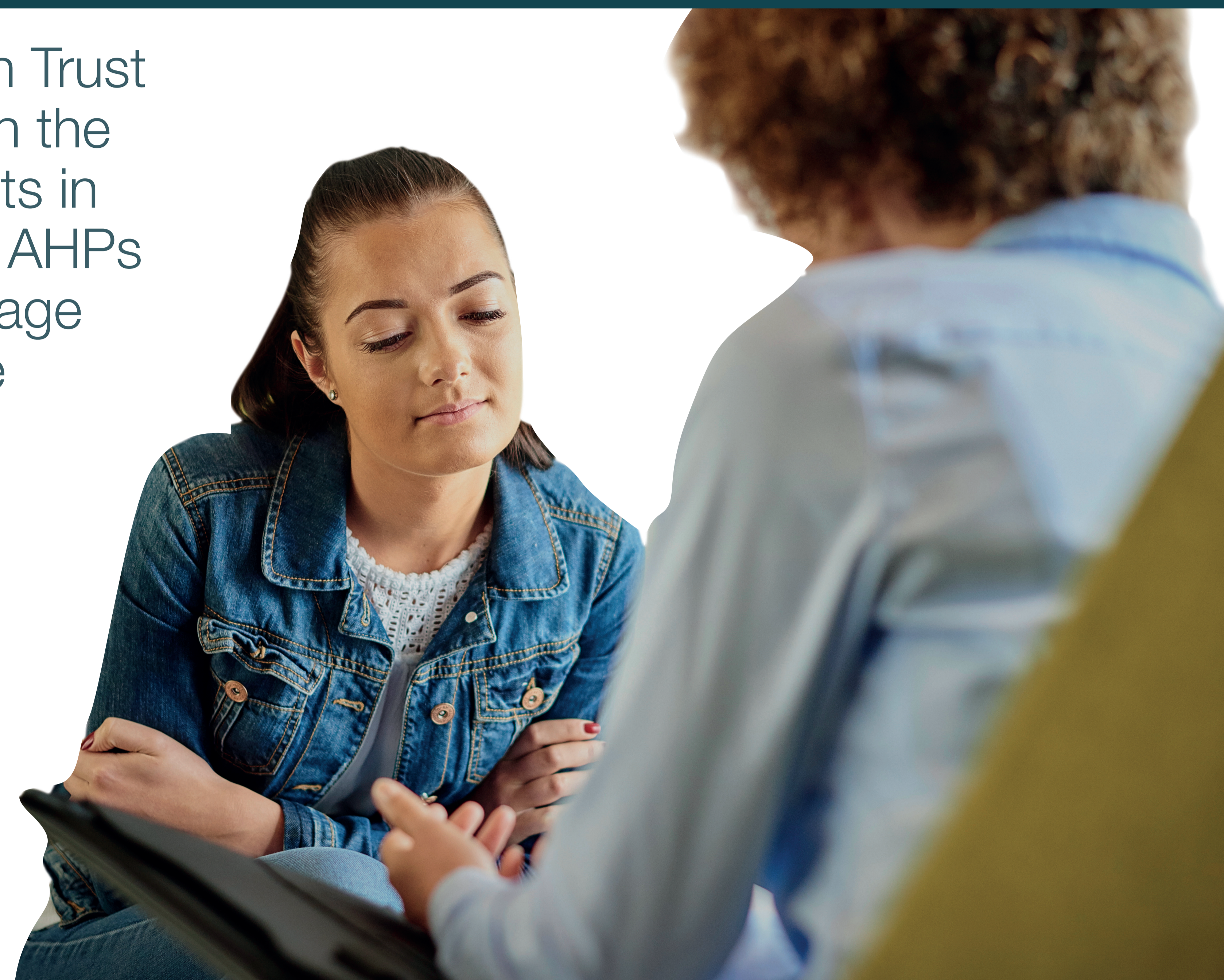
Behaviour change: enabling allied health professionals (AHPs) to have healthy conversations

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YEARS OF
NICE
1999-2019

Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) implemented a project to enable AHPs in the region to have healthy conversations with patients in the course of their work. 120 community-based AHPs from physiotherapy, dietetics, speech and language therapy, occupational therapy and podiatry were included in the project.

“AHPs are an important network through which we can support behaviour change and ultimately improve the public’s health.”

Karen Storey, Musculoskeletal Physiotherapy Operational Manager, NUTH



What we did and why

In Newcastle upon Tyne the health of the population is worse than average for England, with life expectancy for both men and women being lower than the national average. Having ‘healthy conversations’ is an approach health care staff can use at every opportunity, to promote healthy lifestyles and signpost to further services.

The approach is consistent with the Making Every Contact Count (MECC) approach recommended in NICE guidance (PH49).

The Royal Society for Public Health and Public Health England undertook a joint project with the support of each of the AHP professional bodies to better understand the extent to which AHPs engage in healthy conversations. They found that while there was a willingness to talk to service users and visitors about topics including alcohol use, diet and physical activity, there were several challenges to doing this in practice.

Given the poorer reported health of the population in Newcastle, NUTH decided to look at the readiness and capacity for AHPs to engage in healthy conversations. A snap shot survey was developed to determine the extent to which AHPs were already undertaking health promotion activity.

Outcomes and impact

Whilst the survey revealed an overall willingness to engage in healthy conversations, respondents identified several challenges to doing this in practice, including lack of knowledge, time and accessible information to support signposting. Analysis of the type of conversation by profession showed that AHPs were more likely to have a healthy conversation related to the nature of the referral.

Provision of a training programme for AHPs, signposting resources and patient prompt cards resulted in the following:

- Knowing where to signpost patients for more information increased across all subject areas by up to 26%.
- Confidence in having a healthy conversation increased in all subject areas (stress by 41%, healthy eating by 16% and substance misuse by 25%).
- An increase in the average daily number of healthy conversations was reported, equating to an extra 120 healthy conversations taking place every day without additional resources.

What we learnt

Taking time to identify the main barriers to making change allows development of bespoke interventions. In this case, the intervention was a programme of training and resources to support the AHPs who identified lack of knowledge and resources as being barriers to having a healthy conversation.

Recognised models of behaviour change, such as COM-B (capability, opportunity, motivation and behaviour), can be used at an organisational level to underpin change in practice.

Whilst interventions like training can influence capability, it should be recognised that behaviour is part of an interacting system. Behaviour change takes time: it is an ongoing process that requires continued reflection and support to embed the change into practice.

Small changes in practice have potential to have great effect. If each AHP involved in the project has one extra healthy conversation per day it could impact on up to 600 extra people per week. AHPs have the opportunity to influence change.