Aim
To provide a holistic, person-centred, Health Behaviour Change (HBC) support service to patients who have modifiable risk factors and are attending the heart function clinic at University Hospital Crosshouse.

Referral process
The Consultant Cardiologist refers patients to be seen by a Health and Wellbeing Advisor (HAWA) who provides programmes of support in relation to Alcohol, tobacco, weight management, mental wellbeing.

Service
The advisor uses HBC, Motivational Interviewing and Cognitive Behavioural techniques to support patients to prioritise and make lifestyle changes that support management of their condition.

Patients are offered the service close to their home or while attending the cardiology clinic within secondary care.

The health and wellbeing service reflects Ayrshire and Arran’s Health Priorities on Alcohol, Tobacco, Obesity, and Mental wellbeing. (ATOM)

Methodology
An external company was commissioned to conduct the qualitative evaluation. The aim was to identify self-reported changes in patient knowledge, behaviours, health and wellbeing; disease management, and enablers/barriers to programme participation.

The quantitative data was reviewed by the Keep well team to establish the impact the programme had on patients lifestyles. The development of data systems allowed analysis of the information captured from the consultation sessions.

Results

Quantitative findings
• 91% learned about portion control, the benefits of exercise, reducing fats and sugars and interpreting food labels.
• Over 50% made the changes advised, 73% had a positive impact on their overall quality of life.
• 50% lost weight, and 45% reduced their BMI reading, impacting positively on their quality of life.
• 77% felt much better due to weight loss, an increased sense of happiness and feeling more relaxed.
• 68% improved their overall health.
• 77% changed the diet of spouse and/or children.
• 73% gave the programme an overall satisfaction score of 4 or 5. (1=poor 5=excellent)

Qualitative findings
31 patients attended the programme for three or more sessions. 22 of those patients agreed to take part in structured telephone interviews with the research company.

The two main themes identified in the interviews were:

1. Attitudes of the Advisors
Patients appreciated the non-judgemental approach taken by the HAWA’s, making them feel welcome and supported.
“"The lass is very nice, She doesn’t preach at you or ram things down your throat. She works quietly with you to work out what will help”.

2. The quality of advice provided
The individualised approach taken by the HAWA, allowed patients to prioritise what would work for them and enable to try new things to improve their health and wellbeing.
“"Learning new and simple things you can do to improve your health.”
“"Learning to eat less.”

Patient Quotes from the interviews
• “They encourage you and support you and explain things really well.”
• “I have learned more about healthy types of food, portion control and the benefits of exercise.”
• “My diet has changed dramatically, I cut back the size of my meals, I don’t eat the leftovers now and I have lost 4 stone.”
• “I lost 1 and ½ stone and that’s made my breathing easier. I can play with my grandchildren for longer now”
• “My Consultant said that I wouldn’t need to go back to the clinic for another 12 months.”
• “We both feel much better within ourselves with the extra exercise and the loss of weight. Life is much more pleasurable.”
• “My children and grandchildren have improved their diet and increased their levels of exercise.”
• “Everyone in our house now reads the food labels for the fat, salt and sugar content before we buy food. We are all losing weight.”

Feedback from the Consultant Cardiologist indicates the importance of partnership working. His vision for the future is for more pro-active capacity building, including the training of patients, family members and NHS staff around health advice, to integrate like-minded services and “marry them together and provide… one effective programme.”

Conclusion
The benefits found by those participating in the programme have been weight loss, increased energy, improved mood, feeling better, ability to walk longer distances, be more active and feel in control of their life. Clinical benefits such as a reduction in medications prescribed and improved condition management have also been noted.

Family members influenced by observing the changes in physical and mental wellbeing, have become involved in the programme themselves.

Collaboration and partnership working has been an integral part of the programme.

References
DNV GL (Healthcare UK), (V Chong / A Hooke, 2014)