# From Training to Practice:

# ‘Building and Sustaining Health Coaching Capability Across Greater Manchester’

## Personalised Care Week 2026

## Case Study

**From Training to Practice: Building and Sustaining Health Coaching Capability Across Greater Manchester: Personalised Care Week 2026 - Case Study**

**Organisation:** Greater Manchester Training Hub (GMTH)

**Programme:** Personalised Care Institute (PCI) Level 3 Health Coaching, part of the Primary Care Integrated Development Programme (PCIDP)

**Supporting initiative:** GMTH Health Coaching Forum

**Theme:** Personalised care, workforce capability and shared learning

**Programme reach:** By 16 July 2026, 197 Greater Manchester colleagues had completed the GMTH PCI Level 3 Health Coaching programme.

## Executive summary

Greater Manchester Training Hub has developed a four-day PCI Level 3 Health Coaching programme to strengthen the ability of primary care staff to have personalised, strengths-based conversations with patients.

The programme responds to an important workforce challenge. Personalised care cannot be embedded through policy, guidance and new processes alone. Staff need the confidence, practical skills and protected learning space to work differently with patients.

Health and care professionals are often trained to assess problems, provide expert advice and identify solutions. While professional expertise remains essential, this approach can sometimes leave limited space for patients to explore what matters to them, recognise their own strengths and take ownership of decisions about their health.

The programme helps participants move from doing things to or for people to working in partnership with them. It develops skills in coaching, motivational interviewing, shared decision-making, personalised care and support planning, behaviour change and goal setting.

Participant feedback indicates that the programme is increasing confidence, providing practical tools and encouraging staff to adopt more collaborative approaches in consultations, clinics and wider workplace conversations.

Greater Manchester Training Hub has also established a Health Coaching Forum. The forum provides an ongoing community of practice in which participants can refresh their skills, discuss real cases, learn from colleagues and maintain momentum after completing the formal programme.

Together, the course and forum provide a development pathway that moves beyond one-off training:

*“Learning new skills, applying them in practice, reflecting on experience and sustaining capability through peer support.”*

**The workforce challenge**

Primary care professionals work in demanding environments, often with limited time and increasing levels of patient complexity.

Within this context, health coaching can sometimes be viewed as an additional activity rather than a different way of approaching an existing conversation. Staff may understand the principles of personalised care but feel uncertain about how to apply them within a ten-minute consultation, a chronic-disease review or a conversation with someone who is struggling to make changes.

There can also be a natural professional instinct to provide answers quickly. Staff often want to help by offering advice, solving problems and directing patients towards what they believe to be the most appropriate course of action.

Health coaching does not remove clinical expertise or professional responsibility. Instead, it helps practitioners combine their expertise with greater curiosity, partnership and attention to the individual's own motivations, circumstances and capabilities.

Greater Manchester Training Hub therefore designed the programme around a practical question:

*"How can we equip staff to make personalised care part of everyday practice rather than an additional task?"*

**The programme**

The PCI Level 3 Health Coaching programme is delivered over four face-to-face days as part of the GMTH PCIDP.

The first two days establish a foundation in coaching and mentoring. Participants explore the differences between coaching, mentoring, advising and directing, while developing skills in listening, questioning, reflection, rapport and goal setting.

The final two days apply these principles specifically to health coaching and personalised care.

The programme covers:

- Active listening and effective questioning
- Motivational interviewing
- The OARS framework
- Recognising and encouraging change talk
- Behaviour change models
- GROW and SMART goal setting
- Shared decision-making
- Personalised care and support planning
- Health literacy
- Supporting self-management
- The Wheel of Life and other visual coaching tools
- Comfort, stretch and panic zones
- Working with strengths and patient agency
- Applying health coaching within brief consultations
- Knowing when coaching is and is not appropriate

Participants practise these skills through group activities, coaching demonstrations, case studies, structured conversations and reflection.

The programme does not present health coaching as a rigid script. Participants are encouraged to develop a flexible toolkit and select an approach that is appropriate to the person, situation and time available.

A central message throughout the programme is:

***"What can you do?"***

This question moves attention away from deficits and barriers alone and towards strengths, choices and realistic possibilities.

**Reaching a multidisciplinary primary care workforce**

The programme has attracted participants from a broad range of clinical, non-clinical, leadership and personalised care roles.

Analysis of 197 valid responses to the profession question shows that general practitioners formed the largest group, accounting for 77 responses (39.1%). This included salaried GPs, GP partners and locum GPs.

Social prescribing professionals represented the second-largest group, with 38 responses (19.3%), followed by colleagues working in care-coordination roles, with 24 responses (12.2%). Management and leadership roles accounted for 17 responses (8.6%).

The remaining responses included administrative and programme support staff, pharmacists, nurses, advanced clinical practitioners, healthcare support staff, physician associates, GP assistants, health coaches, learning and development professionals, dentists, optometrists, mental health professionals and other specialist roles.

This professional diversity is an important strength of the programme. Personalised care is not the responsibility of one profession or service. Bringing different professions together enables participants to understand each other's contributions, share approaches from across primary care and develop a more consistent language around coaching, patient agency and shared decision-making.

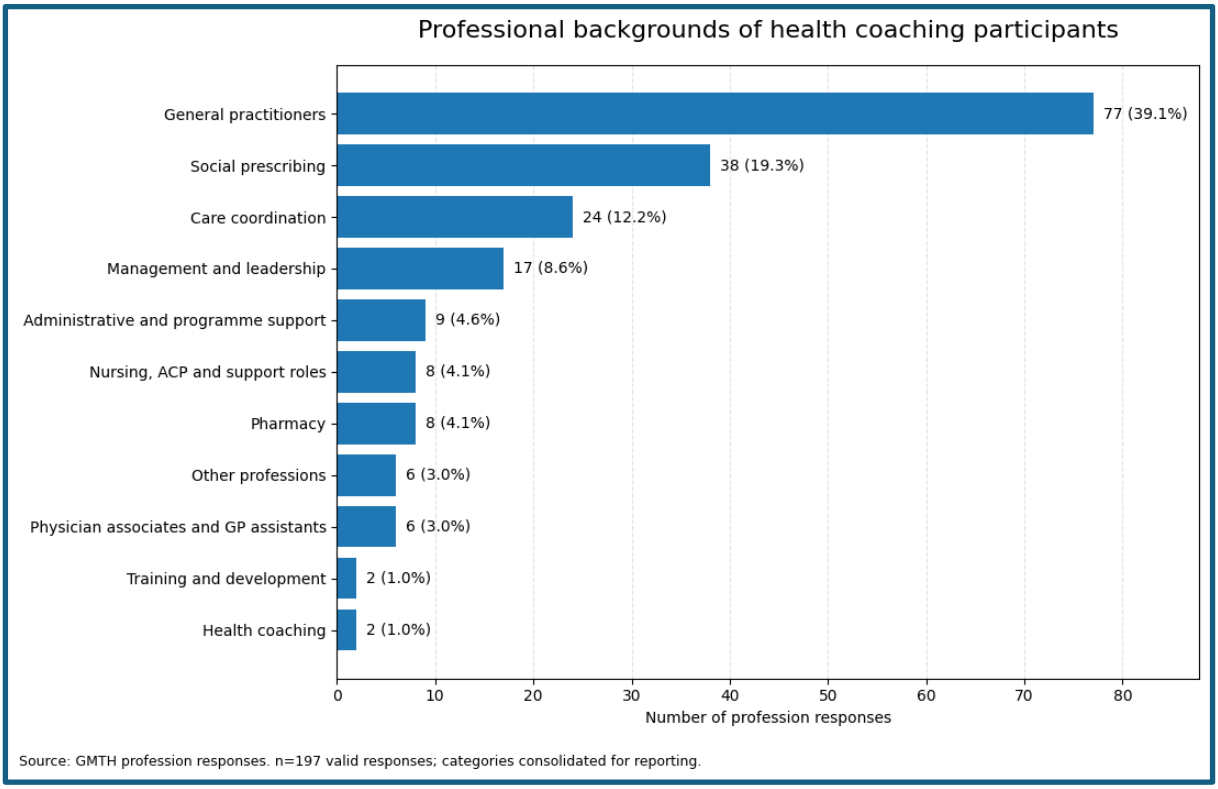


***Figure 1.*** *Professional backgrounds of health coaching participants*

**Strengthening practical workforce capability**

Participant feedback demonstrates that the programme is building practical capability rather than simply increasing theoretical awareness.

Learners repeatedly identified tools they could apply directly in their roles, including motivational interviewing, GROW, SMART goals, OARS, shared decision-making, personalised care and support planning, the Wheel of Life and behaviour change models.

Participants described plans to use the approaches in routine appointments, chronic condition management, primary prevention, mental health, women's health, social prescribing and work with more complex patients.

One participant identified the value of:

“Applying different coaching tools to explore clients’ needs while including them to actively participate in their care plan.”

Another described the challenge of implementing GROW and brief health coaching approaches within a time-pressured ten-minute consultation.

This is important because it suggests that participants are not viewing health coaching solely as a separate, lengthy intervention. They are considering how individual skills and questions can improve ordinary clinical and non-clinical conversations.

One participant explained that the programme would support:

“Applying health coaching techniques and models within my clinic practice going forward for more patient-centred and personalised care.”

Others reported that the course had helped them understand how to structure coaching conversations, ask more effective questions and support patients to establish realistic goals.

**Supporting patient agency and ownership**

A strong theme within the feedback was the shift from providing solutions towards helping individuals identify their own motivations and next steps.

Participants referred to:

- Listening without immediately interrupting or advising
- Using silence more effectively
- Asking open and focused questions
- Avoiding unsolicited advice

- Supporting realistic rather than imposed goals
- Including patients actively in care planning
- Enabling people to recognise their strengths
- Encouraging ownership of decisions and actions

One learner summarised the approach as:

“Focusing on what a patient CAN do, not what they CANNOT do, when coaching.”

Another identified the value of:

“Setting goals and how to get patients to achieve them themselves.”

A detailed participant reflection described how adopting a coaching approach at the beginning of a consultation can validate agency and intrinsic capabilities of service users. The learner recognised that patient empowerment is not separate from good care but can form one of its foundations.

This reflects the central purpose of personalised care: combining professional expertise with the person’s own knowledge of their life, priorities, values and circumstances.

**Building confidence**

Participants also reported increased confidence in applying health coaching approaches.

One learner stated:

“This has given me skills and knowledge and confidence to use a coaching approach.”

Others described greater confidence in their existing roles, greater clarity about the difference between coaching and mentoring and increased confidence when working with patients, colleagues and teams.

The programme also supported wider professional development. Some participants intended to use their learning in staff appraisals, workforce training, leadership, management, mentoring and colleague development.

One participant noted that the coaching element would support their ambition to move into management. Others described using the skills with colleagues, friends and family, demonstrating that the underlying communication principles were perceived as transferable beyond formal health coaching sessions.

**The value of face-to-face, experiential learning**

The interactive nature of the programme was one of the clearest strengths identified in the evaluation.

Participants repeatedly highlighted:

- Group discussion
- Case studies
- Practical coaching exercises
- Team activities
- Peer learning
- Networking
- Hearing perspectives from different professional roles
- Opportunities to practise skills
- The accessibility and enthusiasm of the facilitators

One participant described the course as:

“Interactive, engaging and practical.”

Another valued:

“Theory. Time to practise the skills.”

Participants appreciated learning alongside colleagues from different primary care roles. This exposed them to a wider range of experiences and helped them understand how health coaching could be adapted across services and professional contexts.

One learner explained that interaction with peers from different backgrounds helped them better understand other roles. Another valued hearing stories and case studies from professionals who had achieved positive outcomes through coaching.

A particularly detailed reflection described how peer discussion and team-focused activities created psychological safety, encouraged critical reflection and increased tolerance of different viewpoints.

The participant drew a direct parallel between the learning and the principles of personalised care. Just as learners benefit from autonomy, engagement and collaboration, patients can become demotivated or disempowered when consultations allow little room for their participation.

The learning method therefore modelled the approach that participants were being encouraged to use in practice.

## From training to a community of practice

Greater Manchester Training Hub recognised that completing a four-day course does not automatically mean that new skills will become embedded.

Time pressure, competing demands and established working habits can lead to skill fade after training. Practitioners may also encounter situations that are more complex than the scenarios explored during a formal programme.

The GMTH Health Coaching Forum was established to provide ongoing reflection, peer support and continued development.

The forum allows participants to:

- Refresh their health coaching knowledge
- Revisit key tools and techniques
- Discuss real cases and challenges
- Hear examples of successful practice
- Share approaches that have worked
- Reflect on situations that did not go as planned
- Learn from colleagues in different roles
- Maintain professional networks
- Consider how to demonstrate impact
- Rebuild confidence where coaching has become less prominent in daily work

The forum is designed as a psychologically safe and interactive space rather than a further taught course.

## Reinforcing and refreshing skills

Forum participants repeatedly described the importance of revisiting their learning.

One participant explained:

“It’s so helpful to have a refresher, as the day job can often get in the way of coaching and reflection.”

Others referred to the forum as a helpful reminder, an opportunity to reinforce strategies and a means of bringing health coaching back into focus.

A GP participant described the forum as providing:

“A reminder to put what I learned during the coaching sessions into daily practice as a GP.”

The feedback suggests that refreshers are not simply repetitions of the original course. Participants return with practical experience, new questions and real situations to explore. This enables the learning to become more grounded and relevant.

## Learning from real experience

Real-life case studies and practitioner stories were among the most valued elements of the forum.

Participants appreciated:

“Listening to other people’s experiences and stories.”

Another described how hearing others’ experiences built confidence:

“Hearing the stories gave me confidence to do it myself.”

Success stories helped participants see how health coaching had been used in different settings. Challenges allowed colleagues to explore alternative questions and approaches without judgement.

Participants identified specific techniques that they intended to take back into practice, including:

- Recognising change talk
- Asking “What can you do?”
- Using “If you had a magic wand?” questions
- Using focused and reflective questions
- Reaffirming the importance of listening
- Applying the Wheel of Life
- Being more concise when communicating health information
- Encouraging patient ownership
- Reflecting more intentionally on coaching conversations

This demonstrates the practical value of peer learning. Participants are not only receiving information from a facilitator; they are building a shared body of knowledge based on collective experience.

**Supporting health literacy**

Health literacy emerged as an important area of learning from both the course and the forum.

Participants reflected on the need to communicate clearly, avoid unnecessary complexity and adapt information to the individual.

One forum participant described the value as:

“Being more precise and succinct in communication with patients.”

Another course participant described the health literacy content as indispensable because it highlighted the importance of working in partnership with patients to assess their understanding and adapt communication accordingly.

Health coaching supports this by encouraging practitioners to check understanding, explore the person’s perspective and avoid assuming that information has been understood simply because it has been provided.

**Peer support and psychological safety**

The forum feedback demonstrates the value of bringing together people who face similar opportunities and challenges.

Participants enjoyed reconnecting with others in comparable roles, discussing shared experiences and hearing how colleagues had overcome difficulties.

One participant valued hearing about:

“Shared strengths and challenges.”

Another highlighted:

“Learning people’s tips and tricks, what works for them that I can take into practice.”

The sessions use informal discussion, case studies and anonymous digital participation to make it easier to contribute. One participant specifically valued the use of Slido because it allowed responses to be shared without placing individuals under pressure.

This contributes to psychological safety and helps participants discuss uncertainty honestly.

## Demonstrating impact

The evaluation evidence indicates positive effects on:

- Knowledge of health coaching models
- Confidence in using coaching skills
- Understanding of personalised care
- Ability to structure coaching conversations
- Use of open and focused questions
- Awareness of patient agency
- Shared decision-making
- Personalised care planning
- Health literacy practice
- Peer learning and professional connection
- Intention to apply skills in day-to-day work

Participants also reported that they were already using motivational interviewing, coaching approaches and other techniques with patients, colleagues and managers. However, the current evidence is primarily based on participant self-reported feedback, intended application and practitioner reflection. It does not yet provide consistent quantitative evidence of longer-term changes in patient outcomes.

This is an important distinction. The evidence demonstrates stronger workforce capability and credible examples of changed practice, but further work is needed to measure the impact on patients, services and health outcomes.

## Lessons learned

### 1. Present health coaching as an approach, not an additional task

Participants engage more readily when they can see how coaching skills fit within existing consultations and conversations.

Brief interventions, focused questions and active listening can be used even when a full coaching session is not possible.

### 2. Practice is essential

Health coaching cannot be developed through presentation slides alone.

Coaching demonstrations, case discussion, group work and structured practice help participants turn ideas into usable skills.

### 3. Psychological safety improves learning

Participants need permission to experiment, reflect and acknowledge that they do not always have the answer.

An informal and inclusive learning environment supports this.

### 4. Professional diversity strengthens the programme

Learning alongside colleagues from different professions broadens perspectives and provides more examples of how health coaching can be applied.

### 5. Facilitation matters

Participants repeatedly valued facilitators who were knowledgeable, approachable, enthusiastic and able to connect theory with real practice.

### 6. Continued support reduces skill fade

The Health Coaching Forum helps participants reconnect with learning when daily pressures have reduced opportunities for reflection.

**7. Real stories build confidence**

Hearing how colleagues have applied health coaching approaches feels achievable and relevant.

**8. Outcome measurement requires further development**

Participants are interested in how the value of health coaching roles can be demonstrated. Future work should help practitioners collect consistent evidence of outcomes without creating disproportionate administrative burden.

## Next steps

Greater Manchester Training Hub intends to continue developing the programme and supporting the community of practice, subject to available funding and organisational priorities.

Potential next steps include:

- Continuing the GMTH Health Coaching Forum
- Developing further case studies from different primary care roles
- Capturing examples of changed practitioner behaviour
- Collecting patient stories and feedback where appropriate
- Exploring simple pre-course and post-course confidence measures
- Following up participants after three, six or twelve months
- Supporting participants to identify meaningful outcome measures
- Sharing practical health coaching tools across teams
- Strengthening links between health coaching, neighbourhood working and population health
- Identifying opportunities for experienced participants to support peer learning

- Using forum discussions to inform future programme development

There is clear participant demand for continued development.

One learner stated:

“Once the course is complete, I would love to continue on the forums for my personal development.”

Maintaining the forum would help protect the investment made through the original training and support health coaching as an ongoing workforce capability.

**Conclusion**

Greater Manchester Training Hub’s PCI Level 3 Health Coaching programme is helping primary care staff develop the confidence and practical skills needed to make personalised care part of everyday practice.

Participants report greater understanding of coaching, motivational interviewing, shared decision-making, health literacy and personalised care planning. They describe clear intentions to use the approaches in consultations, clinics, staff development and wider professional relationships.

The interactive and face-to-face design allows participants to practise new skills, learn from colleagues and experience the value of autonomy, reflection and collaboration.

The GMTH Health Coaching Forum extends this impact beyond the formal programme. It refreshes learning, reduces skill fade, shares real experience and provides a supportive community in which practitioners can continue to develop.

The combined approach demonstrates that sustainable workforce development requires more than delivering a course. It requires opportunities to practise, apply, reflect, reconnect and learn from others.

The programme's contribution can be seen in the everyday conversations that follow: a practitioner listening for longer, a patient being asked what matters to them, a more accessible explanation, a personalised care and support plan or a person leaving an appointment with a goal they have chosen for themselves.

These may appear to be small changes, but they are central to personalised care.

By investing in workforce capability and sustained peer support, Greater Manchester Training Hub is helping health coaching become not simply something staff learn, but part of how they work.

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