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PEER CONNECT: peer coaching for long term conditions

Submission date 27/07/2021	**Recruitment status** No longer recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 31/08/2021	**Overall study status** Completed	
Last Edited 06/01/2026	**Condition category** Other	

Plain English summary of protocol

Background and study aims
NHS England estimates that 25-40% of patients have poor knowledge of their health condition (s) and poor skills and confidence to manage their health and well-being. People with less confidence and skills to manage their health condition (termed here low activation) are more likely to have unmet health needs and require emergency care. Receiving focused support from someone managing their health and well-being well (peer coaching) may help.

Torbay Medical Research Fund is funding a study to see how easy it is to set up and evaluate a volunteer peer coaching service for people from rheumatology, chronic pain, and multiple sclerosis clinics at Torbay and South Devon NHS Foundation Trust. People reporting high levels of knowledge, skills, and confidence (high activation) are providing the coaching. These volunteers will take part in a coaching training programme and be supervised through monthly group and individual sessions with coach coordinators. Volunteers will coach interested people over six months in the form of short conversations lasting 15 minutes to an hour. Coaching will be provided in a Covid-19 secure environment either online via MS teams, by telephone, or face-to-face.

Who can participate?
People attending pain, rheumatology, or multiple sclerosis clinics at Torbay and South Devon NHS Foundation Trust who meet the above inclusion criteria to either be a coach or receive coaching.

What does the study involve?
People eligible and wanting to be coached (referred to as peers) will be allocated (using a process similar to tossing a coin) to receive either peer coaching and usual care, or usual care only. At the beginning of the study, after six months and again three months later peers will be asked to complete a range of health and well-being questionnaires. Peers, coaches, staff, and study decliners will be interviewed about their experiences. After the nine months, people receiving only usual care will be offered coaching. Findings from the study will enable the researchers to decide whether or not a larger trial of a volunteer peer coaching service is possible and how best to do it.

What are the possible benefits and risks of participating?
Coaches
Benefits- It is possible that training to be a coach and talking about experiences of coaching will enhance a coach's own knowledge, skills or confidence for managing their health and they may experience other positive benefits from contributing to research and service development processes.
Risks- it is possible that discussing experiences of coaching may cause emotional distress. If this does occur we will ensure the coach has the opportunity to discuss their experiences further with someone from the peer coaching service.
Peers
Benefits- it is hoped that taking part in the coaching will enhance knowledge, skills, and confidence to manage their health more effectively.
Risks-it is possible that interpersonal issues may arise between peers and their coaches. Should this occur both parties will be encouraged to report such issues to the coaching coordinator and alternative coaching arrangements will be made. It is possible that coaches may offer inaccurate advice which could be detrimental to how someone manages their condition. To try and ensure this does not happen, coaches will be trained to recognise boundaries to their role and limitations of their own knowledge. Any uncertainties will be addressed through regular supervisory meetings with the coordinator. To ensure the safety of peers and coaches, the coach training will include elements of safeguarding, data protection, and study reporting procedures. In addition, all coaches will have completed a DBS (Disclosure and Barring Service) check prior to working with peers.

Where is the study run from?
University of Plymouth and Torbay and South Devon NHS Trust (UK)

When is the study starting and how long is it expected to run for?
April 2021 to August 2023

Who is funding the study?
Torbay Medical Research Fund (UK)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Public

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Additional identifiers

Integrated Research Application System (IRAS)
301946

Study information

Scientific Title
A single site feasibility two arm randomised controlled trial of peer coaching for adults with long term conditions: the PEER CONNECT study

Acronym
PEER CONNECT

Study objectives
Is it feasible to undertake a future multi-centre RCT to determine the impact on health and well-being of a targeted peer coaching intervention for people with low activation attending outpatient services?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 15/10/2021, London - Surrey Research Ethics Committee (The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS, UK; +44 (0)207 1048 088; surrey.rec@hra.nhs.uk), ref: 21/LO/0715

Primary study design

Interventional

Study design
Single centre two arm feasibility randomised controlled trial

Study type(s)
Other

Health condition(s) or problem(s) studied
People with long-term conditions attending pain, rheumatology and multiple sclerosis clinics.

Interventions
Participants who are eligible and consent to receive coaching from volunteer peer coaches will be randomly allocated 1:1 ratio using random permuted blocks, stratified by outpatient clinic (pain, multiple sclerosis, or rheumatology) to receive either coaching and usual care or usual care alone. Participants will receive up to 14 peer coached session provided in a COVID-19 secure environment either on-line, by telephone or face-to-face (if safe to do so). A range of self reported outcome measures will be collected at baseline, post intervention (six months) and three months after the intervention finishes (nine months).

Intervention Type
Behavioural

Primary outcome(s)
1. Feasibility outcomes:
1.1. Peer recruitment rate (%) = number of peers recruited/ potentially eligible cohort (indicated by the number of information packs sent or handed out) x100
1.2. Coach recruitment rate (%) = number of volunteer coaches recruited/ potentially eligible cohort (indicated by the number of information packs sent or handed out) x100
1.3. Retention rates will be calculated as the proportion of peers completing all questionnaires at 6 months i.e. the end of the coaching intervention. Follow-up rates will be calculated as the proportion of peers completing all questionnaires at 9 months. 1.4. Coach retention will be calculated as the proportion of coaches who complete the training programme and coaching of (at least) one peer

Key secondary outcome(s)
1. Patient Activation is measured using the Patient Activation Measure (PAM®) at baseline, six and nine months.
2. Mental wellbeing is measured using the Warwick Edinburgh Mental Wellbeing Scale at baseline, six and nine months.
3. General health status and quality of life is measured using the SF-36 at baseline, six and nine months.
4. Health confidence is measured using the Health Confidence Score at baseline, six and nine months.
5. The impact of Long-term conditions, experience of services and support, and self-care is measured using the Long Term Conditions Questionnaire at baseline, six and nine months.
6. Health service utilisation is measured using a bespoke resource use questionnaire at baseline, six and nine months.
7. Specific symptoms, depending on diagnosis are measured with one of the following questionnaires at baseline, six and nine months: Brief Pain Inventory;Multiple Sclerosis Impact Scale;The EULAR Psoriatic Arthritis Impact of Disease: PsAID9 for clinical trials ; The Bath AS

Disease Activity Index (BASDAI); Rheumatoid Arthritis Impact of Disease (RAID) questionnaire
8. Qualitative - we will gather the views of participants about the intervention and participation in the study via semi-structured interviews at the end of the intervention period

Completion date
19/08/2023

Eligibility

Key inclusion criteria
1. Aged 18 years or older (peers and volunteer coaches)
2. Attendance at one of three outpatient clinics (rheumatology, pain and multiple sclerosis) in TSDFT (peers and volunteer coaches)
3. PAM Level 1 or 2 (peers), PAM 3 or 4 (volunteer coaches)
4. Willing and able to engage in the six-month intervention (peers and volunteer coaches)
5. Willing and able to commit to undertaking assessments at baseline, six and nine months (peers).
6. Capacity to provide informed consent (peers and volunteer coaches)
7. Sufficient fluency in English to be able to engage with the intervention and study material (peers and volunteer coaches)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
110 Years

Sex
All

Total final enrolment
28

Key exclusion criteria
1. Aged under 18 years
2. Potential peers scoring PAM 3 or 4
3. Potential volunteer coaches scoring PAM 1 or 2
4. Participation in another observational/ interventional research trial
5. Not able to commit to six-month intervention period
6. Not able to provide informed consent
7. Insufficient fluency in English to engage with intervention/ study material

Date of first enrolment
23/11/2021

Date of final enrolment
30/06/2022

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Torbay and South Devon NHS Foundation Trust
Lowes Bridge
Torquay
England
TQ2 7AA

Sponsor information

Organisation
Torbay and South Devon NHS Foundation Trust

ROR
https://ror.org/05374b979

Funder(s)

Funder type
Charity

Funder Name
Torbay Medical Research Fund

Alternative Name(s)
TMRF

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Julian Elston via email at julian.elston@nhs.net or julian.elston@plymouth.ac.uk. Anonymised qualitative and quantitative data will be available on request until August 2028.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		19/08/2024	20/08/2024	Yes	No
Protocol article		29/09/2022	30/09/2022	Yes	No
HRA research summary			28/06/2023	No	No
Other publications	Embedded qualitative study of the experiences	28/11/2025	06/01/2026	Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes