



# HOPE Exchange Programme

# 2012

European Hospital and Healthcare Federation  
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## A Message from the UK HOPE National Co-ordinator

*Hilary Watkins*

The HOPE Exchange Programme continues to flourish after 30 years and offers exceptional value as a tool for sharing good practice and providing both personal and professional development. Last year the NHS was represented by UK participants in 11 countries in Europe and 10 European countries sent participants to the UK. I hope you enjoy this newsletter which has been created to share the experiences from the 2011 Exchange Programme around the theme:

***'Better Health - A Shared Challenge For Hospitals And Primary Health Care'***

Information is also provided on how to apply for 2012 when the theme is:

***'Ageing Health Workforce – Ageing Patients: Multiple Challenges for Hospitals and Healthcare in Europe'***

Hilary may be contacted directly at [leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk) for help and advice about the programme.

## What is HOPE?

HOPE, the European Hospital and Healthcare Federation, is an international non-profit organisation, created in 1966. The mission of HOPE is to promote improvements in the health of citizens throughout Europe, a high standard of hospital care and to foster efficiency with humanity in the organisation and operation of hospital and healthcare services.

One of the ways it works to achieve this is through the European Exchange Programme which celebrated its 30<sup>th</sup> year in 2011.

The Programme consists of a 4-week training period intended for healthcare professionals with managerial responsibilities. They must be working in hospitals or healthcare facilities with a minimum of three years of experience and having proficiency in the language that is accepted by the host country (most accept English). Each year there is a theme which facilitates the sharing of good practice across Europe.

The HOPE Exchange Programme is not a medical or technical programme, but a multi professional one. It is aimed at professions and professionals who are directly or indirectly involved in the management of European health care services and hospitals.

### NEW FORMAT!

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*"How can nothing have changed here when my life has changed so much?"*

**2011 UK Participant**

## Learning from the 2011 Programme Theme:

### 'Better Health - A Shared Challenge for Hospitals and Primary Health Care'

The theme recognised the need for hospital and primary care professionals to work together for the benefit of patients and to create economies across the entire healthcare system.



In 2011, 10 participants (shown left), each from a different European country, arrived in the UK and were placed across four host organisations in England including London, Leeds and Derbyshire Community.

*"This has been one of the best professional and personal experiences I have had. I strongly recommend others to take part."*

*Senior Researcher,  
2010 EU Participant*

*"I now have a very strong international network that I see myself benefiting from both in my work and socially."*

*2009 EU Participant*

## What did the EU participants highlight?

*This was a particularly interesting time for the EU participants to be in the UK exploring the relationships between hospital and primary care. During the programme the Future Forum published its' report on the proposed NHS Reforms suggesting that hospital staff be involved in GP Consortia or Clinical Commissioning Groups.*



*Participants came from 10 countries to the UK in 2011.*

In addition to keeping a watchful eye on the ever-changing ideas for the future of the NHS the participants highlighted particular areas which they viewed as Good Practice:

#### GP Liaison Manager

One acute Trust host demonstrated the role of the GP Liaison Manager. The post was created to bring together the ideas of hospital and primary care clinicians and encourage communication. It also offered an opportunity for the Trust to raise awareness of its' services amongst primary care colleagues.

#### Admission Discharge Transfer Nurse

Whilst the UK has many differing nurse roles this is not so common in Europe and hence the role of the admission discharge transfer nurse was highlighted by the participants in the UK. The role works across primary, acute and social care to speed up discharge from an acute bed.

#### Telehealth in Primary Care

The use of Hospital specialists to support primary care clinicians through telehealth, allows patients with chronic illness to stay in their own homes for longer. The participants were impressed by the recorded benefits to patients.

#### Stroke Network

The joint working of health professionals from all sectors was noted by the participants - in particular the way in which they collaborated over the development of integrated pathways.

## Examples of Good Practice Elsewhere in Europe

The participants from the UK were hosted in Finland, France, Latvia, the Netherlands, Portugal, Slovenia, Spain, Switzerland, Sweden, Austria and Denmark. Below are some of the good practices they identified in

**In Switzerland participants** focused on GPs co-located in emergency departments out of normal working hours with patients also supported via a single central telephone number manned by a triage nurse.

**In France** the government are introducing the multi-disciplinary health centres with different health professionals under the same roof. They are promoting networks of health professionals to manage defined health needs of the population and encouraging hospitals to organise in multidisciplinary teams.

**In Slovenia** community development for mental health is underway focusing on primary healthcare and the role of the nurse is being extended.

**Sweden** has the lowest number of hospital beds in Europe and the highest life expectancy. Good prevention services and accessibility to care, good support at home and well-developed nursing roles are key to their success.

**In Spain** there is a priority card for use by informal carers so that should they fall ill they can be treated promptly. In addition the participants in Spain highlighted the development of non face-to-face technology-based services focusing on the needs of patients, citizens and health professionals.

**Finland** places great emphasis on prevention through work-life balance, occupational health care, promotion of family well-being and a healthy lifestyle. In primary care they offer nurse assessment, a full range of diagnostics, in-patient wards and integration with social services leading to a 95% successful resolution. Hospital care relies on information flows between primary care and hospitals, shared planning and pathways and education and training exchange between GPs and Specialists.

**In Denmark** the patient is seen to be an equal partner in the healthcare team rather than in the centre. Through the eyes of the patient there is more effective communication and improved information flows and this leads to freedom of informed choice. Through the eyes of the patient it is possible to develop a smooth, seamless journey offering rapid care, close to home and high quality services.

**In The Netherlands** the participants were impressed by the shared role of the doctor and pharmacist across primary and secondary care



**In Portugal** the participants (shown left) highlighted the strengths as: multi-disciplinary teams, continuity of care, vaccination and education programmes, telemedicine, accreditation and initiatives to work across services. All this leads to patient-centred care by all gradually bridging the gap between all health care services with the help of information technology.

**In Austria** the team identified the pooling of resources to support projects of integrated healthcare.

**In Latvia** good communication within the multi-disciplinary team, standard guidelines and protocols for medical home care and training for medical care at home team involving the family doctors were all identified as areas of good practice



13 Participants from the UK went to 11 countries in 2011.

## Why YOU should apply to be a participant

*I heard about the HOPE Exchange Programme from the East Midlands Leadership Academy and immediately thought "that looks good but I would never be able to do it".*

*My main concerns were that I was not clinical, had no idea about healthcare in Europe or even which country I should apply for and I didn't think that I was senior enough in my hospital to warrant a place.*

*However after speaking to Hilary Watkins, the UK National Coordinator, all of my questions were answered and I was starting to believe that this opportunity might be for me.*

*My hospital agreed that I could go and Hilary recommended that I select Portugal as my first choice as they have specialist Oncology Hospitals in the programme.*

### ***I was accepted!***

*In May this year, full of anticipation, excitement and trepidation I set off to spend a month in Portugal. I was the only UK participant in Portugal but there were 7 other delegates based in different cities, from Finland, Spain, Latvia, Lithuania and Greece and we became 'Team Portugal'! I was paired up with a Finnish colleague in Coimbra, central Portugal.*

*The 4 week programme was extremely varied. I spent the first 2 weeks in the Oncology hospital alongside their management team trying to understand every aspect of every department. The second 2 weeks we visited health centres, GPs, the Regional Health Authority and many different hospitals - University, District, Paediatric, Psychiatric. Every week Team Portugal would meet somewhere in the country to listen to talks, visit other healthcare settings and to work together to discuss our findings and to create our presentation ready for the final conference in Finland. Each weekend was free and so I visited many different places usually with some of the other delegates and we had a fantastic time sightseeing, talking and embracing the culture.*

*The programme was perfect for me and extremely varied and everybody that I met made me feel very welcome. I now have a much better idea of health in Portugal than in the UK but since I have been home I am trying to find out more about the NHS to be able to compare in more detail.*

*For me the programme has been the best thing that I have done in my working life, I met fabulous people from all over Europe who will remain lifelong friends, I challenged myself daily with new experiences, I learned first-hand about a different culture, I had the opportunity to see a lot of the country and I learned about healthcare across all settings.*

*The hardest part of the whole exchange for me has been coming back home and trying to settle back into 'normal' life and work. The programme has changed me in many different ways both personally and professionally and I cannot recommend it enough!*



UK Participants from East Midlands  
(Jill 2<sup>nd</sup> from right)

Jill Weller

Business Change Manager Nottingham University Hospitals

## Timeline for Participants

UK  
Applications  
due: 30<sup>th</sup>  
September  
2011\*

Possible UK  
Phone  
Interview:  
November  
2011

Places  
notified:  
December  
2011

Attend  
information  
session  
London:  
January 2012

Arrive in host  
country:  
May 2012

Observe host  
organisation:  
14<sup>th</sup> May – 8<sup>th</sup>  
June 2012

Attend  
international  
meeting:  
11<sup>th</sup>–13<sup>th</sup> June  
2012

Submit report:  
31<sup>st</sup> July 2012

## How do I become a participant in 2012?

### *Requirements, tips and what to expect*

The HOPE Exchange Programme is open to healthcare managers or clinicians with a managerial role who have a minimum of three years experience in healthcare management. You must be available for the full period of the programme (both the exchange and the international meeting) and participate in all arranged programmes. While you may not have to speak the native tongue, you must have proficiency in a language that is accepted by your host country; many countries accept English. You must be able to understand, and be understood, in that accepted language.

Participants are usually placed in pairs with a local host, and where possible will be placed with a healthcare professional from another country providing a third national perspective to their programme. During their stay at their host organisation, participants will see how another healthcare system is structured and be able to consider the similarities and differences when compared with the NHS.

As well as the theme and the structure of the healthcare systems, participants will have an opportunity to consider specific interests agreed with their employer enabling them to take valuable aspects of learning back into their work environment.

At the end of the fourth week all participants from the EU countries come together to share their learning and present best practice at an international meeting. Participants from each country create a presentation based on the years' theme and their experiences.



### **Application forms are available from the National Coordinator, Hilary Watkins.**

Potential participants are asked to contact Hilary before completing application forms for further advice on possible host countries. Hilary can be contacted at:

[leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk)

Expressions of interest by 31 August 2011.

**\*UK Applications must be received by 30 September 2011.**

(\*N.B. This is earlier than the EU deadline shown on the form)

### *Tips for successfully applying as a participant*

- Speak to your line manager and Chief Executive early to get their support.
- Contact the National Co-ordinator for advice.
- Choose more than one type of hospital/care environment.
- Pay special attention to the 1<sup>st</sup> question on the 'Declaration of Candidate and Commitment' form (Form 3 on the HOPE website) – it carries a lot of weight when hosts decide whether to offer you a place or not.
- If you have attended Management Training then mention it.
- Allow plenty of time for getting the 'Declaration of Candidate and Commitment' form signed by the chain of command.
- Ensure that your application reaches the National Co-ordinator by the deadline.

## Why YOU should consider hosting participants

*Derbyshire Community Health Services NHS Trust took part in the HOPE Exchange Programme for the first time in 2011. The letter inviting applications came into the organisation at executive level and was passed on to the divisions to consider. As the Associate Director of Quality I identified the value of participating in this programme.*



*The application process is straightforward. There is good support from the national coordinator, and HOPE also have an excellent website which provides insight into the work they undertake, and previous programmes and their outcomes.*

*As host I would like to express my thanks for the support and organisation of the programme. I am fortunate to have a member of staff with excellent organisational skills who very ably organised the programme, the accommodation and the induction pack for the visitors.*

*The National Coordinator discussed the theme with all the hosts and provided examples of previous programmes used elsewhere to give us some ideas.*

*The big challenge was to plan diaries well in advance and coordinate visits so that huge amounts of time was not wasted in travelling across the many sites we have across Derbyshire, but programme participants played their part in providing lifts or travelling to meet our European participants.*

*I felt all our staff who participated had prepared well for their sessions, with handouts and presentations being available. The participants both identified areas that they felt could be used in their work places back home.*

*Providing accommodation is a real challenge for those organisations that do not own residences but a local bed & breakfast provided a good solution for us.*

*Both participants showed a keen interest in the whole programme and from feedback received from the visits they asked numerous questions and were well prepared.*

*Derbyshire Community Health Services NHS Trust was able to share information and gain an insight into healthcare services in other countries. We feel the programme has helped to raise the profile of our newly formed organisation both nationally and internationally.*

*Overall this was a very positive experience!*

*Lyn Barwick  
Assistant Director Quality and Patient Experience*

## How do I become a host in 2012?

### *Requirements, tips and what to expect*

Hosting participants can be a rewarding and educational experience. It not only allows you to share information on the way your organisation works, but also allows participants to share how their home systems and organisations differ, helping to foster understanding and build networks.

Host organisations are expected to host two or three participants who will come from different countries and probably have different professional backgrounds and interests. Hosts are supported in their development of a local programme meeting the requirements of the theme for the year as well as participants specific interests.

Accommodation should be provided on a free basis (minimum standards apply) and at least one meal a day at a reasonable rate or free of charge. IT access for participants should also be provided, particularly for them to access personal email and the internet, and should preferably be available outside programme hours.

All hosts are asked to provide an overview of the healthcare system, as it is important to give the participant the opportunity to see how the host organisation fits into the broader pattern of health services in its city, region and country. The programme should also allow the participants the opportunity to perceive and discuss a broad range of services and functions which contribute to the overall theme of the programme for the year. This should include visiting clinical professionals and managers to understand the inter-dependencies within the system.

Participants will be asked to contact hosts before they arrive to share their personal interests and what they hope to achieve from the programme.

Most participants will wish to see the surrounding area and culture within their host country, and hosts are asked to help to facilitate this. Providing them with an orientation of the local area is expected, with further trips afield encouraged.



Ensure participants don't feel isolated, giving them information about local interests, transport links etc., and potentially organising social activities.

Remember that the participants are not students and many are very senior healthcare professionals who will wish to meet their counterparts. It is emphasised that this is a management programme; however they arrive in an observational capacity and must therefore be accompanied while within the Trust.

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*"It has been a very positive experience for several departments to understand that the problems they struggle with are fairly universal."*

**2010 UK Host**

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**Application forms and advice are available from the National Coordinator [leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk)**

**UK Applications must be received by the National Coordinator by 30 September 2011.**

(\*NB This is earlier than the EU deadline shown on the form)

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### Timeline for Hosts

UK

Applications due: 30<sup>th</sup> September 2011\*

Hosts notified: December 2011

Attend information session London: January 2012

Send draft programme to participants: March 2012

Participants arrive: 15<sup>th</sup> May 2012

Host participants: 15<sup>th</sup> May –6<sup>th</sup> June 2012

Submit feedback: 31<sup>st</sup> July 2012

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*"This was the first time the PCT had offered a placement and it was a very positive experience."*

*Head of Workforce Development,  
2008 Host*

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*"I would thoroughly encourage everyone to consider this as a developmental opportunity of a lifetime"*

*2011 UK Participant*

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*"The HOPE Exchange Programme has been the best thing that I have done in my working life. I have returned home a changed person and intend to use the experience to take me forward in my life, both at work and personally."*

*2011 UK Participant*

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## How do I apply?

### Where to look and what to fill out

Applications for both potential participants and for interested host organisations are due by the **30<sup>th</sup> September 2011\***.

Visit [www.institute.nhs.uk/ukhope](http://www.institute.nhs.uk/ukhope) for information and links to applications forms and other information needed to apply as either a participant or a host organisation. This website also features information specifically tailored to the UK Exchange Programme. You can also access application forms directly by visiting [www.hope.be](http://www.hope.be) and going to the Exchange Programme section of the website - (Please note earlier deadline for UK).



**Participants** will need to fill out the Application form (*Document 2 on the HOPE website*) as well as the Declaration of the Candidate form (*Document 3 on the HOPE website*) and return BOTH to [leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk) (Please note earlier UK deadline). Should you have any questions about the application, or if you would like advice on the countries you are most

interested in travelling to as a participant, please contact Hilary Watkins, the UK National Co-ordinator, directly at the address at the foot of this page. The document United Kingdom Guidance notes found on [www.institute.nhs.uk/ukhope](http://www.institute.nhs.uk/ukhope) also provides more detailed guidance for potential participants including potential costs.

**Host organisations** will need to fill out the Information on Hosting Organisation form (*Document 5 on the HOPE website*) and return it to [leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk). Hilary Watkins, the National Coordinator can provide more information on developing the programme and this will be a key topic at the January information meeting. You can contact Hilary Watkins directly at the address at the foot of this page. The document United Kingdom Guidance notes found on [www.institute.nhs.uk/ukhope](http://www.institute.nhs.uk/ukhope) also provides more detailed guidance for hosts including potential costs.

If you are selected to host or participate, you will be contacted by the national coordinator with further information and next steps.

**Application forms and advice are available from the National Coordinator**  
[leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk)

**UK Applications must be received by Hilary Watkins, the National Coordinator by 30 September 2011.**

(\*NB This is earlier than the EU deadline shown on the form)

## The Impact of HOPE

### What previous participants and hosts have to say about their experiences

The whole experience gave me time to reflect what I and my department are doing and what can we do to improve.

**2011 EU Participant**

*I'm so impressed with the staffs' willingness to take time and effort to meet with us and try to explain to us the (to an outsider not always obvious) organisation and working of the [trust].*

**2009 Participant**

Honestly, it has been one of the most interesting and valuable professional experiences I have had. Thank you.

*The HOPE Programme is a challenge and an adventure that is worth embracing and which gives us more knowledge, learning and life experience than we could ever previously thought it would be possible!*

**2011 EU Participant**

Many staff reported that they had learned something from the participants and had been pleased to host them. [We] will definitely host again next year.

**2011 UK Host**

*"This is an amazing opportunity for sharing countries, expertise and knowledge. It is a unique learning experience that does broaden the mind."*

**2010 UK Participant**

**The HOPE Exchange Programme is a very easy cost-effective way to get new ideas and study new things.**

**2010 Participant**

The opportunity to take a period of time out from my day-to-day job gave me the perspective I needed to see how my input to my organisation makes a difference.

**2010 Participant**

[We] benefited greatly in having candidates from a variety of countries, it gave the trust a focus to show case some of our excellent services. All the professionals were a delight to work with.

**2009 UK Host**

The opportunity for such a wide spectrum of personal and professional development in such a short time frame should not be underestimated

**2011 UK Participant**

This was a fantastic learning opportunity to learn new systems and processes from a different country. [It] has enabled me to view health care from a different perspective and how services could be commissioned and delivered.

**2011 UK Participant**

International exchange in the UK has been a unique opportunity for all participants to share their views and experiences and show the world they are capable of working together for the common good regardless of the age, ethnic or professional background of each participant.

**2010 Participant**

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If you prefer to post any of your forms rather than submit them electronically, please send them to:  
Hilary Watkins, National Coordinator  
HOPE Exchange Programme  
Ground Floor West, Vespasian House, Dorset DT1 1TS

*Please note that it is not necessary to post us your forms if you have already submitted them via email as long as they were signed by the relevant authority and scanned prior to sending.*



**HOPE Exchange Programme 2012**

*For further information on the UK HOPE Programme please contact us:*

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[www.hope.be](http://www.hope.be)