

General information and application forms can be found at www.hope.be

Further information is available from leadership@institute.nhs.uk or
from the UK National Coordinator at hilary.watkins@dorset-pct.nhs.uk

HOPE EXCHANGE PROGRAMME 2011

Theme: Better health - A shared challenge for hospitals and primary health care

Dates: 23 May 2011 – 17 June 2011 United Kingdom programme
20 June 2011 - 21 June 2011 Turku, Finland meeting

UNITED KINGDOM GUIDANCE NOTES

These guidance notes have been written in four sections:

A	General Information on HOPE Exchange Programme
B	What is required of a United Kingdom host?
C	What is required of an EU participant in the United Kingdom?
D	What can a United Kingdom participant in Europe expect?
Appendix	Accepted languages

A GENERAL INFORMATION

WHAT IS THE HOPE [HOSPITALS IN EUROPE] EXCHANGE PROGRAMME?

1. The stated purpose of the HOPE Exchange Programme for Hospital Professionals is to lead to an increased understanding of the operation of health care systems within the E.U. and, in particular, to facilitate co-operation, interchange and free movement of staff.
2. More precisely the programme offers the opportunity for healthcare managers, or clinicians with a managerial role, to visit another country and to exchange ideas and experiences with healthcare professionals and to experience a different culture.
3. Healthcare professionals will be supernumerary in the hospital or primary care organisation to which they are sent. They are attached as observers and may be subject to certain checks by the host organisation – although this would not normally be expected as participants will be with other professionals at all times during the professional programme.
4. Approximately 200 participants, from 27 countries across the EU and applicant countries to the EU, exchange healthcare professionals for the period of the programme – approximately 4 weeks exchange in host country and then an international meeting where all participants come together in a single country. The international meeting is not optional but forms an integral part of the programme.

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5. It is not an exchange of individuals between hosts but an exchange of individuals between European countries.

WHO CAN PARTICIPATE?

6. The HOPE Exchange Programme 2011, run in conjunction with the NHS Institute in the UK, is open to:
 - healthcare managers, or clinicians with a managerial role (not all countries can offer a programme for primary healthcare professionals – National Coordinator will advise) who must:
 - have a minimum of three years experience in healthcare management
 - have proficiency in a language that is accepted by the host country
 - be available for the full period of the programme (exchange and international meeting) and participate in all arranged programmes.
 7. Participants need not speak the native tongue but must be able to understand, and be understood, in an accepted language in the host country. A list of participating countries and the accepted languages is attached.
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B WHAT IS REQUIRED OF A HOST?

8. Host organisations in the United Kingdom (usually NHS Trust/Foundation Trust, Primary Care Trusts or Health Boards, etc.) are expected to host two/three participants who will come from different countries and probably have different professional backgrounds and interests. Over the full programme single participants can become quite isolated and experience shows that hosting two or three people is usually more successful and provides a greater interest for the host organisation.
9. Host organisations will be expected to develop a local programme meeting the requirements of the HOPE Exchange Programme theme for the year as well as participants specific interests. Further information on this requirement is given later in this document under 'The Professional Programme'.
10. The host organisation should offer accommodation of an acceptable standard on a free basis and at least one meal a day at a reasonable price or free of charge.
11. The host organisation should provide IT access for participants at convenient times e.g. outside the hours of the programme and at weekends.
12. **Accommodation** is extremely important and should be of a minimum standard as follows:
 - Participants should have their own room. This may be in an NHS residence such as may be used by medical or nursing staff or, where this is not available, a local hotel or apartment.
 - Participants should not be expected to share bathroom facilities but where this is unavoidable sharing should be with a maximum of three people.

- Participants should have access to cooking facilities and equipment to avoid the need to eat out every day. Participants should expect to be able have breakfast before leaving their accommodation.
 - Accommodation should be provided in a safe area of the hosting town where travel by public transport in the surrounding area is easy.
13. *Meals* should be provided as follows:
- Hosts are expected to provide at least one meal a day either free or subsidised.
 - Where participants are expected to eat most other meals in a healthcare facility, (perhaps due to the location of the organisation and accommodation), they should be provided at staff rates. Even hospital restaurants can be expensive over time.
14. *IT Access* should be made available as follows:
- Participants can expect to have access to the internet each working day during their stay. This may be at the healthcare host or through local authority arrangements such as the local library, which may offer free access.
 - Participants should be able to access e-mails but may be restricted on personal e-mail addresses according to healthcare organisation policy.
 - Participants should ideally be able to access the internet both during the day and in the evening - as much of their day will be pre-programmed. Where this is not possible hosts must make every effort to accommodate the participants between programmed work.
15. It is suggested that the nhs.net be used to offer e-mail access both within and outside of the healthcare organisation as this can easily be restricted at the end of the programme.

BUILDING THE PROGRAMME

The National Programme

16. The United Kingdom National Coordinator, on behalf of the HOPE and the NHS Institute, will host the EU participants in the United Kingdom from the first Sunday until Tuesday morning after which they will travel onto their hosts. During these two days they will have an opportunity to get to know each other, to gain confidence in speaking English, to gain an understanding of the structure of the NHS and to generate an overall understanding on the theme of the HOPE Exchange Programme.
17. During the programme, participants will come together again to develop their presentation for the international meeting. Hosts are asked to ensure that they are aware of the dates for this workshop when compiling the programme. It is currently proposed that this takes place on Thursday and Friday of the fourth week but this will be confirmed.

The Local Programme

18. By the end of the programme, EU participants hosted in the United Kingdom can expect to have an understanding of the whole health system in their host country (England, Wales, Scotland or Northern Ireland). They should also expect to understand the relationships with key partner organisations such as social services, local authorities and others.

19. Hosts should recognise that listening to people speak in a foreign language about a 'foreign' healthcare system can be very tiring. Participants will need time each day to read material they may have gathered during the day and many also like to write up their understanding of the visits made. Time should be allowed for this and hence it is suggested that their working day ends at 4pm unless they request otherwise.

The Professional Programme

20. The host is expected to arrange a programme for the participants from their date of arrival usually Tuesday afternoon week 1 to the date of their departure – Wednesday of week 4. It is suggested that sufficient time is allowed for orientation and that the official programme does not commence before the Wednesday of week 1.
21. The official programme ends on Tuesday of week 4 and participants will return to London on Wednesday week 4 for the workshop on Thursday and Friday.
22. There are no steadfast rules for the programme but it is suggested that hosts should develop the programme in the following way:
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|--------|---|
| Week 1 | ensure understanding of the structure of the local NHS |
| Week 2 | time spent in each of the major organisations in the local health and social care community |
| Week 3 | as for week 2 but also incorporate participants own wishes into the programme |
| Week 4 | as for week 3 with final review meeting in host organisation. |
23. The National Coordinator will meet all hosts in London in January to discuss the programme, the theme and assist with ideas for development locally. The draft programme should be made available to participants by early March. The programme should take account of their specific wishes as well as the theme of the programme for that year and be shared with them from time to time as it develops. Some time might be left free for last minute requirements which become clearer during their stay.

Note: Previous years programmes will be made available to new hosts as an example

The Social Programme

24. Four to five weeks is a long time to be away and participants vary in their adaptability to the situation. Most will wish to see the surrounding area and culture within their host country.
25. As a minimum, EU participants in the United Kingdom can expect:
- On arrival*
- A street map of the local area and public transport timetables
 - A selection of tourist information on local places of interest
 - A walking tour of the local area indicating bus stops; train stations; relevant healthcare facilities and places to eat.
26. Hosts are asked to consider how they can facilitate excursions to places of interest etc. This may be done in variety of ways:

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- Suggesting weekend travel plans (perhaps accompanied or driven)
- Asking staff if they wish to entertain the participants for an evening (dinner at home, barbeque, walk, visit to the pub etc)
- Linking participants to staff social clubs or to local organisations according to their interests e.g. walking groups; running clubs etc.

After the Programme

27. At the end of the programme hosts will be asked to complete a short questionnaire for the National Coordinator on the HOPE Exchange Programme experience and their wish to host in following years.

C WHAT IS REQUIRED OF AN EU PARTICIPANT IN THE UNITED KINGDOM?

28. Participants in the HOPE Exchange Programme are welcomed to the host country as healthcare professionals representing their employing organisation and their country. As such they are expected to be respectful of their national and local hosts and other participants. They are also expected to be enthusiastic to participate in arrangements made on their behalf. This applies equally to professional and social programmes although where there is a real wish to alter an arrangement, this should be discussed with the host as far in advance as possible and every effort will then be made to accommodate reasonable requests. Participants must have travel insurance valid for their entire programme.
29. Participants are not encouraged to bring family or friends with them for the period of the programme although some short visits (such as weekends) may be possible. It will not however be possible to bring visitors to the Welcome Event in London or to the Presentation Workshop. Any visit within the main programme when at the local host site should not disrupt the arranged programme unless previously agreed with the host.
30. Any participants wishing to return home during the programme (exceptional circumstances only) should agree the dates with their hosts before the commencement of the programme. In the event of an emergency, every effort will be made to support the participant in making timely travel arrangements.
31. Participants may wish to bring a laptop computer with them for the duration of their visit and hosts are asked to facilitate internet access although this may not be available at all times.
32. Participants may wish to take photos of healthcare facilities, professionals and patients. This should be done sensitively and in the case of patients – never without their permission. Participants are encouraged to ask their local host prior to taking photos of staff or the inside of healthcare facilities.
33. At the end of their visit participants will be expected to complete a report on their experience. This must be submitted by 31 July and precise details and recipients will be made clear by the National Coordinator at the commencement of the programme.
34. On completion of the reports participants will be issued with a Certificate of Attendance (usually issued in September).

D WHAT CAN A UNITED KINGDOM PARTICIPANT IN EUROPE EXPECT?

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35. The notes shown in section C apply equally for United Kingdom Participants in Europe. However the way in which the programme is hosted both nationally and locally will vary from country to country.
36. Each country will have a different healthcare system and hence some may have a strong primary care model (e.g. Finland) whilst others will not offer that within the programme (e.g. France).
37. Most countries will place you with a single local host for the duration of your visit. However in previous years Denmark has taken the group to a variety of different hospitals around the country.
38. Some countries place great importance on coordinating a presentation for the international meeting, and hence will arrange one or more 'national' meetings for all participants in the country. Others will not do this either for reasons of geography or due to the small number of participants in the country. This does not mean that a presentation is not required – just that there may be less opportunity to work together on it.
39. Some placements will be in a large city whilst others could be quite isolated. When completing the application form you should be clear about the type of placement you are looking for as some people can find the HOPE Exchange Programme quite isolating. For example, you could be asked to be placed where there is another participant also – although this can go wrong with last minute cancellations!
40. Advice on which country could offer the expertise you are looking for can be provided on request to the UK National Coordinator.
41. I hope this is helpful and will be happy to discuss further with you. Please e-mail me in the first instance so that I may ensure I have the answers you require and provide a telephone number where I can contact you.
42. All applicants applying to visit Europe will be interviewed by telephone early in November to ensure their suitability for the programme and, if accepted, to increase their opportunity of a suitable placement.

Hilary Watkins
National Coordinator, HOPE Exchange Programme
NHS Institute for Innovation and Improvement

August 2010

APPENDIX 1

LANGUAGE(S) ACCEPTED IN THE COUNTRY

COUNTRY	LANGUAGE(S) ACCEPTED
AT Austria	DE, EN (basic knowledge in German is required)
BE Belgium	EN, FR
BG Bulgaria	EN
CH Switzerland	FR,DE
CY Cyprus	EN
CZ Czech Republic	DE, EN, FR, CZ, SK
DE Germany	DE
DK Denmark	EN, DK
EE Estonia	EN
ES Spain	ES
FI Finland	EN
FR France	FR
GB	EN
GR Greece	EN
HU Hungary	EN
IE Ireland	IE
IT Italy	IT
LT Lithuania	EN
LU Luxembourg	FR, DE
LV Latvia	EN, DE
MT Malta	EN
NL Netherlands	EN
NO Norway	EN
PL Poland	EN
PT Portugal	EN
RO Romania	EN
SE Sweden	EN
SK Slovakia	EN, DE
SL Slovenia	EN

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APPENDIX 2

LANGUAGE(S) ACCEPTED FOR THE APPLICATION

COUNTRY	LANGUAGE(S) ACCEPTED
AT	EN, DE
BE	
BG	
CH	
CY	EN
CZ	
DE	EN, DE
DK	EN
EE	EN
ES	EN, FR, DE
FI	EN, DE
FR	EN, FR
GB	EN
GR	EN
HU	EN, DE, FR
IE	EN, FR
IT	
LT	EN
LU	
LV	
MT	EN, DE, FR
NL	EN, DE
NO	
PL	EN
PT	EN
RO	
SE	
SK	EN
SL	EN

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