



# HOPE Exchange Programme

# 2011

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

*Hilary Watkins*

I have been the UK National Co-ordinator for the HOPE Exchange Programme, run in conjunction with the NHS Institute in the UK, since 2004 and have welcomed some 125 EU visitors to the UK in the last six years. In addition, in that time over 50 UK participants have experienced other EU healthcare systems. I remain totally committed to the scheme and its role in disseminating learning and best practice across Europe as well as a tool for personal and professional development. I hope you enjoy this newsletter which has been created to share the experiences from the 2010 Exchange Programme around the theme **'The chronic patient: a clinical and managerial challenge.'**

Information is also provided for **2011** when the theme is:

**'Better Health: A shared challenge for hospitals and primary care.'**

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

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*"HOPE Exchange brings an opportunity for cross cultural and cross European cooperation which is not easily accessed via other means."*

*Hospital NHS Trust,  
UK Host*

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## 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 celebrates its 30<sup>th</sup> year in 2011.

The HOPE Exchange Programme consists of a 4-week training period intended for healthcare professionals with managerial responsibilities. They must be working in hospitals or healthcare facilities, adequately experienced in their profession with a minimum of three years of managerial experience and having proficiency in the language that is accepted by the host country. 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.

## Learning from the 2010 Programme

### Theme: The chronic patient: a clinical and managerial challenge

*“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*

The theme presented a critical challenge across Europe as people live longer and place an ever-increasing demand on healthcare systems.

In 2010, 25 participants from 14 different countries arrived in the UK and were placed across seven host organisations in England and three in Scotland.



## Examples of Good Practice in the UK

*EU participants in the United Kingdom identified the main challenges as: reduction in finance; demographic changes; coordination of care; and the need for new skills and knowledge.*

### Good practice included:

#### The Expert patient programme

To improve the self-management of long-term conditions; learn new skills; meet others and share similar experiences; learn about developing more effective relationships with healthcare professionals

#### NHS 24 Scotland (NHS Direct England)

To provide health advice and information; provide access to the Emergency Care Summary; make information available about all health programmes in Scotland/England

#### Community care

Interdisciplinary teams providing education for self-care and support patients to stay at home with the best possible quality of care. The team includes:

- General Practitioners, Specialised Nurses
- Psychologists, Physio & Occupational Therapists
- Social workers, Support workers & Palliative care

#### Consultant Nurse

Advanced clinical practice, with a prescribing role and a clinical assessment of patients prior to treatment; development of nurse-led clinics & services; teaching, research and audit in order to evaluate clinical effectiveness

#### Telemonitoring

Remote electronic monitoring enabling patient to adopt a proactive approach; reduces unnecessary travel to the hospital; early detection of deterioration to optimize medication; facilitating education for self-care



Participants from 14 countries came to the UK in 2010.

## Examples of Good Practice Elsewhere in Europe

The participants from the UK were hosted in Portugal, Sweden, Estonia and Finland. Below are some of the clinical and managerial challenges they identified and examples of identified good practices within their host countries.

**Participants in Portugal** identified the challenges from the patients' perspective as:

- the need for continuous need for therapy and follow-up
- feelings of social isolation
- uncertainty about the future
- difficulties with those around them
- stress caused by lack of explanation of the condition.

Good practice included:

**A Day Hospital for Chronic Patients** to support and motivate patients' self-management - leading to reduce hospitalisation, emergency visits, hospital infections and the costs of chronic patients care;

**A Care centre for children with development disorders** including horse-riding, music therapy and other sensory therapies;

**A strong IT system** with 90% of hospitals using the same network to allow all professionals access to important patient information and enable efficient management of waiting lists.



Participants from the UK went to four countries in 2010.

**In Sweden participants** focused on an imaginary elderly patient living in a rural setting with co-morbidities and no immediate family near-by. The challenges therefore included communication, the need to maintain independence if possible, cost-efficiency and the need for health and social care networking.

Solutions were identified as:

**Communications** - Good IT systems; ambulance triage and risk assessment; telemedicine

**Independence** - cohesive multi-professional team approach; health education/promotion; temporary housing; involving Anna and her family; flexibility; alert system; recall and review

**Networking** - check-lists and guidelines, multi-professional team-meetings; medicine management; rehabilitation/therapies; social care and self-care management.

**In Estonia participants** identified challenges as:

- Clinical - Public health awareness; patient adherence; clarification of roles and responsibilities; GP as partial gate-keepers
- Managerial - Integration of levels of care; limited resources; recruitment of family nurses; development of voluntary Sector.

Good practice between the different levels of health care was identified through on-going development of clinical and referral guidelines between the different levels of healthcare

**Strong coordination** (relationships, communication) between long term stay, home nursing and family doctors services enabling patients with chronic conditions to be managed in the most appropriate care setting

**e-health** including patient alarms and telemedicine.

Challenges **Finland** face include an increasing proportion of the elderly (more likely to have 2+ chronic diseases); caring for patients - town and countryside; lack of professionally qualified staff; allocation of resources.

Solutions include **prevention** (consultation bureau for mothers with small children; school meals and more); **early intervention** (screening and easy access to primary care); **specialised healthcare** (acute triage; short stay in highly specialised units); **rehabilitation** (vocational training for people facing 'retirement' to support return to work) and **care at home** (falls prevention; telemedicine and group sessions in a normal house setting).

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## Timeline for Participants

Applications due: 30<sup>th</sup> September 2010\*

Phone Interview: November 2010

Places notified: December 2010

Attend information session: January 2011

Arrive in host country: May 2011

Observe host organisation: 23<sup>rd</sup> May – 17<sup>th</sup> June 2011

Attend international meeting: 20<sup>th</sup>-21<sup>st</sup> June 2011

Complete report: 31<sup>st</sup> July 2011

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## How do I become a participant in 2011?

### *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 the host country; many countries accept English. You must be *able to understand, and be understood, in an accepted language* in the host country.

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.**

It is also recommended that potential participants contact Hilary before completing application forms for further advice at: [leadership@institute.nhs.uk](mailto:leadership@institute.nhs.uk)

UK Applications must be received by

**30 September 2010.**

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

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

- Speak to your line manager and Chief Executive early to get their support and advice.
- Contact the National Co-ordinator for advice.
- Choose more than one type of hospital/care environment.
- Do some research on the countries you are interested in visiting.
- 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.

## How do I become a host in 2011?

### 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 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 expectations of the programme.

Most participants will wish to see the *surrounding area and culture*, and hosts are asked to help to facilitate this. Providing them with an orientation of town is expected, with other trips further 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*.

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 2010**.

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

### Timeline for Hosts

UK  
Applications  
due: 30<sup>th</sup>  
September  
2010\*

Hosts notified:  
December  
2010

Attend  
information  
session:  
January 2011

Send draft  
programme  
to  
participants:  
March 2011

Participants  
arrive:  
May 2011

Host  
participants:  
23<sup>rd</sup> May – 17<sup>th</sup>  
June 2011

Complete  
feedback:  
31<sup>st</sup> July 2011

*"It has been a very positive experience for several departments to understand that the problems they struggle with are fairly universal."*  
2010 Host

## 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 2010\***.

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 the earlier UK deadline). Should you have any questions about the application, or would like advice on the countries you are most

interested in travelling to as a participant, you can also 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. If you are selected to participate, please check Information for Selected Professionals (*Document 9 on the HOPE website*) for further information and next steps.

**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). Please also have a look at the Outline Training Programme (*Document 6 on the HOPE website*), which should help you start to compile a programme for participants. Should you have any questions, or would like to see examples of previous years' programmes and welcome packs, 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.

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 2010**.

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

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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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*"The Exchange Programme has given me the possibility to see some aspects of my job with more critical eyes and to know that we can do things in different ways and change some roles in order to provide the best care to the patient."*

*2010 EU Participant*

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## The Impact of HOPE

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

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

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

2010 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

The HOPE Exchange Programme enabled many healthcare professionals to look beyond the borders of their own country where many new quality concepts and solutions are in place.

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 Host

HOPE provides a good possibility to learn from each other, to share experiences with the same problems facing the same challenges in different healthcare systems.

Honestly, it has been one of the most interesting and valuable professional experiences I have had. Thank you. 2009 EU Participant

The search for best practice is easier by overlooking the way in which the different countries are tackling the challenges.

2010 participant

It helped me build my confidence and independence.

2010 Participant

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

2010 Participant

It boosted morale amongst staff who had the chance to host the participants as it allowed them to talk about their work, and also demonstrated that the work they do is noticed by the Trust.

2009 Host

If you prefer to post any of your forms rather than submit them electronically, please send them to:

HOPE Exchange Programme  
NHS Institute for Innovation and Improvement  
Level 9, Victoria House  
Southampton Row, London WC1B 4AD



## HOPE Exchange Programme 2011

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

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