The Esther Network is made up of individuals, both private and professionals, who work to promote and improve the complex care. The Network started in Sweden and is now spreading to the rest of the world. Esther is a symbolic person, with complex care needs who requires the coordination between hospital, primary care, home care, and community care. Esther is at the center of all our daily work.

One year of ESTHER in Kent
It is now one year since we started implementing the Swedish ESTHER model in East Kent. The implementation is initiated by the Design and Learning centre for Clinical and Social innovation who is the official UK partner of the Qulturum centre in Region Jönköping in Sweden, where the model was originally developed. The pilot setting for the local implementation was Hawkinge House, a care home just outside Folkestone, run by the Graham Care Group. The GCG embraced the model as a way to take relationship centred care one step further. All staff members, regardless of profession was offered the ESTHER introduction to ensure that everyone had a basic knowledge what the model was about. Following the introduction 11 ESTHER Quality Improvement Coaches was trained over 5 months. Each of them identifying and implementing an improvement to ESTHER i.e. the residents of the home, during the training.

Next steps at Hawkinge House will be regular introduction sessions to ensure all new staff members know about the ESTHER model and culture, hosting and participating in ESTHER cafés, improvement white boards and another cohort of coaches trained the coming autumn. In spreading the model wider across East Kent we have completed an introduction road show. Everyone that participated for 2 hours became ESTHER ambassador, wearing a badge and help spreading knowledge about the model and its key features. We have also trained another cohort of 20 coaches that represented a mix of organisations around ESTHER.

In the end of June we started implementing the model at a local care centre in Folkestone, involving their cooperation partners, aiming to make ESTHER’s pathway in this area smoother.

As the model is getting more heard of we continuously get request for more introduction sessions, which we are happy to carry out. Our firm belief is that the more people and organisations that know about and recognises the model as an improved way forward; the sooner we will see results.

We are also planning to offer the introduction/ambassador training to the public, to raise awareness.

We have just started to evaluate the implementation and I hope that I can come back in a future newsletter to present the outcome of this.

All in all it has been a really positive first year with lots of new learnings and good response.

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http://plus.rjl.se/esther
https://www.facebook.com/groups/Esthercoach/
At Esther Network Singapore which was launched in 2016, the Esther Coaches reviewed the ‘wants of Esther’ that have been collated over three focus groups, more than 15 Esther Cafes and more than 20 ‘Patient Journey’ Fieldwork and interviews with Esthers during this period.

The team found eight main areas of needs and wants. Here are four as Part 1 of the sharing:

**Accessibility** – This is not just about transport or availability of services, but also about the thinking and rationale behind the provision of services or a lack of. A good example raised by Esther regarding community rehabilitation: why are community rehabilitation sessions limited by the institutions, and not by Esther, based on Esther’s goals? Esther may want to be able to run again and hence need longer than the usual 12 sessions prescribed.

**Excess** – Excess is mainly found in two areas: hospital clinic appointments and medications. Esthers lauded the hospital’s effort in grouping services in one building, but the number of visits could be further cut. “If professionals sitting in the same building have greater communication and agreement to co-manage us, rather than refer us to another doctor or nurse in the same building, it would really cut down the number of visits to the hospital” says one Esther. “My mother is generally well, but upon her discharge from the hospital for a total knee replacement, she came home with 15 types of medications. I don’t remember her needing all that medications all along… It confuses her as she does not know which are the really critical ones to take” was the feedback from an Esther caregiver.

**Living in the Community** - Almost all our Esthers want to continue living in their own homes in the community because they like their routine such as reading their morning newspapers. To live well at home, Esthers recognize the need to stay healthy, and if ill, to get well faster. One Esther improvement project developed upon this wish of Esther and embarked on a journey to measure and improve Esther’s confidence and independence over time. They found success through an early handshake.

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[https://esthernetworkblog.wordpress.com/](https://esthernetworkblog.wordpress.com/)

**Esther International Blog**

Do you know ESTHER has an international blog? We welcome you to read, reflect and comment with the purpose of mutual learning and encouragement.

https://esthernetworkblog.wordpress.com/

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[http://plus.rjl.se/esther](http://plus.rjl.se/esther)  [https://www.facebook.com/groups/Esthercoach/](https://www.facebook.com/groups/Esthercoach/)
between the hospital nurse and community care provider, handholding by the hospital nurse for a period of two weeks post-discharge, and the nurse and community care provider being a point of contact for each other on matters regarding Esther. Esther’s confidence in various Activities of Living (ADL) went from a score of 2 to 3 to a score of 8 to 9 over a period of six months. Esther also managed to stay out of the hospital during this period. This was a significant change and improvement as Esther used to be admitted to the hospital twice a month! The other Esther projects found the need to equip Esther, caregiver and other helpers in the community with skills such as reading medication labels, wheelchair navigation etc., to play a part in keeping Esther living in the community confidently.

Healthcare Communication – Esthers were in one voice on this when citing what matters most. Good healthcare communication to Esthers conveys compassion, personal touch and the giving of options. The wishes of Esthers from Singapore were similar to Esthers in Sweden on this. Even if Esther’s medical condition is dire, Esther and her caregiver would like the healthcare professionals to provide the options beyond treatment. This need is universal, and most aptly put across by Bertil, an Esther Ambassador in Jonkoping, Sweden.

He said: “We want to know what we can expect even when it is getting worse, have a plan B about what I can do and in what way, and where I can turn to with my questions”.

Last but not least, one poignant quote from our Singapore Esther Ambassador, Mdm Teo, sums it all up. “Our needs are very simple. We need encouragement. When my doctor encourages me by telling me what I am doing right, it means the world to me”.

Part 2 will follow in the next publication. Stay tuned!

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Publications and more about Esther
It is great to see the Esther Network growing overseas. We learn a lot from each other as we go along. Here are publications of Esther Sweden and short videos about the Esther coaches in the different countries

Sweden’s Esther model by Bradford Grey
More research
Video about Esther coaching
Esther coach Wendy, Kent
Esther coach Jeffrey, Singapore
Esther coach Caroline, Sweden

Do you have anything to share with us? Welcome to submit what is going on in your local setting.
Deadline for the next newsletter
15th October 2017

Material sends to
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https://www.facebook.com/groups/Esthercoach/