Sweden in January may be chilly but given the traditional winter pressures that envelop health and care systems at this time, we thought this would be an ideal opportunity to discover how the principles of the Esther model fostered a system-wide approach to the needs of the patient.

The visit was part of a wider programme looking at four particular models of care from across Europe, chosen for their innovative approach to integrating services. The Esther model was selected along with the Alzira model from Valencia, Gesundes Kinzigtal in South West Germany and Buurtzorg from the Netherlands – all very different in terms of the system in which they operate and their individual ways of working, but consistent in wanting to provide good quality, person-centred care. You can read more about the models at www.nhsconfed.eu/modelsofcare.

The pace of change across health and care in England is rapid, with a particular focus on the new models of care necessary to tackle our on-going healthcare challenges. The Five Year Forward View, issued by the CEO of NHS England around a year ago, launched a series of Vanguard sites, who along with the Integration Pioneers, would lead this change locally. It was a mixture of these Vanguard and Pioneer sites who came to Sweden – indeed the delegation would be made up of CEOs, GPs, Consultants, social workers, physios and senior managers from both the NHS and social care, highlighting the range of partnerships being fostered.

We spent less than two days in the County of Jönköping yet managed to discuss the evolution of the model, its detail and outcomes and see first-hand how staff lived the model in the acute, primary and social care settings. What struck me was that the culture of Esther spanned organisational
boundaries, building up a sense of trust between managers, professionals and critically the patient – ‘everyone faced the same way’ as one person put it. The Esther café was reflective, challenging and very moving and the focus on continuous improvement that flows through the system is both relentless and empowering; we heard from one senior consultant who moved from Stockholm because of it and also from more junior members of staff who knew they would be listened to and could affect change.

Seeing good practice is the easy bit, it is the adaptation locally which proves the most challenging aspect. We are therefore looking forward to welcoming Anna and Linda to London in May to speak at a major conference for our Vanguard and Pioneer community. Interestingly, the session on the model won’t be led by Esther colleagues – rather a GP from Somerset who was on the visit and wants to replicate some of the principles locally. Both Anna and Linda will be visiting the Somerset example the day before the conference to see how he is getting on and offering their wisdom!

If we start from the perspective that all systems are experiencing similar challenges then it becomes far easier to look beyond institutional and system limitations at what might work. For some colleagues in England, I hope the visit to Sweden challenges their understanding of what really is best for the patient – whatever their name.

Michael Wood
Senior European Policy Manager
NHS European Office

Reflections from NHS study visit to Esther

You can follow their thoughts and reflections in this blog. Very welcome with your comments in the blog to continue the mutual learning.

Esther around the world!!!

The Esther network invites you to write and post on our international blog.

Here you can share your experiences and lessons learned of improving complex care. Please write questions about what you are trying to accomplish with and for your Esther and support others in this huge challenge.
It has become a tradition to celebrate Esther's name day on 31 March. In the hospitals, home care units as well as primary care, and in society more generally e.g libraries and churches there were Esther activities. This means something special for and with ESTHER, like having the typical swedish “fika” (= Time to talk over a cup of coffee with something nice) and entertainment for our Esthers (persons with complex needs). The day is to remind us that we only can make health and social care better if Esther is involved and actively participating and can see us as one provider with the same vision.

This year even Jönköping University joined in and organized an Esther café for students, teachers, researchers and there together with “Esthers” talked about the importance of cooperation between different organizations. The day ended with Esther in a panel discussion about person centeredness and cooperation.