Guy's and St Thomas' NHS
NHS Foundation Trust

Buurtzorg: the Dutch model of neighbourhood care – A case study in 'real' teamwork.

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In this session…

- What is ‘real’ teamwork and why is it relevant?
- What is Buurtzorg?
- What has been the experience of GSTT in Neighbourhood Nursing?
- Where are the benefits?
- What can I do?

What is ‘Real’ teamwork

- Research by Michael West and colleagues at Aston Business School has identified that **high performing teams** demonstrate the following:

Affina Organisation development, 2018

- And that **the most important contributors to effective teamwork** are:
  - Clear shared team objectives
  - Role interdependence and role clarity
  - Meeting regularly to review and improve performance

Team purpose – warm up

- Imagine your team has implemented something of real significance following this forum
- Write a headline to describe what you have done
- Rules:
  - Less than 10 words
  - Dated one year from today
  - Say which professional journal or other relevant publication this headline appears in
  - You must feel ***proud*** to see this headline

Why is teamwork relevant?

West *et al* have shown that decisions made by effective teams (ideally at the closest possible point to the client, patient or service user) lead to:

- higher patient satisfaction
- More effective healthcare delivery – e.g. fewer errors, improved pathway coordination
- higher levels of innovation
- lower levels of staff stress, bullying, perceived discrimination, absenteeism and turnover.

"But I was always told your relationship with your line manager was the most important factor affecting the willingness of staff to go the extra mile…

…My business school taught me that things like mission, leadership and culture are what matters most in transforming services"…

…And haven't we just had to complete our 'engagement plans' in response to the Staff Survey. Where does that fit in?"

What is Buurtzorg?

Buurtzorg means "neighbourhood care"

A transformative (as opposed to an incremental) change to the way District Nursing is delivered. From a workforce perspective at its heart is the "self-managed team".

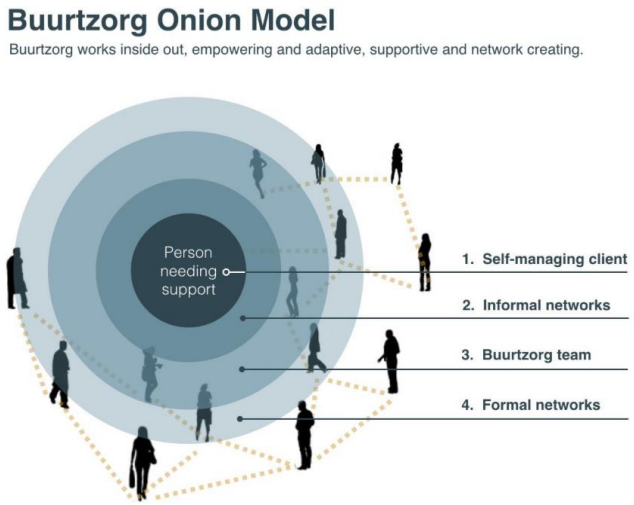
Where did it all start?

- Buurtzorg Nederland was founded in 2006 by Jos de Blok in the suburbs of Amsterdam, as a private company
- Jos and three colleagues wanted to simplify District Nursing
- They demonstrated a **patient–centred** way of working that would cut the hours of care delivered, if the focus was on helping clients achieve self-support / independence
- Buurtzorg's **empowering** approach for nurses and clients proved popular with both; and as client demand grew, new teams were established
- There are over 10,000 nurses, in 850 teams all over Holland
- Buurtzorg is active in 24 countries.

The Buurtzorg Model

Reinventing Neighborhood Nursing

Freedom and responsibility at the point of care



Business model:

- 61% nurse time 'billable' hours
- Flat hourly rate compared to separate rates for personal care/nurse care/advice
- Overall client hours per patient are less
- Intuitive and web-based ICT platform
- Mobile working makes use of iPads
- 8% overhead through simplification

Back office:

- Team are the client
- Less bureaucracy, releasing time to care
- All support functions (e.g. logistics, supplies, manpower, returns, PR, corporate enquiries)
- Approx. 55 staff support 10,000 nurses across Holland

Self managed teams:

- Team 8-12, no manager
- Supported by a coach
- Self organising, solution driven interaction, rotating duties and roles
- Generalists: taking care for all type of patients. 70% registered nurses
- Place based – 20 min radius. Informal networks are much more important than formal organisational structures

GSTT Adult Community Services

Directorate overview

Adult Community Services provides community based health services for adults predominantly within **Lambeth** and **Southwark**, including: general and specialist nursing services; rehabilitation and therapy services; services for people with learning difficulties; early intervention and specialist services, and customer services and site administration services.

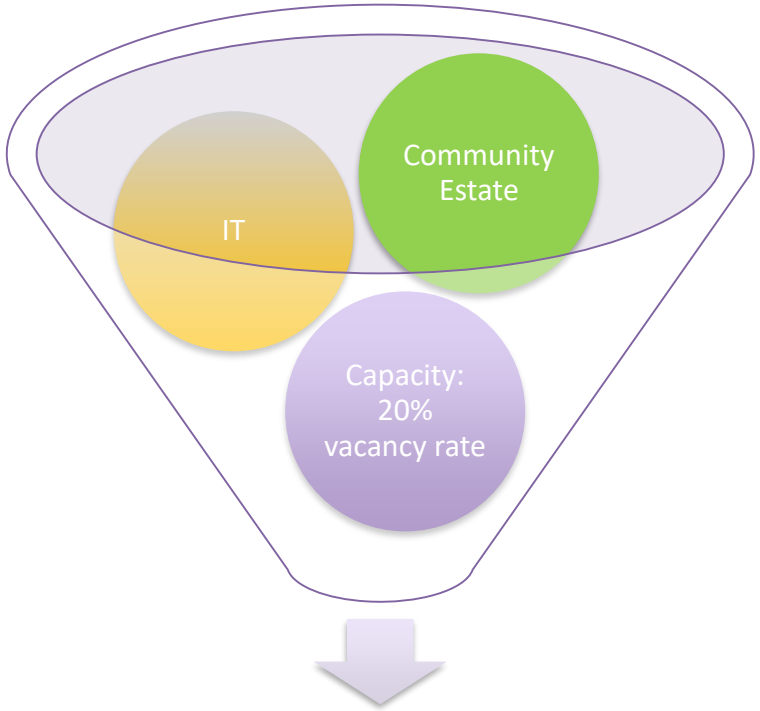
Services are delivered from various locations including health centres, community inpatient units, patients' homes and a range of other community locations. Our services require close working with GPs, acute medicine, therapies, inpatient services, social services, mental health services and the voluntary sector.

1,007.68
Budgeted WTE

829 WTE
staff in post

Operational challenges

IT
22 IT incidents since Feb 2017, poor connectivity, limited mobile working



Operational challenges

Community estate
Some buildings no longer fit for purpose, opportunities for space rationalisation limited due to poor IT, significant delays regarding service moves

Capacity
26% vacancy rate in district nursing

Reinventing Neighborhood Nursing

- **District Nursing** – six ‘traditional’ teams across 2 boroughs:
  - Approx. 160 FTE / 118 SIP – Registered Nurses – inc. Team Leads (Sisters)
  - 26.6% vacancy rate in Registered Nurses
  - 82% stability
  - High Bank and Agency spend

- Currently two **Neighbourhood Nursing** (**Buurtzorg)** teams:
  - 16 FTE (<10% vacancy)
  - Lambeth Team (Aylesbury) since November 2016
  - Southwark Team (Akerman) since July 2017 (split from Lambeth)
  - Skill mix includes Band 5 (experienced) and Band 6 Nurses and one Band 3. Registered nurses all perform the same role irrespective of banding.
  - There is one team coach (nurse)
  - Both teams have undertaken training provided by Buurtzorg Nederland in the UK, with shadowing in Holland
  - Teams have adopted a self-management approach

Test and Learn assessment

Kingston University was commissioned to undertake an evaluation throughout 2017. They considered 5 key elements:

1. **Clients first** – *Patient centred care - support for self care*

Positive feedback included:

- Timely referral management
- Improved continuity in nurses / impact on care
- Longer visits
- Improved follow-up
- Improved contact with nurses.

Challenges included a lack of verifiable data to confirm impact on patient outcomes / LOS / patient level costing or comparison with the other District Nursing teams.

Test and Learn assessment

2. Nurse-led - *Holistic approach to client needs and outcomes – providing personal care, even shopping as well as clinical care.*

Positive feedback included: Neighbourhood nursing has given teams the flexibility to manage their own case load, liaise with other health professionals within and beyond the Trust, ensure a named member of staff is assigned to each patient and improve use of telephone as well as direct contact.

Challenges include: Improving patient facing time (partly driven by IT issues) and managing unprotected case loads. Neighbourhood teams see approx. half the patients of traditional District Nursing teams. The latter pick up additional case load once neighbourhood teams reach capacity.

Test and Learn assessment

3. Neighbourhood - *Teams organise within small localities*

Positive feedback: Current geographies of teams have been chosen based on high number of housebound patients (sufficient need), relatively low level of self-funders of their own social care (mitigating eligibility and equity concerns), and supportive local GP practices.

Challenges include: supporting organic development of new teams while ensuring contiguous borders between teams and managing double running and the transfer of staff from district nursing.

Test and Learn assessment

- 4. Self managed teams - *Teams handle most aspects of care and quality*

Positive feedback: Full recruitment. Staff given permission to develop new ideas, manage rotas and flexible working as a team, e.g. staff agreed to claim extra hours worked in lieu rather than work Bank. Agency spend is zero.

Challenges include: Ongoing work to ensure every team player has a defined leadership role within the teams; undertaking more analytical work on own performance and developing appropriate assurance to service.

Many management functions are still organised and managed outside the team and as teams become better established need to resolve banding issues as well as develop a career path that reflects the needs of the organisation.

Test and Learn assessment

- 5. Infrastructure and back office support - *Humanity over bureaucracy*

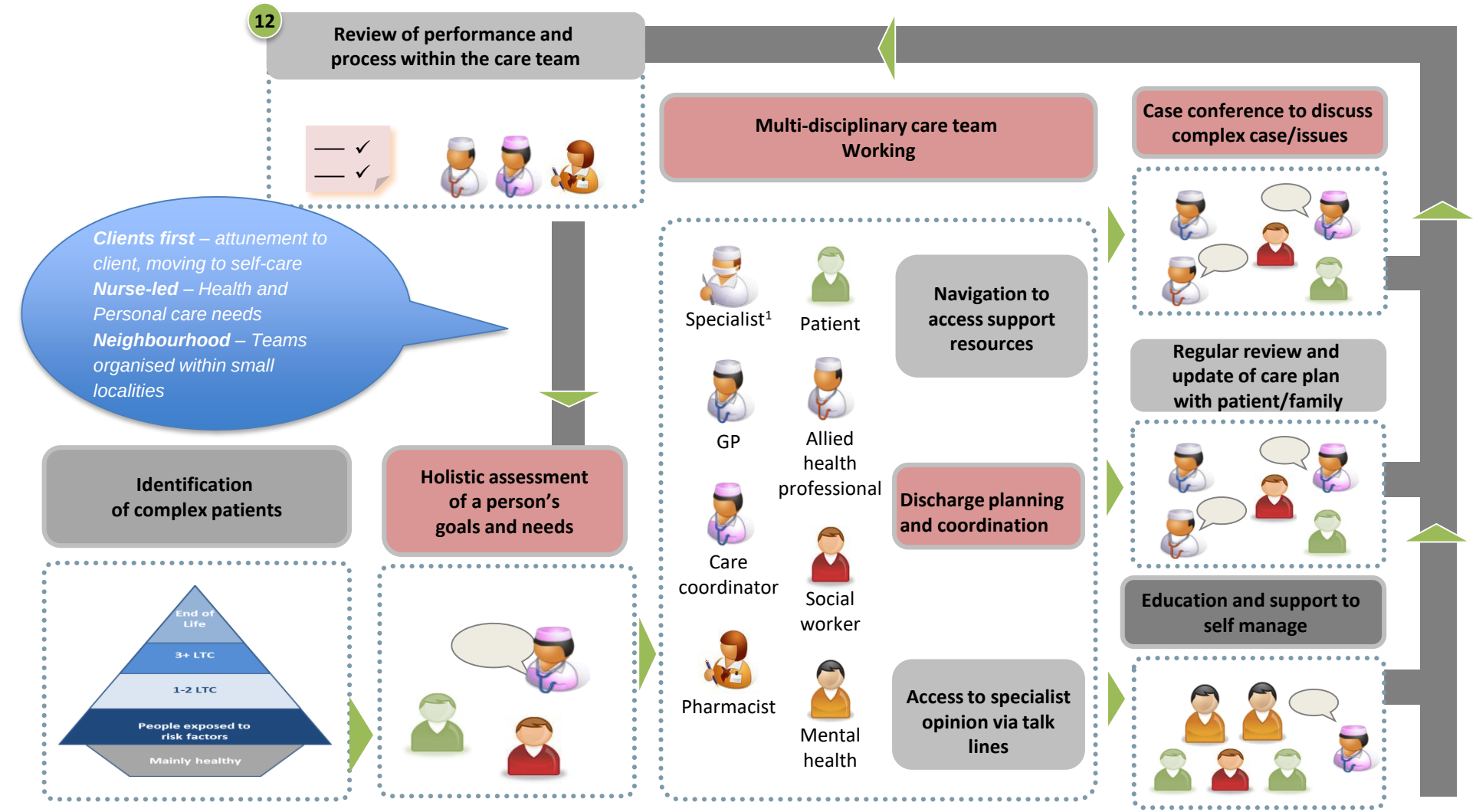
Positive feedback: Admin support – 2 x Assistant Service Managers (Band 5) in place providing new starter accounts, updating team manpower's and other business administration; GSTT Neighbourhood Nursing Data Scorecard in development; Supportive Buurtzorg Delivery Team, including HR and Finance support; supportive CCG's with double running costs funded to date.

Challenges: How to reconcile responsibility and freedom at the point of care with growing case loads, high vacancy rates and hard to fill posts, where Agency is currently an essential part of the workforce.

How to measure and charge for personal care – if appropriate? How will further integration with social services / therapy services work?

Ensuring that the inherent bureaucracy within the Trust does not prevent the truest interpretation of the Buurtzorg model flourishing?

Buurtzorg Model synergies with Care Coordination



Discussion

- What is the role of HR and finance as part of the service delivery team in implementing service change? How do you know when they are working well?

- How might HR / Finance work together to help reconcile the costs / benefits to the Trust / wider health economy of a project like Buurtzorg?