

Implementing Buurtzorg principles in the NHS

Chair: Crystal Oldman, Queens Nursing Institute

The Buurtzorg Principles

Alieke Scholten & Gertje van Roessel, Buurtzorg, Holland

Implementing Some of those Principles

Moira Ford, Your Healthcare Community Interest Company

Upskilling the Multi-Disciplinary Team

Farah Moini, Hounslow and Richmond Community Healthcare NHS Trust

Monday 9 February 2015

Twitter: #transformLDN

The Buurtzorg Principles

Alieke Scholten

Buurtzorg nurse, Utrecht Overvecht, Holland

Gertje van Roessel

Buurtzorg nurse, Utrecht Overvecht, Holland

Gertje van Roessel, coach

Alieke Scholten, district nurse

09-02-2015 London



Principles of Buurtzorg

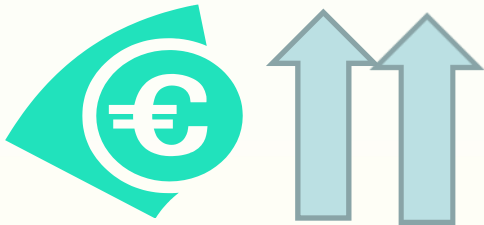
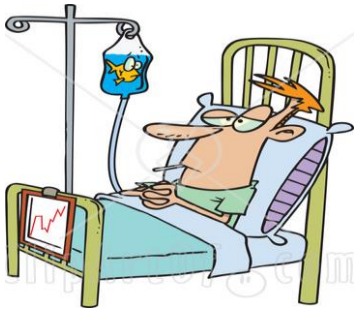
humanity above bureaucracy

Buurtzorg – Quick Scan

- New model of organizing and providing Community Care
- 2007: 1 team/4 nurses
- 2014: 800 teams /9000 nurses
- Backoffice: 45 staff
- 15 coaches, 0 managers, 2 directors
- 70.000 patients a year
- Turnover 2014: € 280.000.000,-



WHY: a transition was needed!



Humanity above bureaucracy

- From slogan to reality :4 principles
 - Content of care: startingpoint of organizing
 - Independent self-organizing teams
 - Support instead of managing
 - Organizing follows changing context

1. Startingpoint = Content of care

- Professional motion space
- Well-trained personnel
- Trust in professional
- Buurtzorgweb

2. self-organizing teams

- Organizing care & caring in same hands
- Framework → Buurtzorgweb
- Teamresponsibilities:
 - Shifts & Routes
 - Job interviews
 - nursing process from start to end
 - housing
 - PR & contacts in the community
 - Budgeting
 - Education



3. Facilitate & support teams

- Coach
- Training
- E-learning environment
- ICT Buurtzorgweb
- Backoffice

4. Organizing follows changing context

- No fixed consultative bodies
- Budgeting teamresponsibility
- No obliged team-yearplan
- Policy decisions after dialogue with profs
- Being comfortable with diversity of teams



BUURTZORG

A black and white photograph of a wooden park bench in a grassy area with trees in the background. A blue rectangular sign with white text is attached to the backrest of the bench. The sign reads 'BUURTZORG'. The bench has a dark metal frame with ornate legs. Another bench is visible in the background to the left.

BUURTZORG

Thank you for your attention

Implementing Some Buurtzorg Principles

Moira Ford

Board Lead Foundation Services

Your Healthcare Community Interest Company



Implementing some Buurtzorg principles in our social enterprise

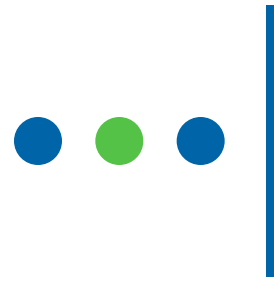
Moira Ford, Board Lead

**Mel Stewart, Lead School
Nurses Specialist**



Our journey

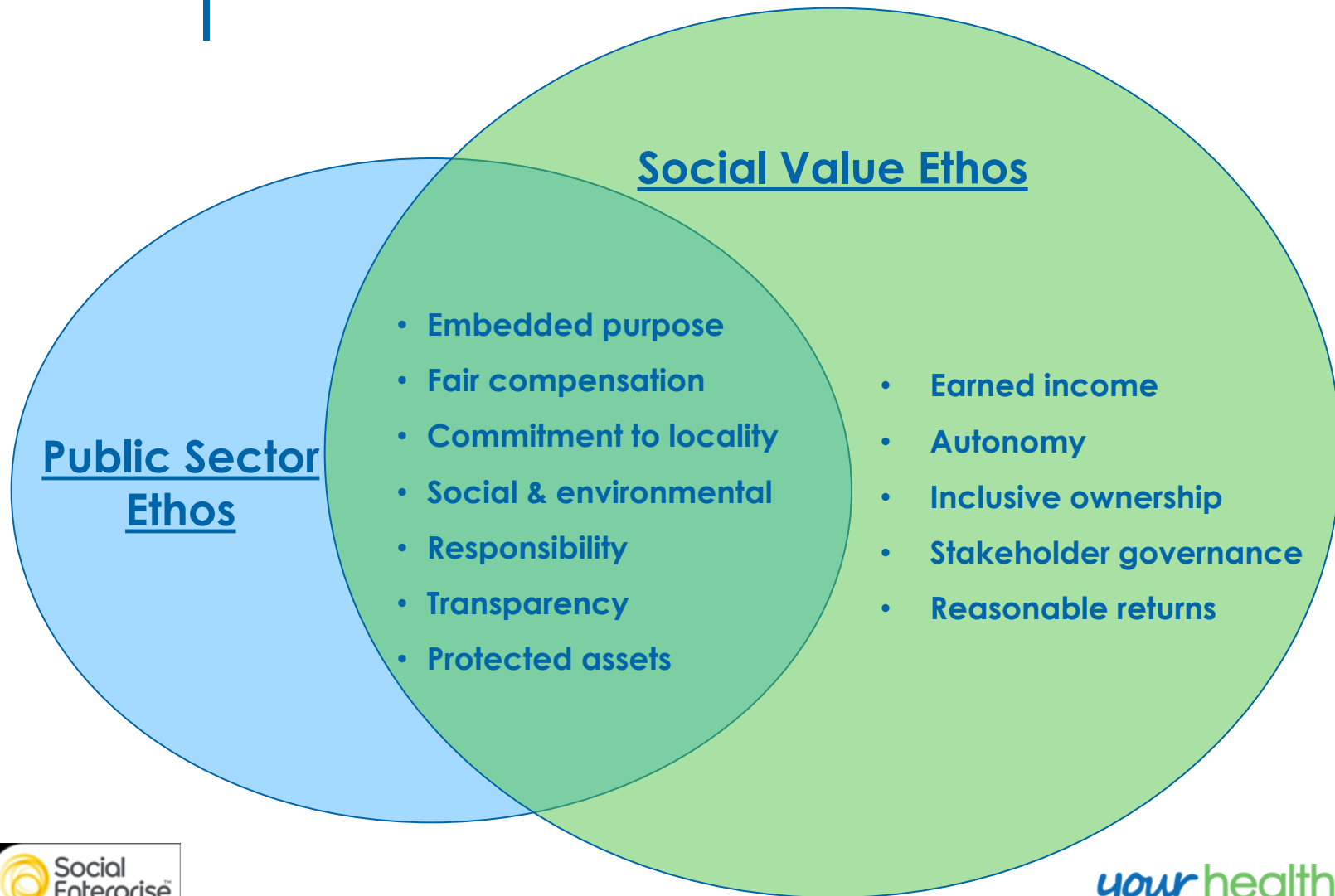
- **2006** - Kingston PCT Board made the decision to separate provision from commissioning
- **2007** – Nurses and therapists exercised their right to run their own business delivering community health services outside of the NHS in response to the Transforming Community Services guidance (2007, DH)
- **2010** – Your Healthcare Community Interest Company became a reality – the 1st in London, the 2nd in the country
- **2013** – staff lead the development and creation of an integrated community adult health and social care service model, care pathway and single point of access



Shared values

- Integrity
- Respect for people
- Service excellence

Social Value





Principles.....

- **Building social value**

- Surplus resources are reinvested back into services, staff and the community
- We share what we've learned locally, nationally and internationally
- We are continually creating strong networks at all levels for the benefit of the community

- **Encouraging innovation**

- Staff innovation led to the co-located integrated health and social care service resulting in integrated triage, assessment and abolition of waiting lists
- Self- management principles



Principles.....

- **Services and care that are person centred**

- Services folding around the individual/family not the individual slotting into services

- **Co-production**

- As a way of being - listening and working with staff, service users, carers, families, partners and the wider community to create responsive services

- **Adaptability**

- Blurring role and care provision boundaries
- Flexing to meet changing needs



Principles....

- **Enabling and supporting**
 - Service users their carers and families – independent, self managing and self caring
 - Staff – leading change and innovation, taking responsibility, self managing
 - People to make personal choices about care and place of care



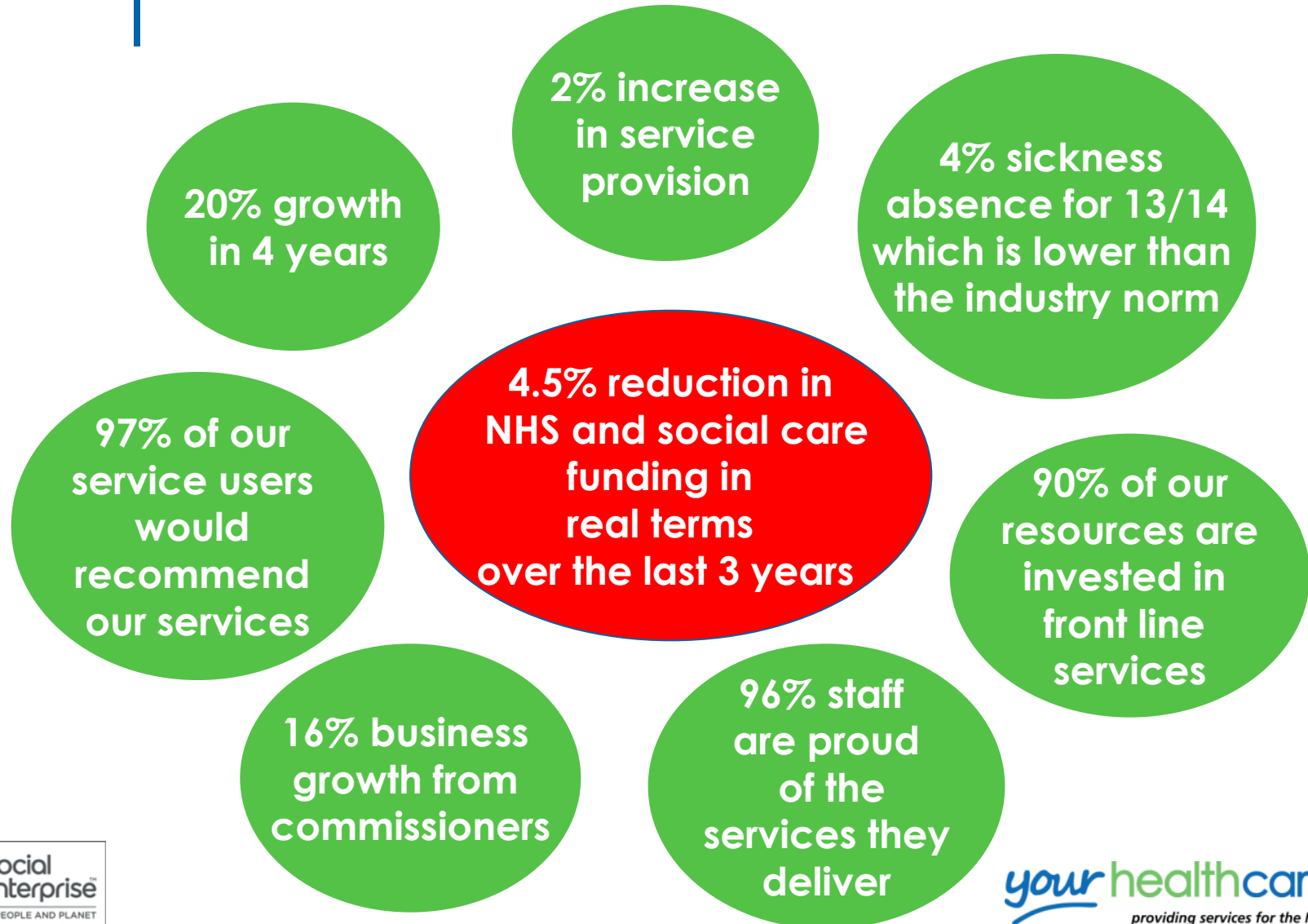
How do we know its working.....?

- MDT working with our colleagues is increasing
- Skill mix – GP cluster model with a full range of community health and social care support
- Decision making much faster at team, service, directorate and organisational levels
- We are developing hybrid health and social care support worker roles
- Admission prevention increasing
- What twitter is telling us:

‘my mum had a visit from Rapid Response and the nurse did more for her in 1 day than the GP had achieved in the past year’.



The evidence





Thank you for your attention

**For more information about Your Healthcare
Community Interest Company**

www.yourhealthcare.org

Upskilling the Multi-Disciplinary Team

Farah Moini

Lead Speech and Language Therapist

Hounslow Community Learning Disability Team at Hounslow and
Richmond Community Healthcare NHS Trust

Transforming community and general practice nursing in London – the art of the possible

A partnership between NHS England, NHS Health Education North Central and East London, NHS Health Education North West London, and NHS Health Education South London.

Monday 9 February 2015
Twitter: #transformLDN