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
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!

•

•

•

BUURTZORG
Humanity above bureaucracy

- From slogan to reality: 4 principles
  - Content of care: starting point 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
- Team responsibilities:
  - 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 team responsibility
- No obliged team-year plan
- Policy decisions after dialogue with profs
- Being comfortable with diversity of teams
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

Social Value Ethos

- Embedded purpose
- Fair compensation
- Commitment to locality
- Social & environmental responsibility
- Transparency
- Protected assets

Public Sector Ethos

- Earned income
- Autonomy
- Inclusive ownership
- Stakeholder governance
- Reasonable returns
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
• 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 it's 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

- 20% growth in 4 years
- 2% increase in service provision
- 4% sickness absence for 13/14 which is lower than the industry norm
- 97% of our service users would recommend our services
- 4.5% reduction in NHS and social care funding in real terms over the last 3 years
- 96% staff are proud of the services they deliver
- 16% business growth from commissioners
- 90% of our resources are invested in front line services
- 96% staff are proud of the services they deliver
- 4% sickness absence for 13/14 which is lower than the industry norm
- 4.5% reduction in NHS and social care funding in real terms over the last 3 years
- 96% staff are proud of the services they deliver
- 16% business growth from commissioners
- 90% of our resources are invested in front line services
- 20% growth in 4 years
- 2% increase in service provision
- 4% sickness absence for 13/14 which is lower than the industry norm
- 97% of our service users would recommend our services
- 4.5% reduction in NHS and social care funding in real terms over the last 3 years
- 96% staff are proud of the services they deliver
- 16% business growth from commissioners
- 90% of our resources are invested in front line services
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