

BUURTZORG BRIEFING MAY 2017



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Humanity over bureaucracy

In 2006 four nurses in the small Netherlands town of Almelo realised that years of 'reform' had undermined the relationships of caregivers with their clients and patients. The vocational commitment that had brought them into the profession in the first place was compromised. Jos de Blok and his colleagues had a better idea. They set up their own social enterprise, Buurtzorg, to look after older people in their homes, in a way their ethics and craft demanded.

Jos and his colleagues wanted to simplify and humanise a health and social care system that had reduced relationships to tasks and become over-complex. They set out to show that enabling and supporting well-trained professionals to build relationships with clients and the networks around them would lead to better care at lower cost. The caregivers would support each other in self-organised neighbourhood teams with a focus on helping clients manage their own care and strengthen their quality of life.

From that first team of four nurses 10 years ago Buurtzorg has grown more than 850 teams and 10,000 nurses because it delivers better care at lower cost per client. Its staff love it too - the company has won Employer of the Year in the Netherlands in four out of the last six years.

Buurtzorg has also applied the lessons of its experience to other parts of the health and social care system. Last year, for example, Buurtzorg took on 3,000 staff from a failed personal care provider and set up a new company, Family Help, that is already successfully applying the same principles to personal care and domestic support.

The client comes first

- Care decisions start with client's changing needs.
- Care plans co-created with clients and leverage informal and formal support networks.
- Focus on building and mobilising the client's capabilities and networks to enable safe quality of life at home for as long as possible.

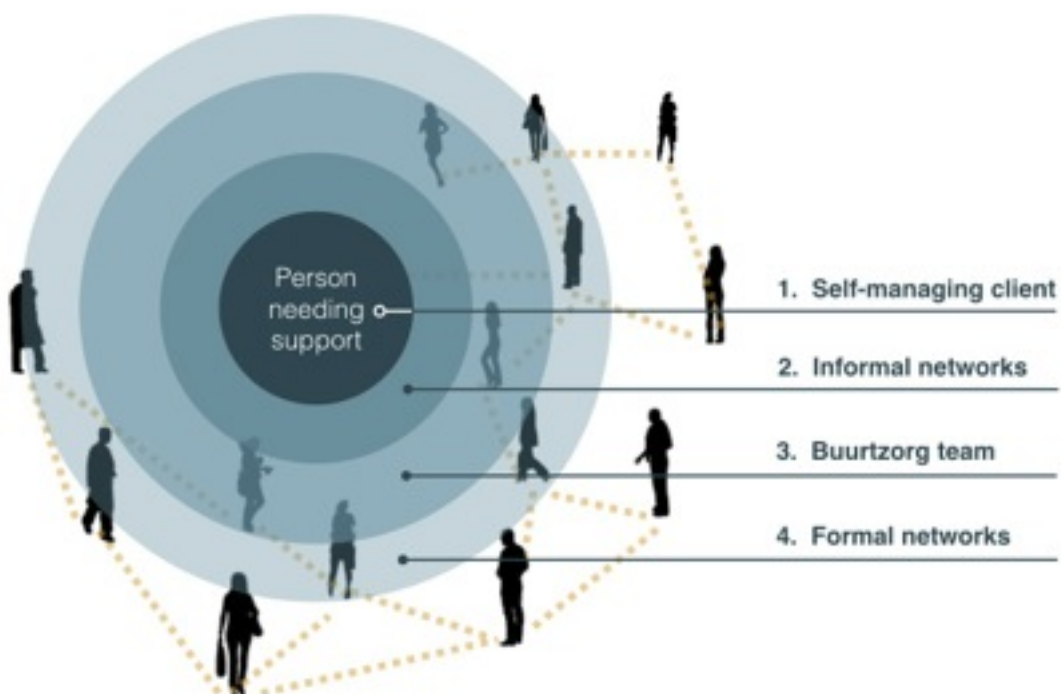
- Freedom and responsibility at the point of care through self-organised teams.

Supporting independent teams

- Each team has at most 12 staff and works at a neighbourhood level.
- The team handles every aspect of care and team organisation, from client assessment to staff recruitment, sharing and rotating roles between them.
- Teams are supported by a small back office (45 staff) that takes care of administration, billing and payroll to free nurses to nurse!
- A user-friendly IT system created with the involvement of the nurses themselves offers key tools to enable care planning, communications and oversight.
- Regional coaches — about one for every 50 teams — help when necessary.

Buurtzorg Onion Model

Buurtzorg works inside out, empowering and adaptive, supportive and network creating.



Buurtzorg means 'neighbourhood care', and aims to build neighbourhoods that do just that. Nurses attune to their client and their context, taking into account the living environment, a partner or relative at home, and the client's informal network: friends, family, neighbours and clubs. The nursing teams also work closely with other professionals so that integration happens around the client, overcoming organisational barriers.

BUURTZORG IMPACT

The Buurtzorg model has shown it can bring:

- Better outcomes for clients
- Better information about client outcomes
- Better experience for client, carers and families
- Good use of informal networks of support
- Shorter more impactful interventions
- Consistent care envelope that reduces number of professionals involved
- Better experience for professionals
- Reduced unplanned hospital admissions
- Shorter hospital stays, faster discharge to home
- Reduced costs

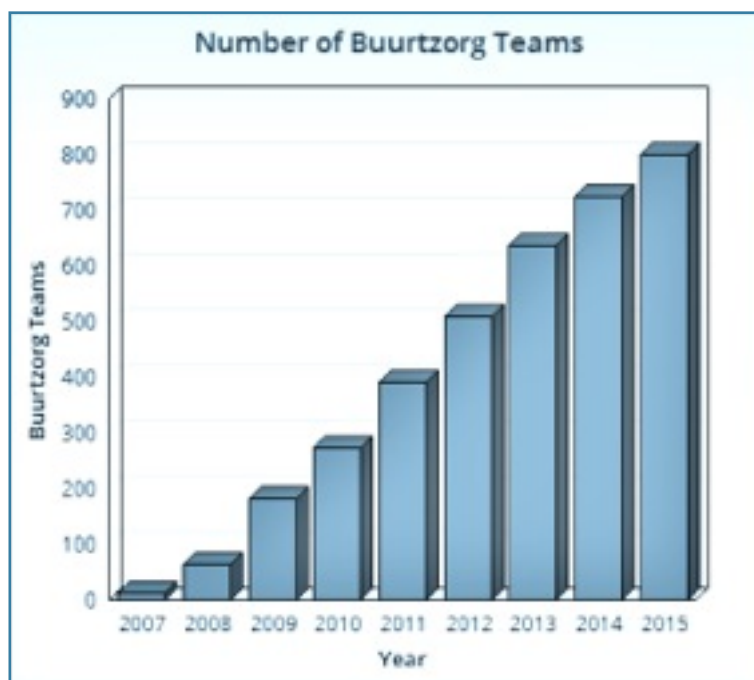
Independent evaluation of impact Buurtzorg has shown:

- Average hours of care per client around 35% less than the average of other Dutch providers (KPMG 2015)
- Patients stay in care only half as long. (Ernst & Young 2009)
- Hospital admissions are reduced by one third, and when a patient does need to be admitted to the hospital, the average stay is shorter. (Ernst & Young)
- Overheads are only 8%, compared to Dutch average of 25% in the sector. (KPMG)
- Higher workforce productivity and reduced rates of absence through illness. (KPMG)
- Client-facing time is at 60% (Ave Netherlands 51%) (KPMG)

- Staff sickness 4% (Ave. Netherlands 6%)
- Highest client satisfaction rates (Nivel, the Netherlands Institute for Health Services Research, 2009).
- Sustained high levels of performance (National inspection report, 2016)
- Given that 45 million hours of home care were provided in the Netherlands in 2010, the higher productivity level represented by Buurtzorg could potentially free up almost 7,000 full-time employees nationwide (CVZ, 2011).
- Buurtzorg has won Employer of the Year 4 out of 6 years it has entered. (Effectory employee surveys).
- Dutch social security bill would be €2billion less if all home care was provided in the same way (Ernst & Young)

BUURTZORG GROWTH

Since the first team was created in 2006 Buurtzorg has grown rapidly year after year. In 2016 there are more than 850 teams and 10,000 nurses and nursing assistants. Yet the



back office has only 45 staff and there are 18 regional coaches - about one for every 50 teams, a ratio kept low to discourage over-reliance.

Buurtzorg is also influencing and leading change elsewhere in the system. It supported the successful transformation of Zorgaccent, a traditional Dutch home care provider, into an organisation mirroring Buurtzorg and making similar productivity and other gains. Amstelring Wijkzorg has also followed its example, with similar results.

Buurtzorg is also developing innovative approaches to youth care, mental health care, maternity care and small-scale living. In addition, it has pioneered a new approach to forming 'virtual teams' with allied health professionals (Buurtzorg+) and supported innovation in personal care at home through its new organisation, Family Help.

Buurtzorg+

Cooperation between Buurtzorg, community physiotherapy and occupational therapy

It is typical of the way in which Buurtzorg continues to innovate, learn and improve that the example of one team has led to most others adopting what is known as Buurtzorg+. Teams have always linked with physiotherapists (PTs) and occupational therapists (OTs) as part of their networks, but Buurtzorg+ teams go further by contracting with named OTs and PTs so that clients who need them can access them without delay.

This does not mean that Buurtzorg teams have become multi-disciplinary — although *ad hoc* multi-disciplinary meetings are organised as and when necessary — but that the PTs and OTs become part of 'virtual teams' around individual clients needing their skills. The therapists are not necessarily located with the nurses and do not play a role in the running of the Buurtzorg team.

Buurtzorg's approach to integration is to enable professionals to co-operate as necessary around the client, with nurses providing clinical leadership. The common goal in Buurtzorg+

teams is to work together to enable the clients' independence and ensure safety at home through prevention.

The nurses know the therapists and link with them directly, rather than having to go through laborious procedures via each other's organisational referral systems. This makes it easy to consult them — by mobile telephone, email or whatever — and organise for clients to be treated within five days for non-urgent cases and no more than 48 hours in more urgent circumstances.

In addition, the Buurtzorg+ team might consult or refer to other allied health professionals when necessary just as all the regular Buurtzorg teams would do. The teams have direct links with other professionals, such as speech therapists, dieticians and social workers, so that structural obstacles to collaboration can be reduced.

BUURTZORG IN THE UK

Public World is Buurtzorg Nederland's exclusive partner to provide learning and development support to organisations wishing to apply its model in Britain and Ireland. We share knowledge about how the model works and support organisational development to apply it successfully to specific contexts. Pioneer projects are underway in collaboration with NHS and social care commissioners and providers in London, Kent and Suffolk, with more in the pipeline in other parts of England, Scotland and Wales.

We offer an initial programme of learning to develop deep understanding of what makes Buurtzorg succeed and collaborate with Buurtzorg in the design and organisation of study visits and initial training of pioneer team members and their in-house coaches. We also support organisational leaders and managers in learning about the mindsets and practices needed to support frontline freedom and responsibility effectively and sustainably, so that the teams can flourish within a clear framework of accountability.

The pioneer projects are being designed to work through challenges of adapting the model to Britain, including financial models, IT systems, and regulatory and clinical governance. As in Buurtzorg, an important aspect is to strengthen client independence and the networks of local supports needed to sustain it, through families, neighbours, the voluntary sector and health and social care professionals. The aim is to show how client-centred, relationship-based care through self-organised teams operating within a clear organisational framework can improve services, improve working lives and reduce costs.

We are also establishing an international learning network so that, together, we can build understanding of what it takes to apply the lessons of Buurtzorg's experience in various settings and develop knowledge about how to successfully overcome institutional, regulatory and cultural obstacles. The intention is to bring fresh approaches to integration of health and social care at local level, including relationships between GPs, nurses and home care providers. In time, we believe that the lessons of the Buurtzorg experience will support progressive change in sectors other than health and social care too.

Would you like to know how we can help you? Please contact us at enquiries@publicworld.co.uk to arrange an initial conversation and find out about how your organisation can join our learning and development support programme.

“WE STARTED WORKING WITH DIFFERENT COUNTRIES AND DISCOVERED THAT THE PROBLEMS ARE THE SAME. THE MESSAGE EVERY TIME IS TO START AGAIN FROM THE PATIENT PERSPECTIVE AND TO SIMPLIFY THE SYSTEMS.”

JOS DE BLOK, BUURTZORG FOUNDER AND CEO, 2015

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