



## 2016 Buurtzorg Study

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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 their relationships with patients. The very vocational commitment that had brought them into the profession in the first place was compromised. Jos de Blok and the three other nurses 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 three colleagues wanted to simplify the health care system and to show that a patient-centred way of working would see the hours of care delivered reduced, if the focus was again on helping clients with self-support and independence.

## **The client comes first**

- Care plans are co-created with clients and families and leverage informal and formal support networks.
- The focus is on using and building the client's capabilities and securing independence.
- Interventions have a temporary character until they work.

## **Self-managing teams of nurses**

- Nurses have professional freedom with responsibility.
- Each team has a maximum of 12 staff and works at a neighbourhood level (10-20,000 population)
- The team handles every aspect of care and business, from client assessment to staff recruitment.
- Each team adheres to Buurtzorg's 6 Ground Rules.
- Each Nurse and Assistant in the team take on or shares one of six team roles.

## **Supporting independent teams**

- Team members and teams share information, knowledge and advice via Buurtzorgweb.
- The back office takes care of admin, billing and payroll to free nurses to nurse!
- For 800 teams and 9,500+ nurses there is one back office of 45 staff.
- 15 coaches support the 800 teams - an intentionally small ratio to avoid building dependency.

Buurtzorg has grown from those four nurses to more than 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 five years.

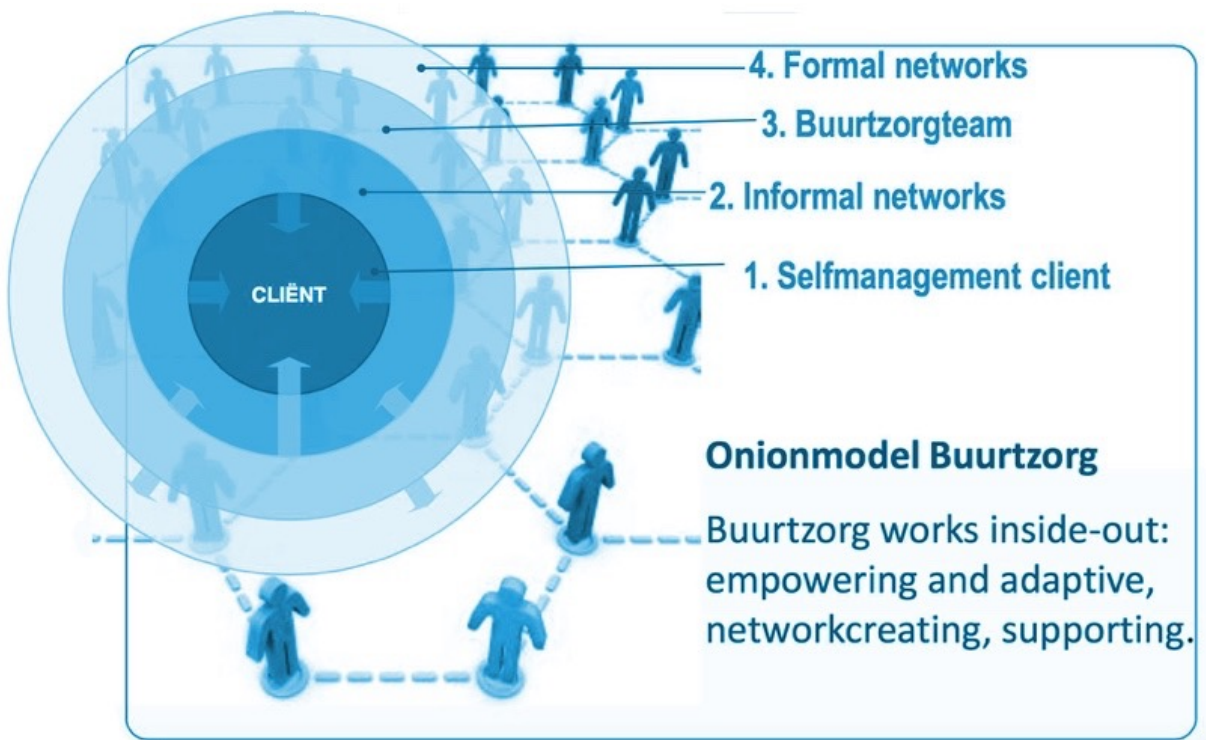
# Buurtzorg onion model

Buurtzorg starts from the client perspective. The Buurtzorg Onion Model serves as the starting point to providing solutions that bring independence and improved quality of life. It assembles the building blocks for independence based on universal human values:

- People want control over their own lives for as long as possible
- People strive to maintain or improve their own quality of life
- People seek social interaction
- People seek 'warm' relationships with others (friends)

The nurse attunes to the client and their context - taking into account the living environment, the people around the client, a partner or relative at home - and on into the client's informal network; their friends, family, neighbours and clubs as well as professionals already known to the client in their formal network.

Continuity, building trusting relationships, and building networks in the neighbourhood are all important and logical principles for the teams. The nurse seeks to build a solution involving the client and their formal and informal networks.



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## **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 staff experience and professional experience for staff
- Reduced unplanned hospital admissions
- Shorter hospital stays, faster discharge to home.
- Economic impact locally and across wider system

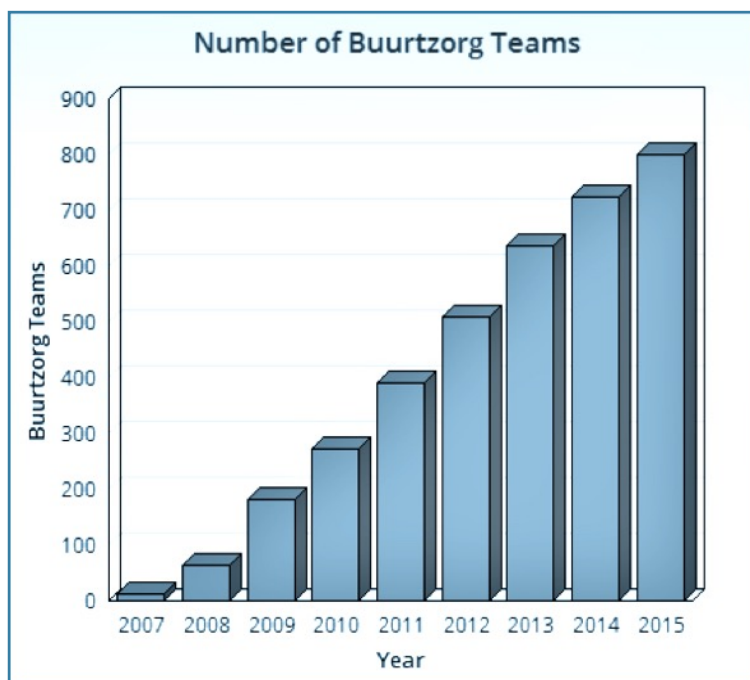
### **Independent evaluation of impact Buurtzorg has made**

- Buurtzorg's patients consume just 40 percent of the care that they are entitled to. (KPMG)
- Patient satisfaction scores are 30 percent above the national average. (KPMG)
- Buurtzorg has improved job satisfaction so much that it has won Dutch employer of the year for the past four out of five years. (Buurtzorg)
- Despite higher charges per hour, Buurtzorg has cut costs by reducing hours of care while improving care quality and reducing hospital admissions and length of hospital stay. (KPMG) (Ernst & Young)
- Patients stay in care only half as long. (Ernst & Young) and 50% of the patients receive care for less than three months. (KPMG)
- 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)
- Ernst & Young estimate that the Dutch social security bill would be €2billion less if all home care was provided in the same way.
- Small back office means overhead costs of 8%, compared to Dutch average of 25% (KPMG)

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## BUURTZORG GROWTH

Since the first team was created in 2006 Buurtzorg has grown rapidly year after year. In 2016 there are 850 teams and 10,000 nurses and nursing assistants and yet the back office for the organisation is at 45 people and 15 regional coaches.



Buurtzorg is also influencing and leading change elsewhere in the system. It supported the successful transformation of two organisations Zorgaccent and Amstelring, both traditional Dutch home care providers, into organisations mirroring Buurtzorg and making similar productivity and other gains. This year Buurtzorg is continuing to support other providers of community care in Holland and internationally to transition to providing the Buurtzorg model of care.

Buurtzorg continues innovative approaches to youth care, mental health care, maternity care and small-scale living and Buurtzorg +

# Buurtzorg+

### Cooperation between Buurtzorg, community physiotherapy and occupational therapy

Buurtzorg's 800 teams are in the process of becoming Buurtzorg + teams. In Sep 2015 350 of Buurtzorg teams had made the transition to Buurtzorg +. Teams at Buurtzorg have always worked with Physiotherapists (PTs) and Occupational Therapists (OTs) as part of their formal networks but in Buurtzorg+ OTs and PTs are part of the nursing team.

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## BUURTZORG GROWTH

The therapists involvement is around individual clients rather than becoming a Multi-Disciplinary-Team. The common goal in the Buurtzorg+ teams is to work together to enable the clients' independence and ensure safety at home through prevention. Good care coordination and clear communication between health professionals is necessary to achieve this. For Buurtzorg+ this means that nurses, occupational and physical therapists adopt a coordinated plan to ensure for optimal care for clients living at home. This collaboration model is simple and therefore extremely useful and effective.

The nurses know the therapists, they are colleagues and this makes it easy to consult them (mobile, mail, personal message etc). The therapists are easily- and reliably contactable; they are flexible regarding planning of (acute) visits; they do not use waiting lists for Buurtzorg+ clients (urgent: access within 48hrs; non urgent within 5 workings days).

Liaison and evaluation of client-care take place 'on the job' on a daily/regular basis using i-phone, i-pad, face time or face-to-face contact at the person needing support's home, and if necessary a multidisciplinary meeting can be organised. Buurtzorg's approach to integration being around the client with nurses providing clinical leadership, professionalism and responsibility.

In organisational terms the therapists are part of a virtual team with the nurses. Each team has a named PT and OT and their involvement is around specific clients. The therapists are not necessarily located with the nurses, do not have a specific team role and do not play a role in the running of the Buurtzorg team.

Beside the collaboration in this 'core team', the Buurtzorg+ team might consult or refer to other allied health professionals when necessary just like all the regular Buurtzorg teams would do. For instance a Speech Therapist, Dietician or Social Worker; the so-called 'satellite-disciplines'. Buurtzorg+ is now inviting the satellite disciplines to also get structurally involved in the Buurtzorg+ teams.

“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, JOURNAL OF RESEARCH IN NURSING 2015.

**BUURTZORG’S SUCCESS IS DRAWING INTEREST NOT ONLY IN BRITAIN BUT FROM ALL OVER THE WORLD.**

**In response to growing international interest and activities; Buurtzorg has now appointed one of its most experienced coaches, Gertje van Roessel, as its International Director.**

Buurtzorg is active in 24 countries and developing collaborations in other countries. The largest scale initiative is in Japan, where Buurtzorg has linked with an existing care provider to establish Orange Cross, a new social enterprise. In the first experimental year there are already 42 licensed teams in a variety of settings, each of which has received Buurtzorg training and coaching. None of those teams have any obligation to Buurtzorg after the first year, but if they wish to continue to receive support and to be linked into the Japanese version of Buurtzorgweb that will be available for a modest annual license fee per team.

Elsewhere in Asia, there are projects of various kinds in a number of locations in China, Korea, Singapore and Taiwan. Closer to home, Buurtzorg in Sweden is established in one city and has already outscored every municipal provider in the national survey of client satisfaction for two consecutive years. The Swedish success has led to recent interest from Norway, and discussions are underway in several other European countries. Buurtzorg’s north American impact is so far limited to a single team in Minnesota, but talks are taking place with an established home care provider in Canada.

Elsewhere in the world, visits to Buurtzorg are being followed up with discussions at various stages about ‘test and learn’ exercises, and as the model continues its international expansion a global learning network is developing to share experience and knowledge systematically.





### **In the UK, Buurtzorg partners with Public World to support the adaptation and adoption of the Buurtzorg model of care.**

Tests are being prepared with several London Trusts and in West Suffolk, Nottingham and Gloucester, and by the Scottish government. The aim is to apply the lessons of Buurtzorg's experience in various settings and develop knowledge about how to successfully adapt it to the institutional, regulatory and cultural circumstances. Public World is Buurtzorg's partner in Britain and is supporting these developments and discussing with health and social care partners the design, planning and implementation of more.

A UK learning and support platform is forming, and an English version of Buurtzorgweb is in development to provide the IT supports required for effective operation of self-managed team work and sharing knowledge and information between teams and with other parts of the health and social care system.

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. As in Buurtzorg, an important aspect is to strengthen client independence and the networks of local supports — through families, neighbours, the voluntary sector and health and social care professionals — needed to sustain it.

# UK COMPARISON OF COSTS OF HEALTH & PERSONAL CARE AT BUURTZORG AND IN THE NETHERLANDS.

## Domestic Care and Social Services in Netherlands.

Domestic care is funded by local councils from resources received from a central fund and from income dependent co-payments. Domestic care is carried out by the local council social services and covers home help, meals on wheels, home adjustments and transport. Home help includes: cleaning, grocery shopping, preparing meals etc.. Councils in the Netherlands pay agencies at rates comparable with home care commissioned by councils in the UK .

## Personal Care and Community Nursing in Netherlands

Nursing and personal care in the Netherlands fall under the ZVW a national health insurance scheme – partly income dependent and paid as a tax supplement. The ZVW funds long term care that includes: Personal Care, Nursing and Guidance. Guidance is focused on the preservation or improvement of the ability of the client to live as independently as possible. The table shows the hourly rates in 2014 paid to home care organisations by ZVW.

Buurtzorg provides nursing, personal care and guidance. All services (nursing, personal care and guidance) are grouped together by Buurtzorg and a flat fee of around 57 euros or £41.5 per hour is charged.

	Buurtzorg	Netherlands	NHS	Home Care Providers
Nursing		£55	£50-68**	
Guidance	£41.5	£40		
Personal Care (Helping getting up, washing)		£37		£15*
Domestic Care (meal prep, shopping)		£14.50*		£15*

\* Means tested

\*\* Estimated University of Kent, Unit costs of Health & Social Care

The tests are being designed to work through challenges of adapting the model to Britain, including financial models, integration, BuurtzorgWeb and IT systems, compliance with regulation and professional codes of conduct. The aim is to show how the model can adapt in ways that improve services, improve working lives and reduce costs.

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## PUBLIC WORLD CONSULTING

We are a social enterprise consultancy making positive change in a range of contexts, including health & social care, transport and jobs & livelihoods. We tackle tricky, wicked problems and co-create collaborative, resilient solutions.

Public World is working in partnership with Buurtzorg Netherland to support the adaptation of its successful model to the UK health and social care context.

