



AQuA Buurtzorg
Programme 2017-18

Overview of Proposed Programme

Table of Contents

	Page
1 Background	4
2 Programme Definition & Aim	4
3 Programme Deliverables/ Outcomes	6
4 Programme Approach	6
5 Programme Constraints & Assumptions	7
6 Project Plan	7
7 Stakeholders	10
8 Risks	11
9 Communication Management Strategy	11
10 Programme Controls	12
 Appendix 1	 13

1. Background

The Dutch community nursing provider Buurtzorg Nederland has attracted widespread interest for its deployment of self-led nursing teams and in turn having improved outcomes alongside being more cost effective. Rather than relying on different types of personnel to provide individual services, this holistic approach expects nurses to deliver the full range of nursing, medical and support services to clients.

The Buurtzorg (meaning neighbourhood care) model consists of self-led teams up to 12 nurses (sometimes with nursing assistants), embedded in the community who provide co-ordinated 24/7 care for a specific catchment areas of 40-60 people. The composition of the teams in terms of speciality and practice level varies according to need in each area.

One of the main reasons Buurtzorg provides excellent person centred care has been due to its approach of putting patient self-management at the heart of its operation and due to community links is able to lever local community assets as appropriate.

The results have been:

- Higher levels of patient satisfaction
- Reductions in the costs of care provision
- Development of self-directed structures for nurse

The KPMG study in January 2015 found that Buurtzorg ranked amongst the best home care agencies in the Netherlands on measure of patient reported experiences. In summary the KPMG study concluded that Buurtzorg's highly satisfied, self-managing teams of nurses provide low-cost home care that is both efficient (fewer hours per patient) and of high quality (as measured by patient satisfaction) but at a total cost including nursing home, physician and hospital costs – that is about average for Dutch home-care providers.

However, ultimately the future importance of Buurtzorg may lie in the recognition of the value of its key components. These include the colocation of health professionals in neighbourhoods or community settings and the provision of comprehensive and co-ordinated care. Most importantly, however is the use of self-led teams – with their potential to bring joy to work, autonomous work teams may offer and antidote to the growing problem of burnout among health professionals¹

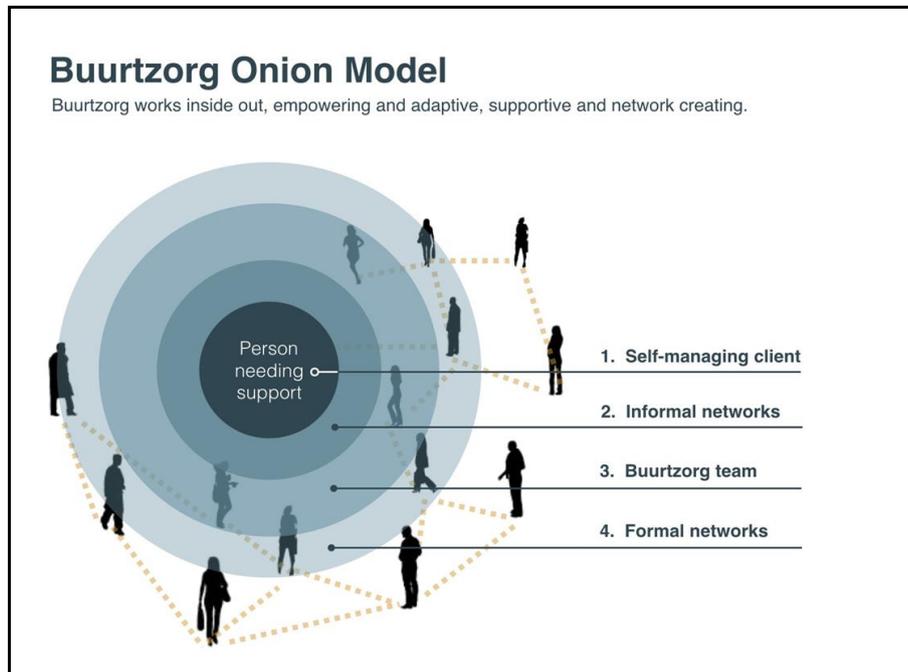
There are currently a number of Buurtzorg programmes across the UK, particularly in Scotland, West Suffolk, Guys & Thomas's FT and Tower Hamlets as well as Malpas in West Cheshire. These sites are all being supported by Public World, Buurtzorg's only UK partner whose purpose is to support UK organisations to implement Buurtzorg or Buurtzorg-informed projects. The AQuA plan is to work alongside Public World to test Buurtzorg amongst the AQuA membership.

¹ Gray, Sarnak, Burgers, *Home Care by Self Governing Nursing Teams: The Netherlands' Buurtzorg Model*, The Commonwealth Fund, May 2015

2. Project Definition & Aim

Defintition:

Buurtzorg in Dutch means neighbourhood care
The Buurtzorg philosophy is to enable self led teams to deliver person centred care.



Aim

AQuA will work with a specialist provider to recruit up to 3 teams across the STP footprints in the North West to develop and test the establishment of 3 self led teams by December 2018, which will become the pioneers for adopting the Buurtzorg model in the North West

(August 17 - December18)

AQuA will work with a specialist provider to recruit up to 3 systems from within the AQuA membership to provide an opportunity to test the development and implementation of self-led Buurtzorg style teams within their own locality or community. The aim is to run an ignition phase from July to September 2017, followed by a more formal discovery/myth busting session for those systems still interested in November 2017, which will be the first module of the programme. At this point, there will be a gateway process for systems to decide whether they can commit to continuing with the Buurtzorg journey, or wish to withdraw. At this point, AQuA will take up to teams from each of the 3 STP footprints for commencement of the Programme in full from Spring 2018.

The programme will consist of 12 days (4 sets of 3 days) of specialist provider input and training over 9 months, with core teams from each system committing to additional development and planning work in between these formal learning events. This includes the first 3 day module in November 2017.

Between July 17- Sept 17 we will approach all community partners and interested systems to discuss in more detail their interest in this Buurtzorg approach, the AQuA offer and what commitments are required by a participating systems. We will then recruit participants through a formal process which will be detailed in the project charter (Appendix 1) to the first module in November. The key focus of this phase will be the identification and support of the organisations/systems most likely to succeed and to help them identify their core team to enable this success.

After Module 1, there will be a break point to allow organisations to consider their next steps. In order to increase opportunity for success, sustainability & spread, formal arrangements will be agreed with sponsoring organisations and evidence of sound local governance arrangements will be confirmed during the recruitment process and reflected in the completed project charter before ongoing participation in the Programme (ie modules 2-4).

3. Programme Objectives and Desired Outcomes.

To support participating AQuA members and associated teams to:

1. Deepen understanding of Buurtzorg principles and practice by exploring the Buurtzorg model, and spending time with nursing teams in the Netherlands.
2. Develop and test the governance, IT and HR implications/challenges of this type of approach across 3 different systems to allow for staff to be recruited to self-led teams by December 2018.
3. Be in a position to recruit up to 3 self-led teams across different systems by December 2018
4. Establish a plan for the further promotion and roll out of self-led teams building on the learning from the 3 pioneer teams to spread this beyond December 2018.
5. Establish a process to share the learning and experiences of the pioneer sites in adopting Buurtzorg models into English health and care contexts.
6. Ensure social care, patients, commissioners and relevant local stakeholders are fully involved with the development process.
7. Throughout the programme the participants will show evidence of the utilisation of formal improvement methodologies and person centred approaches.
8. Share best practice throughout the life of the programme and be responsible for sharing the evidence and learning achieved throughout the programme.
9. Use quality improvement approaches to improve outcomes.

4. Programme Approach

The programme will support participants to capitalise on the opportunities provided by AQuA and a specialist provider by the use of the specific teaching and coaching components underpinned by the utilisation of AQuA improvement methods and connection to wider AQuA programme offers.

March 2017 - Ignition Phase

Masterclass run by AQuA in partnership with MIAA, ADASS and iNetwork, brought the Buurtzorg story to the North West. There was considerable interest in this innovative model of working.

April – July 2017 – Preparation & Set Up Phase

AQuA in conjunction with a specialist provider will develop the Programme for 3 systems, ideally 1 within each of the 3 STP footprints. This will include the development of a Project Plan/PID, identification of success criteria, optimal team make up, governance arrangements, recruitment and preparation of resources.

July 2017 – Sept 2017 - Recruitment & Organisation Set up Phase

AQuA will recruit systems to Module 1 of the Programme via an invitation and meeting. Criteria for Success will be clearly identified and the requirements of participation in the programme will be made clear.

November 2017 – Module 1 & Gateway

The Programme will consist of 4 connecting modules, each 3 days of duration. Due to the exacting HR, governance and ICT commitments of Buurtzorg, a wider pool of systems will be invited to the first module to discover for themselves the benefits of the programme and the challenges they may have to overcome. This first 3 days will 'bust myths' and go as far as practically possible to ensure that systems and teams are aware of what they are undertaking.

At this point, there will be a break point or gateway whereby Systems can decide to opt in or opt out of the ongoing programme.

Those that decide to go forward will be fully aware of the criteria for success and the requirements for participation and will be agreed as part of the development of the project charter with each of the signatories. (Support from the Executive Sponsor from each organisation involved is imperative to success. This is reflected by the requirement of sponsor to sign off support for the project charter). Each successful organisation going forward beyond Module 1 will be expected to identify the following team members:

- Executive Sponsor - provide line of sight to local/STP strategic aims and support for testing.
- Clinical Lead/ Lead Nurse/ Deputy Director of Nursing/AHP – demonstrate line of accountability and professional governance for the pioneer team.
- Project Lead – Improvement function, and implementation role – provide the support to unlock or enable learning systems and develop the interface between old and new processes.
- Enabling structures Representatives - OD/HR/IT/Governance – to be informed and to provide specialist support and /or structures that enables the pioneer team to develop.
- Commissioner – to be informed and involved in key learning points and early identification of new ways of working and to provide a connection to contract developments 2018/19.
- 3 Senior frontline professionals (nursing/AHP/social care) - provide 1st hand support and a willingness to develop and test the implementation of self managed teams

February – April 2018 - 2 modules

The programme will then consist of 3 further connecting modules, each of 3 days in duration. All 7 members of each team will need to commit and attend each of the 9 days. Module 2 will be a study tour to the Netherlands. Each system will need to cover their own costs for travel and accommodation. Buurtzorg can only take up to 12 people on a study tour, so if a full cohort is recruited, it will mean a 2 x 3 day study tours, with an overlap on the Wednesday. AQuA and specialist provider staff will be needed for 5 days.

Module 2 – Buurtzorg Study Visit, February 2018

Module 3 – Planning for Implementation phase 1, March 2018. Each system will also need to establish a local working group including commissioners and service users to take forward implementation at a local level. This will need to include governance. HR/OD and IMT expertise to ensure recruitment timescales can be met.

May to September 2018 – Module 4 & Team Recruitment Phase & Planning of Phase 2

During this stage the organisations will be implementing their recruitment. Job descriptions will have been developed by the beginning of April. A supportive module 4 to help facilitate the process will take place in May to address any outstanding governance/HR or IT issues.

During this period AQuA will consider the roll out of Phase 2 for more self led teams within the first cohort of systems, and the development of a second cohort for another 3 systems if there is demand.

Sept 2018 – March 2019 – Evaluation

5. Project Constraints and Assumptions

The programme focuses the development of self-led nursing teams, based on the Buurtzorg model. The programme is based on the following assumptions which are the identified criteria for success. All organisations/systems who participate in this programme beyond Module 1 will need to sign up to the following:

- There must be a real commitment to enabling self-led teams to develop and function (i.e. these teams do not have any management roles)
- Each organisation, must commit to supporting a team of 7 staff to attend all 9 days of training and development, plus additional protected time and space to fulfil the work requirements locally to develop this way of working
- Executive sign up and support for organisational state of readiness is essential.
- Each system participating will need to commit to setting up its own internal working group which will include patients, commissioners and any other appropriate stakeholders
- There must be the ability to for these self led teams to be able to share patient information electronically with their team and other professionals by December 2018

- Organisational commitment to continue to support and develop the teams beyond December 2018 to help them work as a team and to establish a back office function where required.
- Travel and accommodation expenses are to be met by the participating organisations/systems

6. The Stakeholders

- NHS Health Providers in the NW
- NW Clinical Commissioning Groups
- Patients, Service Users & Carers
- NWAS
- AQuA Board
- AQuA Partners
- NHS External Media
- MPs & Politicians
- Care Quality Commission
- Local authorities
- MIAA
- ADASS
- NW Employers
- iNetworks

Appendix 1:
Buurtzorg Programme 2017-18

Project Contract (One to be completed per Participant/Organisation)

This document acts as a formal record of the agreement reached between AQuA and its member organisation regarding their sponsorship of a delegate to participate in the above programme. This programme will support delegate and the AQuA member(s) in its goal to improve patient safety.

Agreed with (<i>Organisation</i>)		Date	Senior Sponsor
Project Information			
Suggested Focus for Safety Initiative			
Improvement Aim (Where, what, by how much & by when)	<p align="center"><i>S.M.A.R.T. Aim statement to be negotiated & agreed with AQuA Coach</i></p> <p>Participants will be supported to;</p>		
Name of Team Nominations		Teams & Role	
Additional Information:			

The Project Lead will:

- Ensure all Project team attend all 3 modules and including study tour.
- Lead & actively participate in local working groups
- Share all evidence of use of improvement methods and improvement data.
- Agree and complete actions in line with agreements at modules.
- Accommodate an on-site meetings.
- Share best practice and engage with continuous measurement

The Executive Sponsor will:

- Support the organisation in completion of programme
- Be the organisational link for the programme
- Provide governance for the initiative.

The AQuA will:

- Fulfil role of improvement advisor throughout the life of the programme.
- Agree/advise on an achievable improvement AIM statement.
- Be the key point of contact for sponsor and participants
- Offer all support as detailed in the programme plan.
- Formally liaise with the sponsor and the participant regarding any risks or issues to the programme.

Signed (AQuA) :.....
Date:

Signed (Nominated Project Lead).....
Date:

Signed (Executive Sponsor):
Date: