

# **Buurtzorg Neighbourhood Care Team Shared Learning Event**

70 healthcare professionals including GPs, nurses, occupational therapists, researchers and colleagues from within and outside of east London came together on 31 January for a Shared Learning event to review the impact on the Buurtzorg Nursing Care Team (NCT) pilot in Tower Hamlets. The shared learning event was an opportunity to evaluate the impact of the pilot.

## **What is the Buurtzorg Model?**

The Buurtzorg model of care was developed in the Netherlands and trialled in Tower Hamlets for 18 months. It consists of self-managed neighbourhood teams who provide all the care to a group of patients in a village or registered with a GP practice. Families are able to call the team direct rather a messaging service between 8am-8pm. Members of the team provide all care.

## **Patient/Family Views**

Key benefits identified by patients was that they loved having a smaller group of nurses providing their care. They were able to develop relationships and nurses were able to spend more time with them. Patients liked being able to phone for help direct to the team. They felt calmer and trusted that worries would be addressed, as the small team of nurses were knowledgeable about their situation and care needs.

A carer spoke about the intimate experience she and her husband had received and the confidence they had felt every step of the way as he neared the end of his life. She said, "They felt supported and held. It felt different straightaway."

## **Staff Perspective**

The NCT nurses reported a high level of personal satisfaction working to this model. They liked having more time to spend with patients to understand them and appreciate the things that were important to them. They learnt not to take over but to take on board the patient's point of view. And having time to explain the rationale for interventions, and work with the individual to reach a compromise and improve health management.

They felt that they were able to pre-empt unnecessary hospital admissions and use of ambulance services by being more responsive, spending time with the individual and resolving and managing acute health needs in the home. Some nurses felt they had to undertake more non clinical duties that would be the responsibility of a manager under the traditional model of community nursing.

## **Evaluation**

Researcher Mirza Lalani found an increase in patient satisfaction and joint working. A report from Frontier Economics noted that providing community

nursing the Buurtzorg way was indeed more expensive than the conventional model of care by almost £200 per day. However, they surmised that there were benefits to the overall health economy with a reduction in using ambulance, emergency and hospital services and thought such factors made the approach cost effective.

### **Next Steps**

Ruth Bradley, Director of Nursing for Community Health, stated that some of the positive indicators could be continued under the current community nursing model such as organising teams around populations, building on developments for integrated and well-coordinated care, having a team phone number, and flexible ways of working for improving patient and staff experience. A working group is currently being formed to take forward the learning from the pilot and some of the findings from the evaluations.

Thank you to everyone involved in sharing their experiences.