

## Neighbourhood care Better home care at reduced cost

### The Netherlands

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## Neighbourhood care / Buurtzorg in *Organisational Structures*

belongs to the subtheme: ***Formal care in the home and community***

and addresses the following key-issues:

- Flexible and adaptable services to suit individual needs and individual lifestyle
- Structures that facilitate coordination and cooperation with other formal and/or informal care
- Structures that facilitate communication, planning and care delivery with informal carers
- Status:

PILOT PROJECT TERMINATED	PILOT PROJECT ONGOING	PROJECT TERMINATED	PROJECT ONGOING	IMPLEMENTED PRACTICE RESTRICTED AREAS	WIDELY SPREAD PRACTICE ROLLED OUT
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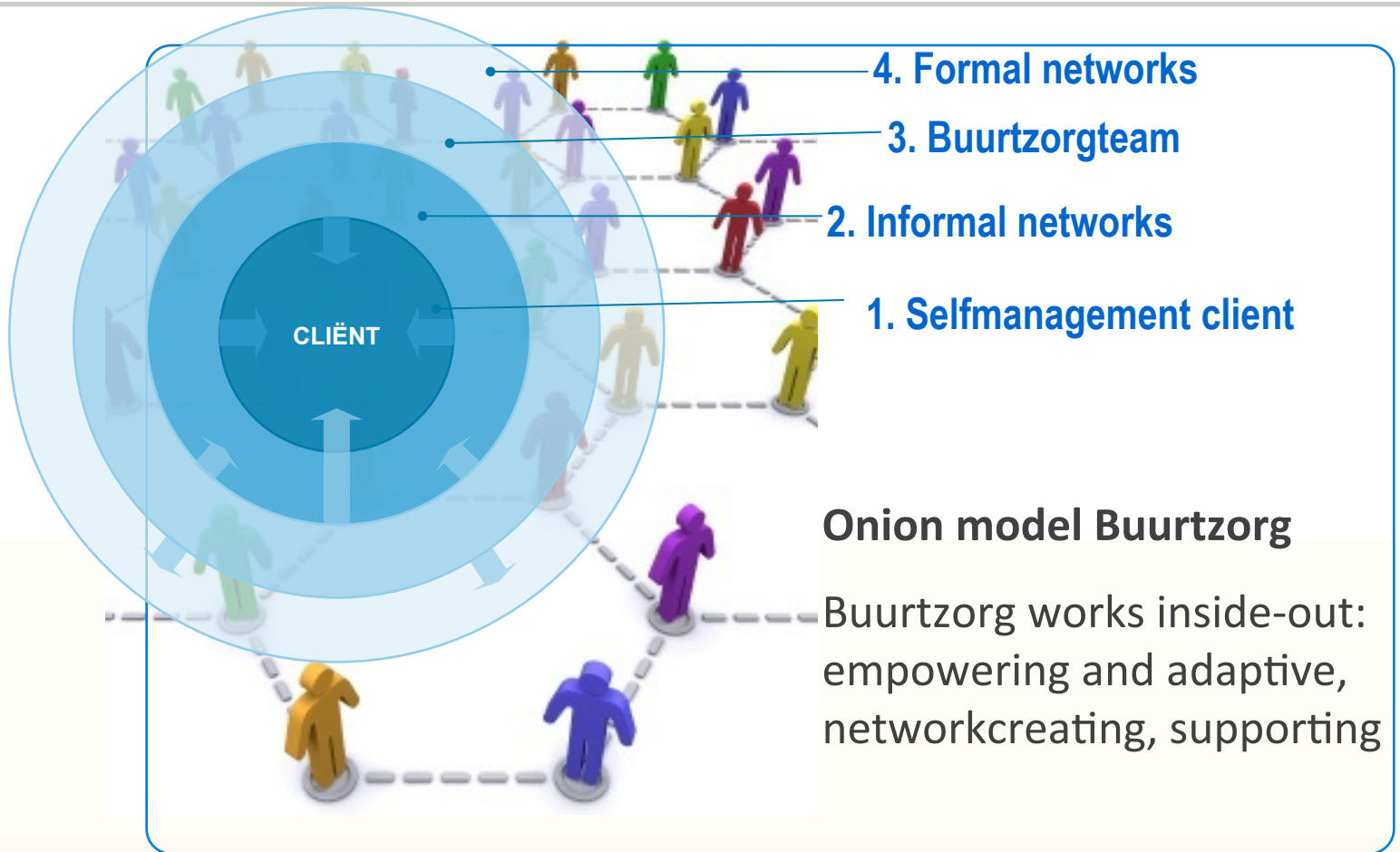
### Main benefit for users/carers:

Buurtzorg responds to the client's care needs, tries to find solutions together with the client and his informal carers and other formal carers involved, arranges things around care and social life and supports self-decision of the client about what is necessary.

## Why was this project developed/implemented?

- Buurtzorg originated from noted gaps between (a) needs of the client and care and support delivered by usual home care, (b) competencies of the staff and the care delivered, and (c) care and support delivered by home care and care by other organisations and professionals.

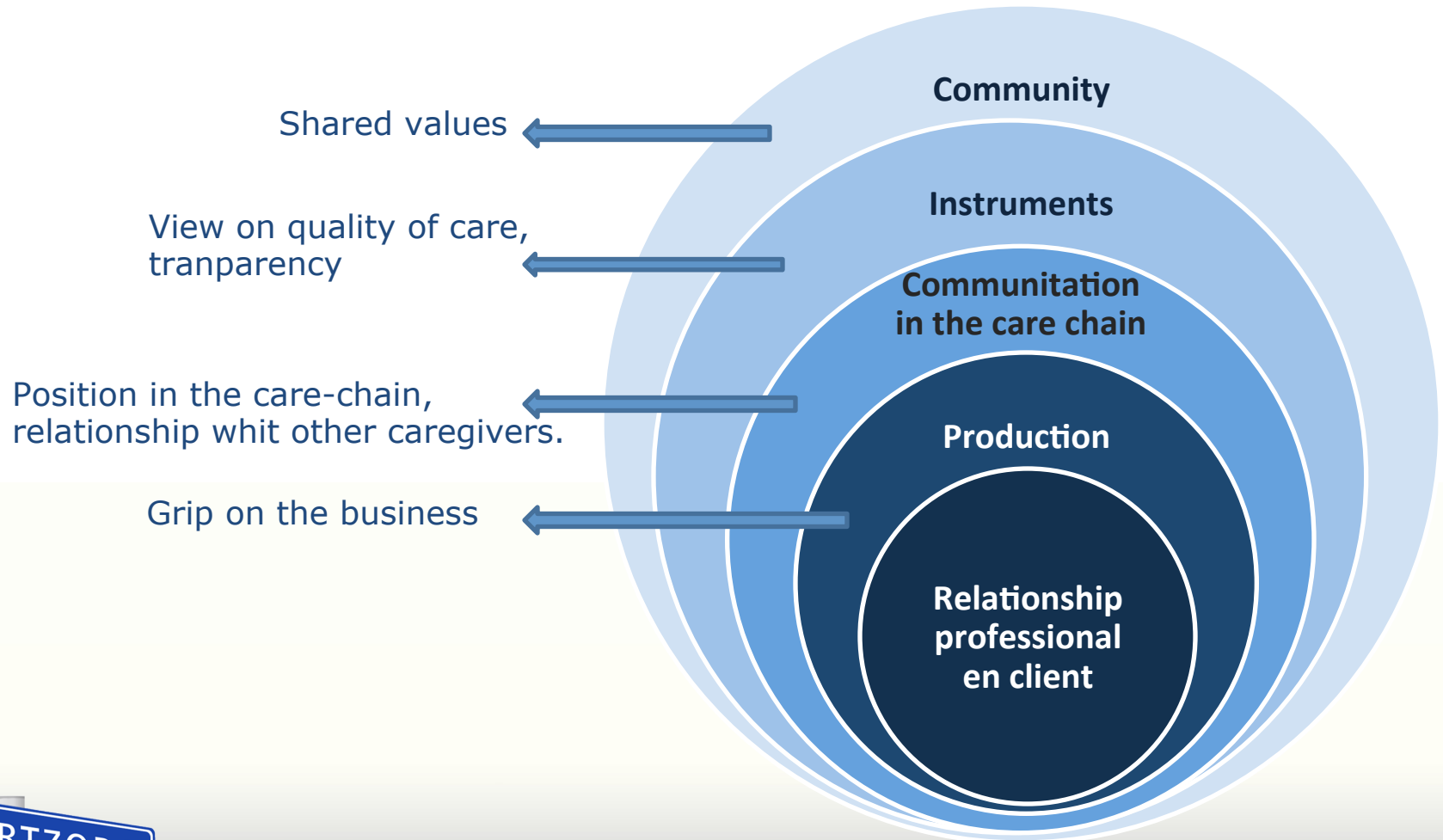
# Chain of care



## Main features of the example (description)

- Buurtzorg provides integrated home care with connections to social services, general practitioners, and other providers.
- The Buurtzorg model was designed by experienced district nurses who started an initiative group in 2006.
- The Buurtzorg method has six sequential components, which are delivered as a coherent package and cannot be delivered separately.
- The principle of Buurtzorg is to deliver care by small self-managing teams of 12 professionals at a maximum, and to keep costs as low as possible, partially by using ICT for the organisation of care.

# ICT makes it possible! - Buurtzorgweb



## What are the effects?

- Buurtzorg ranks number 1 amongst all home care organisations in user satisfaction: about cooperation that addresses gaps between home care and informal and other formal care, and between expected care and delivered care.
- A high satisfaction of GP's and local authorities on the cooperation with Buurtzorg.
- In 2011 chosen for the award as the best employer of the Netherlands in organisations of more than 1,000 employees. With now more than 4,000 employees Buurtzorg scored high for involvement, for low turnover of employees, and for staff satisfaction.
- A significant decrease of cost: Buurtzorg seems to be less than half as expensive as usual home care.

## Strengths and limitations

- Main strength is to **successfully bridge gaps** in local level home care by having recognised what the problems are and then designing working methods that cope with the problems.
- The model has been shown to be **highly competitive**: it is attractive to both patients and staff, and it can be easily introduced in almost every location even if usual home care is available in the area.
- **Demands on staff are very high** because of self-managing teams.
- Activities have to be **accomplished below or beyond** those connected to professional education, and both within planned hours and unplanned in the middle of the night. For some staff, this is incompatible with other personal activities and interests at home.



## Conclusions

- **For practice:** The organisational model is to have care delivered by small self-managing teams consisting of a maximum of 12 professional carers, and to keep costs as low as possible, partially by using ICT for the organisation and registration of care.
- **For policy-makers:** Buurtzorg introduces a built-in attempt to contact and integrate with other local carers and with informal caregivers. Also, it aims to deliver care to a client for as short a period as possible, by involving and reinforcing the client's resources.
- **For research:** International transferability of the Buurtzorg model is feasible only when the conditions of a free competition, free choice for users, motivated staff and self management of teams are met.

[www.buurtzorgnederland.com](http://www.buurtzorgnederland.com)



**The Buurtzorg Nederland experience:  
better home care at reduced cost**