**Buurtzorg in Charing: Wednesday 13March 2019**

**Question and Answer session**

***Regulations & the Care Quality Commission (CQC)***

1. **You mentioned regulation but did not go into detail, please can you explain accountability in this model?**

As part of the test and learn pilots that are being carried out across the UK, we are in conversations with the Care Quality Commission (CQC) to get them on board. In Holland when Buurtzorg first started they did the same thing and had conversations with the regulator, since these conversations they have changed how community care is regulated. In terms of accountability the host organisation is ultimately responsible to the regulator as an example in other pilots Chief Nurses have been recorded as the “Registered Manager”. However, this is still an issue that we need to resolve going forward in the UK.

1. **Who are the host organisations and regulators in these models?**

Kent County Council and Kent Community NHS Foundation Trust are the host organisations as both organisations are supplying staff for the teams. As part of the project we will be identifying the barriers and challenges to implementation, regulations is one area that we will be focussing on as part of this work. Kent County Council is leading this area of work.

***The Netherlands & UK Context***

1. **I did not understand about the insurance; please can you explain?**

In the Netherlands the care delivered by Buurtzorg teams that are funded by insurance and it is a legal requirement in Holland for people to hold insurance. In the UK the context is different as healthcare is free at the point of access while social care is means tested.

***Funding***

1. **Will the project funding be affected by Brexit?**

No, the project funding will not be affected by Brexit we have had assurance of this. The impact of Brexit is unknown on the project, but it will not affect funding. The project is hoping to increase retention and recruitment of staff and to encourage people to return to the profession. The model does fit the Kent and Medway STP’s vision for the future of integrated teams and is one variety of local care.

1. **When it comes to the end of the pilot how will the funding work past this point?**

The Kent and Medway STP are looking at funding for the future in general and this project does align with their vision for joint funding to support the integration of health and social care.

***The Project***

1. **What is the ratio of groups to the** **community, does this model fit into a large town?**

The maximum number of staff per a Buurtzorg team is 12 and on average they hold a caseload of 40 – 60 patients. As teams grow and their caseloads grow, the teams split and form new teams which could eventually cover a large town.

1. **Why can’t we use the existing health and social care services that already in place rather than putting in a new team and how does social care fit into the model?**

The project includes both health and social care and as part of this project we have been given the funding to create supernumerary (additional) teams. The key difference is that those being seen by our Buurtzorg inspired teams will have one team supporting them and meeting their needs rather than multiple agencies. This gives patients consistency and continuity of care.

1. **How are Community Nursing teams going to run alongside a Buurtzorg Team?**

The Community Nursing teams have a different caseload, but we do work together. The Eden Neighbourhood Care Team filter the referrals from GP.

1. **IT support is really important, and in terms of a care plan, will there still be duplication?**

There are issues and challenges with data sharing between organisations which we are trying to resolve. A potential solution has been identified and work is underway to develop this, and a demo will be ready in the near future.

***Recruitment & Development:***

1. **Are existing NHS staff that are being deployed from existing workforce?**

No, staff are being recruited to join these team’s and not being deployed as we do not want to destabilise existing services.

1. **If I applied for a job in the team would I be employed by the NHS?**

Yes, Kent Community Health NHS Foundation Trust are employing nurses and health care assistants to be part of the pilot team in Charing. These vacancies are currently being advertised and are open for applications. The roles are being offered on a permanent basis as Kent Community Health NHS Foundation Trust are looking to roll out this model.

1. **Are you looking at career development within the team?**

Yes, as part of the pilots we are looking at workforce development. We are working with the teams to identify their skills and competencies and working with them to develop their skills. As part of the integrated pilot in West Kent our aim is to develop the care workers to the level of a health care assistant so they can perform basic clinical tasks.

***Referrals & access to the new service:***

1. **Who will be able to make referrals to the teams and how will this be managed once it gets started?**

The referral pathway for the Charing team is to be confirmed, in Edenbridge the team receive referrals via the Local Referral Unit (LRU) this includes the GP and the hospital, this process could be replicated in Charing.

1. **My sister is being funded by social care currently so how would she access this scheme?**

We are currently working on this as the pilots in Kent develop. Access to the pilot teams will vary depending on the type of pilot, there is no readymade solution. The Eden Team receive their referrals via the Local Referral Unit and are only able to accept new referrals and are unable to offer their service to those with existing packages of care. From a social care perspective, we are looking at client charging as part of this project.

1. **I would like to take this back to my GP and ask if they could apply to this scheme, would this be possible?**

Kent Community Health NHS Foundation Trust are keen to see this model rolled out further and talks will continue with GP’s around Kent, however at the moment access to this scheme is limited to the pilot sites already identified.

1. **What is your referral criteria for patients?**

The referral criteria may vary between teams as this will be influenced by the team’s skills and competencies. Currently the referral criteria is that the patient has to have social and/or healthcare need and no existing package of care. We are offering this service for up to 6 months with a review at 4 months. The team will be setting goals with the patients as part of this service focussing on enabling them to become as self-managing as possible. However, when we first visit patients we do not give them a time limit as we do not want them to feel pressurised, but we do inform them that this service isn’t permanent.

1. **Could there be cases when you get attached to the patient and therefore want to keep them on the caseload?**

Ultimately, we want to encourage patients to become as independent as possible, we may do things with them differently for example we may go with a patient to their first visit to Age UK to help support and give them confidence. In terms of sustainability we do need to make sure there is a cut off point.

1. **Will the new teams accept degenerative patients?**

The teams will still see these patients and work on the things they can help them with like getting dressed or having a shower. The teams deliver care they need or steer where they need to be, the teams just don’t leave them.

1. **Do you take on clients from care homes?**

The pilot teams will not be able to take on patients from care homes as they are unable to take on patients with a package of care already in place as we are unable to make any profit as part of this project.

1. **Does the patient have to have a clinical need to access this service?**

No, the Eden Neighbourhood Care team accept referrals that have a health need, social care need or both. An assessment is completed first. The Eden Neighbourhood Team will also ask for support and will approach Age UK and chiropodist as an example.

1. **What caseload will the teams cover, are children included?**

No, the teams will be accepting referrals for those aged 18 and over as the teams are not paediatric trained.

1. **As children are not included at the moment will this be something that you will be looking at in the future?**

There is no reason why this model cannot be applied to other areas in the future.

***The New Community Teams***

1. **In a team what is the best mix of skills, how many nurses, health care assistants are part of a team?**

In the Netherlands teams are just made up of nurses who are generalists. In the UK there are pilots that have a mixture of nurses and care workers and some of these are integrated. In the Netherlands the Buurtzorg nurses create mini MDTs around their clients which they co-ordinate

1. **Who supervises the nurses in these new teams?**

The nurses are part of a self-managing team and have no manager, the nurses and those in the new teams are responsible for supervising each other.

1. **With no manager, how do you make sure patients are not missing out?**

The teams will work to a framework which is an agreement between the team and host organisation about what they expect from one another. The professionals in the teams will be working to their own professional registration and will be responsible for raising any concerns they have within the team. Trust within the team and between the team and organisation are key.

1. **How are salaries worked out within the team when you are all delivering similar care, for example the nurses are delivering personal care and clinical care?**

Salaries for each team member is by Band, team members are paid according to the skills they have and not the tasks they complete.

1. **How does mental health fit into the new service?**

If the team have the skills and competencies to care for a patient with mental health issues they will, the team will also reach out to mental health specialists if support is required.

1. **How do we ensure consistency across teams and not end up with a postcode lottery and not have access to the same thing?**

Local variation across different areas is inevitable but inconsistency maybe a positive thing as the teams will be able to find local solutions for local challenges.

1. **Would you share your closing assessment with KCC as this would really help us?**

Yes, the teams will be trained to carry out assessments. These assessments will be shared with KCC for those patients discharged from this service who required an ongoing care package.

***The Eden Neighbourhood Care Team***

1. **How are you finding it and what are your biggest challenges?**

It hasn’t been an easy journey and at times it has been stressful and challenging but has also been really good. We get to spend time with our patients and there is no time limit so we can take the time we need with them. If a patient needs longer they will get more time with us it is that simple. I have worked in a community hospital before taking this job and I thought it would never work but it does.

We were used to caring and doing tasks for the patient and now we are doing the tasks with them. We have time to really get to know the patient and build trust with the patient. We are now recognised in the community when we are out and about.

IT and not being in a KCHFT building is a big issue, we are getting things to work and have overcome issues. We are getting used to being a self -managing team.

1. **Do you have a geological area that you work within?**

Yes, we have a postcode area that we work within, this is a small area that we have expanded but all of our patients are within walking distance of each other.

1. **Do you cover 24 hours?**

No, not at the moment we are only a small team of 6 which would make covering 24 hours difficult. We do have an on-call night service, one of us are on call and would answer the phone during the night we may not go out and deliver the care but we will work with service like Rapid Response to ensure the patient gets the care they need. We do our own rotas and talk to each other to ensure we cover.

1. **How are your patients reacting?**

They like it especially when we work with them to agree and share their care plan with them. They like knowing who is coming and what we will be doing with them, it is nice to get to know our patients and we get to know their relatives and friends too which is lovely.

1. **If you were told to go back to how you used to work tomorrow how would you feel?**

Disappointed.

1. **As this is not a timed service how do you manage your time with patients and how does this work practically when people need support at the same time (e.g. getting up in the morning)?**

We are open and honest with the patient and let them know if we are delayed for any reason, we keep them informed and they are not too far away as we can often walk between patients. We ask our patients what they would like and some like to get up later than others so we have been able to work around what time they would like to get up and organise ourselves as needed.

1. **How do you manage double-handed calls?**

We work through together as team and factor into our day as part of our planning and rotas.

1. **Do you have set times when you sit together for discussions?**

The patient comes first, and we will work round our patients as to when we can get together. The team have their own Whatsapp group and regularly message each other, this really has brought the team together and keeps the team safe when they are working in the evenings.

1. **Have there been times when team members disagreed?**

Yes, we have worked through together and we will agree to differ and will listen to ideas to try something together. We have a coach who works with us but does not make decisions, having to make our own decisions has been a big adjustment.

1. **Is there conflict within the team around being paid at different levels?**

There areno issues, we understand that we are paid by skill set and not by what we are doing every day.

1. **Can you give an example on how you have worked with a patient with dementia?**

We don’t currently have any patients with dementia, if we were to have a patient with dementia we would get advice from a dementia nurse. The patient would be assessed like any other patient that is referred to us and if there are skills gaps we have as a team that we need to care for the patient we would look at training as all team members have the opportunity to upskill.

1. **Where are you located as a team and how did you make that decision?**

We are based at the Eden Centre which is in the centre of Edenbridge village but are looking for alternative premises. We need to be visible and would like to remain close to the GP Practice as we regularly meet with the GPs.

1. **Does your IT system work effectively for your team?**

Kent Community Health NHS Foundation Trust are currently exploring new ICT systems with a planned go live date of September 2019, which will replace what the team are currently using.

1. **How do you order consumables and dressing etc.?**

This is one of the team roles, the team member responsible for the budget places the orders through NHD Supply Chain and Agresso like anyone else.

1. **Is the right equipment in place to help patient?**

Yes, an Occupational Therapist will be joining the Eden Neighbourhood Care Team soon which will give us access to equipment for those who need it. As a team we have 6 legal policies that we all follow and will make our own as needed.