

In the beginning

We started our journey looking at ways to improve patients journeys and promote self direction within the team of nurses. The journey has been adventurous and along the way we have learnt a lot about what works, what does not work and what we can tweak to make it work.

We started in a rural area in Hoo on the Peninsula with nurses and nurse assistants working within the organisation and new nurses including staff that had left then come back. We undertook advice and guidance from our colleagues in Holland, and the support from our partner in the project Public World. We utilised our external support to add the elements we required to embark on mirroring the Buurtzorg model in its purest form, our organisation wanted to take all the elements and transform MCH Community Nursing teams to a British version of Buurtzorg. We met with the local GP practices to onboard them to support the roll out within Hoo. The Doctors were keen to support and showed an interest in how this would work, they agreed for the nursing team to have a base office at the surgery as this would support networking and we met with them at regular intervals to update and share experiences.

Leaflets were made and the team were set for patients to contact them direct through their triage phone. Caseloads were reviewed and over a period of time (months) the Caseload for Hoo was on its way to becoming TICC'd. All patients started with the team as if they were new, treatment plans, named nurses and education to patients provided including the residential care home.

We looked at how we recruit and how we can keep it simple, we reviewed policies and processes to keep them simple and we embedded the work life balance ethos. Has it been simple? No is the answer and we have encountered varied blocks/barriers and challenges along the way, but we can at these with a different approach, we would look for a solution to make it fit and if it didn't because of external factors we adjusted it.



Hoo Village Engagement Session - 13.02.2019



Training with Buurtzorg Nurses Amsterdam - 15-16.10.2019

The learning Part

Trips to The Netherlands for the Nurses and Coaches to learn how the Dutch teams delegate roles and responsibilities.



How the back office works

Training our Teams on Self Management and SDMI (Solution Driven Methodology of Interaction).



Coach Training - how to coach not manage!

Sharing our Journey

We have attended many different events over the years sharing the Story and detail of TICC and what we have learnt over the time, we realised that we can't also transfer something like for like but we can attempt to apply a similar ethos and we can only imbed the parts that work for us as an organisation.



MCH welcomes Australian Minster - 31.08.2019



RISE4Disability Event, Maidstone, Kent - 25.09.2019



Buurtzorg in Britain: What we've learnt & what next, London - 29.11.2019



Buurtzorg Care Places Conference, London - 19.10.2021



NHS CONFEXPO, Liverpool - 16.06.2022

We thought about other services that sit within Neighbourhood Nursing and adapted the model to enable our wound clinics to work in a TICC approach and find the middle ground that works for their teams.



We went on to see how it works for Long Term Condition Teams and Specialist Services to embed the model to their practice.

We have had to look at the reality vs the dream and with recruitment and retention having a massive impact on many areas not just Medway we need to drill it down to the safest approach to carry on the transformation for our staff and or patients.

Lessons Learnt

The Transforming Integrated Care in the Community (TICC) Research provided a valuable insight to other models of care provision and understanding of the pressures on particularly the community nursing services across Europe and the United Kingdom.

The principles to ensuring better outcomes and improved patient experiences are what we know, but have become lost in the systems and organisations within which we work. So, the emphasis was on realigning our focus to support some Key Principles as imbedded in the Buurtzorg model:

- Continuity of care – smaller teams supporting neighbourhoods with skills and competencies based on population health information.
- Keeping it simple – working to reduce complexity, processes, communication and IT.
- Coffee and care - recognising and promoting the value of time spent on building therapeutic relationships.
- Supporting collaborative working within the communities in which our patients and families live.
- Supporting patients and families with education and skills development where appropriate to support self-management.
- Providing a working environment where our nurses and AHP's have the autonomy to make decisions and put in place interventions that best support patients and enjoy once again coming to work.

This is a journey that involves much culture change both of systems and organisations within the NHS and has identified many blocks and barriers – but as Nurse's and AHP's we have a professional responsibility to advocate to ensure we get the best outcomes for our patients and their families and evidence this can be done to the benefit of the wider health and care economies.

Keep your eye out for the TICC Final Evaluation and Blueprint coming out shortly...