PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	TACKLING THE WORKFORCE CRISIS IN DISTRICT NURSING – CAN THE DUTCH BUURTZORG MODEL OFFER A SOLUTION AND A BETTER PATIENT EXPERIENCE? A MIXED METHODS CASE STUDY
AUTHORS	Drennan, Vari; Calestani, Melania; Ross CBE, Fiona; Saunders, Mary; West, Peter

VERSION 1 – REVIEW

REVIEWER	Dr Julie Green Senior Lecturer & Director of Postgraduate Programmes Keele University, Staffordshire, United Kingdom.
REVIEW RETURNED	11-Feb-2018

GENERAL COMMENTS	Thank you for the opportunity to review this mixed methods case study of a small-scale implementation of the Buurtzorg Model. The focus of the study was on the feasibility of the model as a solution to the workforce crisis in District Nursing in an English NHS setting and improve the patient experience. Findings presented include the impact on nursing practice, user and carer satisfaction and outcomes, organisational issues of implementation and patient level data. Single site limitations were acknowledged but the range of mixed data available represented a wide-ranging insight into impact. Data collection methods included patient, carer and health care professional interviews, group interviews and observations of both Neighbourhood Nursing (NN) and District Nursing (DN) activity and care delivery. Data evidenced effective person centred care with reported increases in telephone contact between visits, provision of personal care and meal preparation: a range of interventions not normally within the DN remit due to commissioning, funding and team capacity limitations. Continuity of care and accessibility of contacting NNs was a positive and something most DNs can currently only dream of providing. Organisational flexibility to facilitate team self-management including consistent patient allocation, self-rostering and time off in lieu all heightened nurse satisfaction supported by a coach. Lack of data to facilitate an exploration of cost effectiveness of the model needs to be addressed and, as the study team suggest, a larger roll out and longitudinal study is required.

	This paper provides an interesting, comprehensive overview of the positive impact of a single site evaluation of the Buurtzorg Model which appears to be a welcome return to traditional District Nursing and a level of service provision that many DNs would be keen to deliver. As recommended by the study, this model warrants wider evaluation and full costing. Correction: Abstract line 8: compromise

REVIEWER	Karen A. Monsen, PhD, RN, FAAN University of Minnesota School of Nursing Minneapolis, Minnesota, USA
REVIEW RETURNED	26-Feb-2018

GENERAL COMMENTS	Thank you for the opportunity to review this organizational case study manuscript entitled Tackling the workforce crisis in district nursing – can the Dutch Buurtzorg model offer a solution and a better patient experience? A mixed methods case study. The manuscript provides interesting insights into the perceptions of stakeholders who were involved in a pilot implementation of Buurtzorg-type Neighbourhood Nursing team-based care. I bring to this review considerable familiarity with the Dutch and international Buurtzorg experience, as I consulted with Buurtzorg and the Omaha System for several years during the development of the documentation system used in the Netherlands. Therefore I was able to appreciate and comprehend the content easily; and I am delighted to learn of this pilot project in the UK. I offer some suggestions for improvement. Background: For readers who are not familiar with Buurtzorg, the manuscript lacks a necessary description of the Buurtzorg model. Furthermore, there is no description of “Adapted Buurtzorg” (NN), and how it differs from Buurtzorg. Please provide a brief summary of the Buurtzorg model in and how it was adapted for the UK. Likewise, there should be a description of the comparison program – district nursing (DN). Results: The comparison of activities in Table 2 should have percentages as in Table 1. These comparisons would be more meaningful if the 80 NN clients were matched by available data such as demographics to a similar sample of 80 DN clients. Such a comparison could include a statistical test of differences between NN and DN characteristics and services. Discussion: The results of the pilot project described in this manuscript align with the literature and with my experience. The discussion section should demonstrate how the pilot project findings align with the literature. Caseload size for DN vs. NN could explain a lot of the findings – this should be reported in the background and included in the discussion. The Omaha System comment needs to be better placed in context – I think it is mentioned because the Dutch nurses use the Omaha System to document client assessments; and to customize, plan, and document care. As it is a structured classification system and

	outcome measure, use of the Omaha System generates important data to demonstrate care outcomes. Perhaps the authors would be interested in our papers about Buurtzorg: Kreitzer, M. J., Monsen, K. A., Nandram, S., & deBlok, J. (2015). Buurtzorg Nederland: A global model of social innovation, change and whole systems healing. Global Advances in Health and Medicine;4(1):40-44. Monsen, K.A. & de Blok, J. (2013). Buurtzorg Nederland: A nurse-led model of care has revolutionized home care in the Netherlands. AJN, 113(8) 55-59. Monsen, K.A. & de Blok, J. (2013). Buurtzorg: Nurse-led community care. Creative Nursing, 19, 3, 122-127.

VERSION 1 – AUTHOR RESPONSE

Response to reviewers comments

Reviewers comment for amendment or improvement	Response
Reviewer: 1	
Correction:	
Abstract line 8: compromise	Changed
Reviewer: 2	
Background: For readers who are not familiar with Buurtzorg, the manuscript lacks a necessary description of the Buurtzorg model. Furthermore, there is no description of “Adapted Buurtzorg” (NN), and how it differs from Buurtzorg. Please provide a brief summary of the Buurtzorg model in and how it was adapted for the UK. Likewise, there should be a description of the comparison program – district nursing (DN).	We have added more detail about the Buurtzorg model. in the second paragraph of the background section (highlighted in yellow) with an additional reference taken from your suggested references below) . We have added that the Buurtzorg model described here is adapted by virtue that it is still within a large bureaucratic organisation. (second paragraph of the methods chapter) . We also add further down a description of the comparative DN service.
Results: The comparison of activities in Table 2 should have percentages as in Table 1. These comparisons would be more meaningful if the 80 NN clients were matched by available data such as demographics to a similar sample of 80 DN clients. Such a comparison could include a statistical test of differences between NN and DN characteristics and services.	We have added percentages to table 2 . We were not able to match DN patients to the 80 NN patients as the electronic record system did not hold any clinical codes, other type of clinical classification or patient acuity information.
Discussion: The results of the pilot project described in this manuscript align with the literature and with my experience. The discussion section should demonstrate how the pilot project findings align with the literature.	It’s good to know this account aligns with your experience. As we have pointed out in the third paragraph of the discussion section, we can find no other accounts of implementation evaluations in other countries. The papers you helpfully list at the bottom only describe the Dutch Buurtzorg model and evidence. We have enlarged our sentence to include the additional statements form the Buurtzorg International website of successful pilots in other countries such as Japan but note there is no link to reports or

	other types of evidence.
Caseload size for DN vs. NN could explain a lot of the findings – this should be reported in the background and included in the discussion.	The different caseload size is referred to in the final paragraph of the discussion as a possible explanatory factor.
The Omaha System comment needs to be better placed in context – I think it is mentioned because the Dutch nurses use the Omaha System to document client assessments; and to customize, plan, and document care. As it is a structured classification system and outcome measure, use of the Omaha System generates important data to demonstrate care outcomes.	We have added additional information in about the OMAHA system. (Third paragraph of the discussion)
Perhaps the authors would be interested in our papers about Buurtzorg:	Thank you yes we previously read them with interest and have now cited to help enlarge background .