



STOCKPORT FOUNDATION TRUST

OCCUPATIONAL HEALTH DEPARTMENT

SUMMARY

Hub and Spoke Model for Occupational Health delivery over a large geographical area

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KEY OUTCOMES

- Positive feedback on service from commissioners
- Key Performance Indicators being met within acceptable variances, 90-100%
- Development of specialized administrators role to service contract
- Training paramedics with flu-link

BACKGROUND

The organisation is an Occupational Health service, based at Stockport Foundation Trusts Stepping Hill Hospital site. It currently serves the hospital and PCT employees, as well as holding a number of external contracts both for delivery to both private and public sector bodies. Prior to developing the hub and spoke model of delivery the unit served approximately 5,600 NHS staff.

KEY AIMS

- The hub and spoke model was developed to secure the contract for the delivery of the occupational health contract for the North West Ambulance Service (NWS), following their decision to look for a single provider to reduce variation in delivery
- The NHS providers that operated as single contracts e.g. Lancashire Teaching Hospitals and Stockport NHS Foundation Trust, wished to carry on delivery. Additional NHS OH services were recruited to provide the required geographical coverage.





GOOD PRACTICE CASE STUDY

KEY STAGES OF SET UP

All potential partners had core similarities within their delivery models, and a willingness to explore new ways of working



A benchmarking questionnaire was designed and emailed to the potential partners. The questionnaire addressed everything that was going to be included within the new contract tender



Potential partners met to develop the tender document



All the potential providers were asked for costs, and a 'reasonable average' was decided across the spectrum of activities. This allowed the expected totals of delivery for each provider to sum approximately what they would expect to receive from the contract overall, given estimated usage at each delivery site



Development of service level agreements with delivery NHS OH units with key performance indicators



Gaps in physiotherapy and counseling provision were filled utilising sub contracts to external services. Each sub contractor was identified through known networks e.g. BACP for counseling, and their premises were visited, references taken and insurance documents checked



GOOD PRACTICE CASE STUDY

HOW IT WORKS

- One full time equivalent band 3 administrative post is based at the hub, at Stepping Hill Hospital in the OH Department
- Management referral forms are submitted via the services website. The form includes a choice of the provider sites where the client can be seen. There is also a dedicated phone line for NWAS, which is manned during opening hours
- There is a separate physiotherapy management referral form on the website
- Counselling services operate as self-referral with details for clients on the website, with a dedicated phone line that has an answer machine
- Existing NWAS OH records are held centrally at Stockport and searched for when a referral is received
- OH information from the client's files and management request are then emailed to the chosen site for processing
- At present the staff OH records are paper based and therefore scanned and sent on to the site following the email request
- All correspondence from the provider to the manager and client is copied to Stockport for inclusion within the client's records

RESOURCES

What resources/funding was acquired and from who/where?

- The NWAS contract is fixed cost. To estimate costings Stockport utilised known usage, by NWAS employee, in the previous sub regional contract and extrapolated up to give a total for the whole contract
- Usage is now showing that there were some under estimates on the usage of counselling and physiotherapy and over estimation on immunisations and vaccinations. However these are all within the agree tolerance of +/- 10%

KEY CHALLENGES

What were the key challenges and how were these overcome?

- Delivery does vary between units, however they are considered as variations on a theme and the hub accepts the unique qualities of each provider unit
- A unique brand was developed however this has been difficult to ensure its usage on all correspondence. Work continues to assist all the providers to look like a single service entity
- Information on clients is referred from the hub and information on actions/ correspondence is needed to keep records up to date. However on occasion information has not been relayed back from the spoke to the unit. Again this is improving with each issue chased individually by the dedicated administrator
- Weekly statistics are required from the spokes, and these are cross checked against referrals, and also cross checked with invoices. Each hub is paid for the work done, devolving some of the financial risk from the hub
- Demand has varied from the predicted and one spoke did struggle to meet KPIs at one point due to other work. The risk of not meeting KPIs is held by the hub and therefore they are required to be flexible assisting other sites with staff where and when deemed necessary

KEY LEARNING

What lessons were learnt from this process?

- A single point of access service has given a uniform approach and helped standardise quality
- Development and use of proforma forms for the website for pre-employment and referrals has given good standardised information
- Spokes given an agreed cost per case but not a promise of annual 'costs'
- Devolving some risks to the provider units has been a necessity
- Hub has the ultimate responsibility and must intervene when KPIs are failing

SUSTAINABILITY

How is it embedded in every day practice?

- The new system had a formalized launch with a road show at the majority of ambulance stations. All operational staff were invited to an event
- A new leaflet was produced detailing the management and self referral systems
- Communications on the system have continued through team brief and newsletter. However three years into the contract there are still some pockets of ignorance

NEXT STEPS

What next steps are planned?

- Issues regarding DNAs are being looked into by Human Resources at NWAS
- Regular meeting with the commissioners and still continuing to develop communications
- Also looking at improving the quality of management referral, the forms often lack any detail of management intervention
- Staff survey pending to elicit customer view
- Manager survey also pending

SUPPORTING MATERIAL

- www.stockportoccupationalhealth.co.uk
- All other information by request.



CONTACT FOR FURTHER INFORMATION

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