



EOC reconfiguration project: engagement with HASCs/HOSCs



The future of our EOCs

- ✚ Our vision: putting patients first, to match international excellence through our culture of innovation.
- ✚ We want to be able to provide the best possible 999 service to the area served by your HASc – consistently achieve performance standard of answering 95% of our calls within five seconds & build on and expand the clinical capacity within our EOCs
- ✚ To achieve this we need to ensure we can develop the right environment to manage growing demand and the changing complexities of patient needs.



The future of our EOCs contd.

- ✚ Approximately 400 staff currently employed in EOCs.
- ✚ Currently manage 2,000 emergency calls a day (700,000 a year).
- ✚ Demand has grown by 25% since 2007 and is forecast to grow by 5% year-on-year.
- ✚ Mixture of increasing number of calls, complexity of patient need, and length of call; we are now able to give more clinical advice over the phone

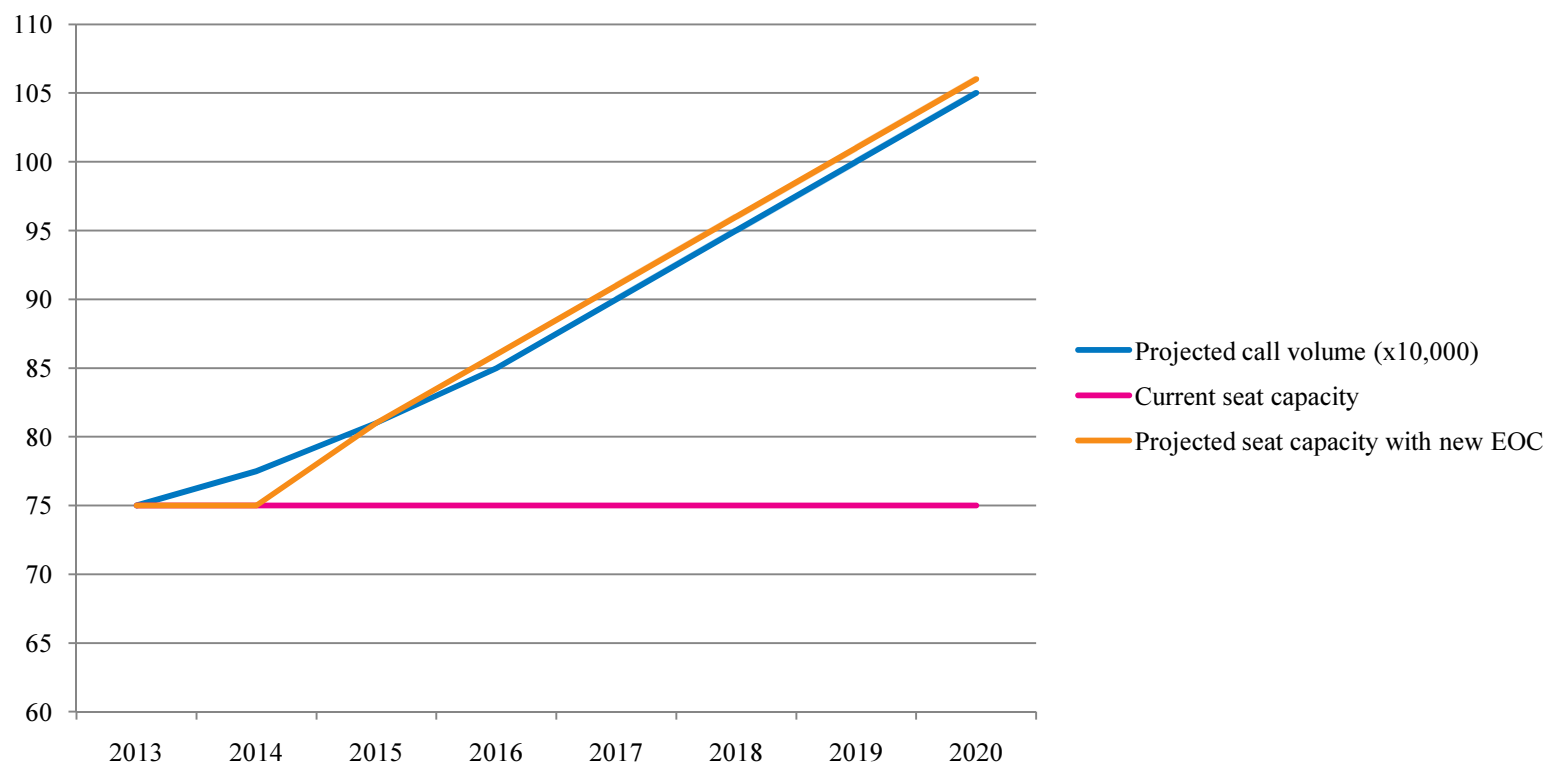


Drivers for Change

- + Capacity
- + Condition of current estate
- + Increased resilience
- + Lewes Regional Office lease break clause – February 2017



Current EOCs have now reached capacity





Our proposals

- ✚ Our strategic planning therefore includes a new configuration of our current EOCs.
- ✚ Three options were looked at and the likely impact each would have on the service was assessed:
 - ✚ Three EOCs (remain as we are)
 - ✚ One large central EOC
 - ✚ Two EOCs (chosen option)



Two EOC configuration

- + Moving to a two EOC model was found to be the most practical out of the three options.
- + A two EOC configuration will enable us to:
 - + Manage up to 1.5 million 999 and urgent calls a year by 2028 (based on 5% increase).
 - + Meet growing demand for 'Hear & Treat' service – providing the right support over the phone.
 - + Improve resilience of service by providing capacity for additional facilities at either site in event of system failure and greater sharing of workload at peak hours.



Two EOC configuration cont...

- + Improve inbound call handling using virtual EOC sharing system.
- + Better retention, recruitment, working practices, culture and management with two 'balanced' EOCs.
- + Equip staff with a better working environment to ensure they have the right tools to meet the needs of patients.
- + Increase range of services by allowing greater emphasis on new technologies and expertise such as remote diagnostics and clinical advice.



Two EOC configuration - summary

- ✚ Represents investment in development of EOCs
- ✚ Likely timescales – to be in place by late 2016/early 2017
- ✚ No planned redundancies – about increasing staff numbers, not decreasing
- ✚ Potential locations not yet agreed – optimum would be Kent and North Sussex



Reasons for engagement

- ✚ Following legal advice and previous discussions with the HASCs, we believe that statutory consultation is not required for reconfiguration of EOCs, as there is no change to the way patients access or receive services provided by the Trust.
- ✚ However, we are keen to deliver very best engagement with elected representatives, patient and public advisory groups, and with staff.
- ✚ Therefore we are seeking your views and advice on how best to engage with these audiences.
- ✚ We also recognise that some issues may have to be handled sensitively when it comes to relocation and reconfiguration.



Initial engagement plan

- ✚ Initial meetings with HASCs/IHAG.
- ✚ Launch of public engagement with announcement at Trust Board 25 September.
- ✚ Follow-up meetings with HASCs/Trust patient groups.
- ✚ Workshops for EOC staff.
- ✚ Meetings with CCGs/GPs/elected representatives.



Initial engagement plan cont...

- + Distribution of engagement literature to public including local public and patient groups.
- + Media announcements at key milestones.
- + Dedicated section on the Trust's website.
- + Dedicated internal comms programme including intranet, regular updates and FAQs, linked to workforce/HR plan.



Questions/suggestions?