# NOTICE OF MEETING

**NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Contact: Robert Mack

Direct line: 020 8489 2921
E-mail: rob.mack@haringey.gov.uk

Monday 29 April 2019 2:00 p.m.
The Council Chamber, Crowndale Centre, 218, Eversholt Street, London
NW1 1BD

Councillors: Alison Cornelius and Val Duschinsky (L.B.Barnet), Alison Kelly (Chair) and Samata Khatoon (L.B.Camden), Huseyin Aknipar and Clare de Silva (L.B.Enfield), Pippa Connor (Vice Chair) and Lucia das Neves (L.B.Haringey), Trish Clarke (Vice Chair) and Osh Gantley (L.B.Islington)

Support Officers: Anita Vukomanovic, Andy Ellis, Robert Mack, Pete Moore and Vinothan Sangarapillai

## AGENDA

**1. NC LONDON JHOSC - AGENDA PACK (PAGES 1 - 340)**

This page is intentionally left blank

# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**MONDAY, 29 APRIL 2019 AT 2.00 PM**
**THE COUNCIL CHAMBER, CROWNDALE CENTRE, 218 EVERSHOLT STREET, LONDON, NW1 1BD**


| | |
|---|---|
| **Enquiries to:** | **Sola Odusina, Committee Services** |
| **E-Mail:** | **sola.odusina@camden.gov.uk** |
| **Telephone:** | **020 7974 6884 (Text phone prefix 18001)** |
| **Fax No:** | **020 7974 5921** |


**MEMBERS**

**Councillor Alison Kelly (London Borough of Camden) (Chair)**
**Councillor Tricia Clarke, London Borough of Islington (Vice-Chair)**
**Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)**
**Councillor Huseyin Akpinar, London Borough of Enfield**
**Councillor Alison Cornelius, London Borough of Barnet**
**Councillor Lucia das Neves, London Borough of Haringey**
**Councillor Clare De Silva, London Borough of Enfield**
**Councillor Val Duschinsky, London Borough of Barnet**
**Councillor Julian Fulbrook, London Borough of Camden**
**Councillor Osh Gantly, London Borough of Islington**

Issued on: Thursday, 18 April 2019

This page is intentionally left blank

# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
# 29 APRIL 2019

**THERE ARE NO PRIVATE REPORTS**

**PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.**

**AGENDA**

**1. APOLOGIES**

**2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

**3. ANNOUNCEMENTS**

**4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

**5. MOORFIELDS CONSULTATION PLAN UPDATE** (Pages 5 - 340)

This report presents the plan for public consultation on a proposed new centre for Moorfields Eye Hospital. It includes a summary of feedback and learning from engagement to date.

Also attached as Appendix A for information purposes is the Pre-consultation Business case and Clinical senate report.

**6. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

## 7. DATES OF FUTURE MEETINGS

Dates of future meetings of NCL JHOSC:

- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

**AGENDA ENDS**

The date of the next meeting will be Friday, 21 June 2019 at 10.00 am in Barnet.

Agenda Item 5

| North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC) | London Boroughs of Barnet, Camden, Enfield, Haringey and Islington |
|---|---|

**REPORT TITLE**

**Moorfields Consultation Plan Update and Discussion.**

| **FOR SUBMISSION TO:**<br>NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE | **DATE**<br>29 April 2019 |
|---|---|

**SUMMARY OF REPORT**

This report presents the plan for public consultation on a proposed new centre for Moorfields Eye Hospital. It includes a summary of feedback and learning from engagement to date.

Also attached as Appendix A for information purposes is the Pre-consultation Business case and Clinical senate report.

**Contact Officer:**

Denise Tyrrell
NCL CCGs Programme Director
NHS Camden CCG
Denise.tyrrell@nhs.net
Tel no. 07818291387

**RECOMMENDATIONS**

1. The committee is asked to consider and support the proposed plan

2. Give advice on further action to ensure a meaningful consultation process.

3. Give an indication in principle as to whether it considers the proposal to be in the best public interest.

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Oriel
Creating the centre for advancing eye health

NHS

# Moorfields consultation plan update and discussion



Report to North Central London Joint Health Overview and Scrutiny Committee (JHOSC) 29 April 2019

Page 7

**Nick Strouthidis,** Consultant Ophthalmic Surgeon, Medical Director, Moorfields Eye Hospital NHS Foundation Trust and
**Jo Moss,** Director of Strategy and Business Development

**Caroline Blair,** Programme Director Renal and Cancer NHS England (Specialised Commissioning)

**Sarah Mansuralli,** Senior Responsible Officer Moorfields Consultation, Chief Operating Officer Camden CCG

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# Purpose

This report presents the plan for public consultation on a proposed new centre for Moorfields Eye Hospital. It includes a summary of feedback and learning from engagement to date.

The JHOSC is asked to:

- support the proposed consultation plan
- give advice on further action to ensure a meaningful consultation process
- give an indication in principle as to whether it considers the proposal to be in the best public interest.



## Where we are now

- Pre-consultation business case assured by national regulators - approval to consult
- London Clinical Senate supports case for change
- Commissioners' committee in common set up to oversee consultation – meets on 24 April
- Views from over 1,300 people between Nov 2018 and Apr 2019 have informed proposal for consultation

Page 8

## What's in this paper

1. Why we are consulting people
2. Recap on why we need to change
3. Recap on potential benefits
4. Recap on preferred new site
5. Listening and learning – summary of engagement to date
6. Proposed consultation plan
7. Decision-making process

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 1. Why we are consulting people

- Moorfields Eye Hospital NHS Foundation Trust is proposing to build a brand new centre to bring together excellent eye care, ground-breaking research and world-leading education and training in ophthalmology
- This would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of Kings Cross and St Pancras stations in central London
- Services would move to the new building from the current hospital facilities at City Road, Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology
- If the move were to go ahead, Moorfields Eye Hospital NHS Foundation Trust would then sell its current land at City Road and all proceeds of the sale would be reinvested in the proposed new centre

Continued/…


Page 9

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 1. Why we are consulting people

Continued/…

NHS Camden CCG, on behalf of all CCGs who plan and buy Moorfields' services for residents, in partnership with NHS England Specialised Commissioning, which plans and buys specialised services for the whole of England, must decide whether the proposed move is:

- in the interests of the health of our populations, both locally and nationally
- in line with our long term plans to improve health and care
- An effective use of public money

**To inform our decision, we are seeking views through public consultation between May and August, before reaching a decision by December 2019.**


Page 10

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 2. Recap on why we need to change

**People's sight matters** – 88% people surveyed considered good vision vital for overall health and wellbeing

**Sight loss is an increasing reality for many people** – major eye diseases expected to increase over next 15yrs

**Major advances bring new benefits** –to tests, treatments, information – new models of care, as in NHS Long Term Plan – more care at home, fewer hospital visits

**Planning for the future** – current site at City Road outdated and overcrowded, hinders rather than supports innovation

**We have an opportunity to build** – new purpose-built centre to improve research, education, patient care and experience


Page 11

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 2. Recap on why we need to change

## Examples of why we need to change

- **Lack of capacity to expand and develop** – currently overcrowded in some areas; inflexible for patients, staff and trainees; little space for new services
- **Ageing estate creates impractical and uncomfortable conditions** for patients, staff and trainees; poor climate control; lack of privacy in some areas, low standards in accessibility and health and safety
- **Inflexible building design creates inefficiency** – hinders interactions between departments, results in complicated pathways and long waiting times for patients.
- **Difficult to introduce new technology –** inadequate space for cabling
- **Building does not support close relationships** between different staff; between research and care; between training and care – no space for co-location
- **Old-style accommodation for education and training -** does not support modern methods and practical "hands on" training


Page 12

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 3. Recap on potential benefits

Despite limitations of the current site, Moorfields Eye Hospital provides excellent clinical care. In March 2019, Care Quality Commission rated the Trust **"Outstanding" for effective services**.

Proposed new centre offers excellence in other areas - patient experience, research and development of highest calibre workforce to meet future needs for care.



Page 13

## Examples of potential benefits of a new centre

- Improvements for patients and visitors – shorter time in hospital, comfortable and supportive environment, easier access for people with disabilities, space for information and support – **a centre that empowers people**
- Better working environment for staff - attractive to new staff, better training and career development – **would enable staff to reach their potential**
- Broader scope for research - attractive to top talent – **fast translation from research to care and cures for sight loss**
- New models of care and digital advances – centre for the national network of eye care professionals – **more aspects of care closer to home, without having to travel**

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 4. Recap on preferred new site

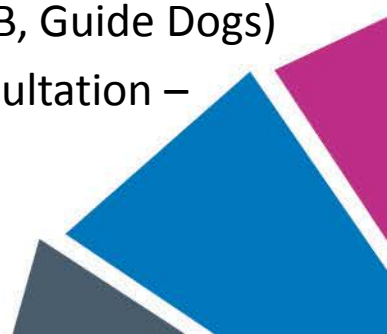
Land became available as a result of proposed transformation of mental health services at St Pancras Hospital by Camden and Islington NHS Foundation Trust. Camden and Islington is planning to redevelop and vacate parts of the site.
Moorfields has an option to purchase 2 acres.


Page 14

## Moorfields' options appraisal and refresh

- Moorfields considered varying options of refurbishment versus new build and possible new build locations
- New build scored highest against agreed success criteria and demonstrated greatest value for money
- Proposed St Pancras site offers advantages - close to transport hubs, within MedCity* knowledge zone, links to research, education and vol. sector (e.g. RNIB, Guide Dogs)
- Moorfields and partners are refreshing options appraisal prior to consultation – **during consultation, we remain open to alternative proposals**

* MedCity London:, a collaboration between Mayor of London and London's health science centres of Imperial College London, King's College London and University College London.



NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 5. Listening and learning

Five phases of engagement leading to consultation

**Phase 1 (2013-2014)** - Early discussions and consultation on options

**Phase 2 (2014-16) –** Developing the business case

**Phase 3 (2017/18)** – Developing the design potential

**Phase 4 (2018/19)** - Pre-consultation engagement

**Phase 5 (2019)** – Consultation


Page 15

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 5. Listening and learning

## Engagement activities to date (phase 4)

Between Nov 2018 and Apr 2019, we engaged staff, patients, community representatives and vol. sector partners in discussions to shape the proposal for consultation.

Over 1,300 people have expressed their views in the following ways:

- **4 surveys** covering travel, care, patient priorities and initial views on proposed move
- **8 drop-in sessions** in London and Kent (including at children's eye centre)
- **24 open discussion groups** in London, Hertfordshire, Buckinghamshire and Kent
- **Discussions with vulnerable people** – older people with visual impairment, people with learning disabilities, black and ethnic minorities, people with physical disabilities, representatives of LGBTQ
- **Discussions with key groups e.g.** Somers Town residents, eye charities, local authorities, CCG governing bodies and patient participation groups
- **Oriel Advisory Group** – a core group of patient and public representatives is set up to advise on approaches to engagement


Page 16

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 5. Listening and learning

## Main themes of feedback

- **Support in principle** - Most participants in discussions supportive of proposed centre, survey respondents less so, expressing concerns about disruption due to change
- **What is critical to success** - Most people expressed views about the following:
  - Level of services to continue, with expectation of improvements
  - Minimal disruption, well-managed transition, continuity of service
  - Accessibility of new centre has utmost importance for service users and visitors
- **Accessibility was top theme –** participants in discussions provided detailed insights and ideas, which we will continue to develop during consultation
- **Patient experience needs to improve –** people hold strong faith in clinical excellence, but patient experience in current facilities does not live up to same high standards

**Strong theme that new centre could improve, not just physical aspects, but the whole culture of eye care – opportunity to achieve world class in all aspects of care.**


Page 17

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 5. Listening and learning

## Accessibility

- **Diverse views on proposed location** – Views varied according to where people live and service needs. People in Hemel Hempstead, Ealing, Camden, for example, felt proposed location offered same or better access. Some people in Tower Hamlets concerned about potential extended journey and costs
- **"The last half mile"** – Travel times frequently considered less important than journey from transport to proposed new centre. Old Street tube to Moorfields Eye Hospital is relatively short and simple, with much-appreciated "green line". Transport and wayfinding to proposed site is priority for consideration
- **Open to ideas** – People were open to new ways to assist accessibility e.g. shuttle service for those with limited mobility, efficient drop-off and pick-up at hospital, use of navigation technology

**Feedback will inform the options refresh, before and after consultation. Further discussions during the consultation, involving service users and industry experts, will identify scope for accessibility plan.**


Page 18

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 5. Listening and learning

## Patient experience

**Consistent views on improving patient experience** – wide range of details, the following were common themes:

- **Awareness of needs of people with visual impairment** – proposed new centre an opportunity to design better accessibility - Moorfields to be national exemplar
- **Communications and person-to-person support** – Many reasons e.g. navigating the hospital, understanding appointments system, making care choices, understanding conditions and how to manage, knowledge of wider support services
- **Managing stress** – Long waits, uncertainty about what's happening, cramped and uncomfortable waiting areas all add to existing stress of anticipating eye procedures

**In general, people were optimistic that a proposed new centre would bring significant improvements. More immediately, Moorfields is committed to using engagement feedback to make continuing improvements in the short term.**


Page 19

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 5. Listening and learning

## Other issues

- **Opportunities for information and support** – people offered ideas on using space for access to wider support e.g. voluntary sector services
- **Access to research** – appreciative of potential benefits of integrated eye care, research and education, more patients to access clinical trials
- **Support for staff** – interest in how staff feel about proposed move and how proposal could improve recruitment and retention
- **Wider strategic view** – need to embrace new technology and treatments with potential shift towards more care for people at home and in community
- **Relationships with other services** – optometrists, social care and voluntary sector highlighted benefits of closer relationships to improve whole care pathways

**Report on feedback from engagement will be published alongside consultation document and other background via Oriel website.**


Page 20

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

| Aims | Evidence |
|---|---|
| **Overall aim -** To implement best practice involvement and consultation to influence plans in 2019, and to embed involvement for future implementation. | Outcome reports<br>NHS England assurance<br>JHOSC response<br>Accreditation by The Consultation Institute |
| **Five specific aims**<br>1. To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move and consider issues in proposals and decisions | Stakeholder analysis<br>Engagement log<br>Consultation docs and accessible versions |
| 2. To expand the range of people and groups involved, including action to reach minority and protected groups | Outcome reports and influence on plans<br>Engagement log |
| 3. To ensure sufficient information is made available during consultation for intelligent consideration and response | Background information available as well as main consultation document - to include outcomes of pre-consultation engagement |
| 4. To improve public awareness and confidence in change | Survey results and feedback |
| 5. To build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation | Established involvement mechanisms and updated strategy. |


Page 21

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

## Principles

1. All partners will work together to ensure openness and transparency in decision-making
2. We will endeavour to provide sufficient and accessible information for people to make intelligent choices and input to the process
3. Although we will present developed proposals, we will keep an open mind during consultation
4. We will maximise the opportunities for co-production during consultation and in future phases of design and build
5. We will allow adequate time for consideration and response, including timely information and responses to communications needs


Page 22

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

## Reaching our audiences

| Audience groups | Channels for publication and feedback |
|---|---|
| General public, local residents and all audience groups | Oriel website, social media, news coverage<br>Cascade distribution and publicity via CCGs, NHSE Specialised Commissioning, local authorities, voluntary sector and other partners |
| Service users, carers and representatives | Collaboration with eye charities and Healthwatch<br>Involvement of networks and forums e.g. Trust members, CCG patient participation groups, voluntary sector forums and social media |
| Minority interests and protected groups | Direct contact with identified groups and tailored workshops<br>Information in range of formats and language versions<br>Collaboration with Healthwatch and voluntary sector partners |
| Voluntary sector and advocates | Collaboration with Healthwatch and councils for voluntary services<br>Direct contact with identified advocacy groups and forums |
| Local authorities, wards and neighbourhoods, partner agencies: planning, transport health and wellbeing, scrutiny | Direct contact with relevant bodies e.g. planning partners, scrutiny and other committees<br>Collaboration with relevant Neighbourhood Forums and other local representatives |


Page 23

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

## Reaching our audiences

| Audience groups | Channels for publication and feedback |
|---|---|
| CCG, Specialised Commissioning and Trust staff | Existing channels of internal communications e.g. intranets, briefings, development sessions<br>Collaboration with Clinical, Workforce and HR functions |
| Research and education | Direct involvement of the Oriel Management Executive<br>Cascade to research and education staff and external networks |
| Primary care contractors | Existing forums and channels via CCGs and NHS England |
| MPs and Ministers | Existing Trust and CCG briefing arrangements<br>Briefing via NHS England |
| Unions and professional representatives | Via Trust and CCG HR forums and local representative committees<br>Direct contact with Royal Colleges, BMA, RCN, Unison |
| Press and media: local, national, trade | Existing channels via Trust, CCGs, Specialised Commissioning and NHS England Comms teams |
| Neighbouring trusts, wider geography of CCGs, others | Direct contact using distribution channels of CCGs, Specialised Commissioning and NHS England |
| National regulators | Direct contact and assurance process |


Page 24

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

- Our involvement and consultation programme has an emphasis on action and participating, and not just the passive process of responding to written proposals.
- A dedicated Oriel website will help to publish and coordinate the many opportunities and channels for involvement and feedback.

## Summary of main methods

**Opportunities to get involved**

- Open workshops for deliberative discussion and feedback
- Deeper-dive discussions on key themes identified in engagement: accessibility and wayfinding, patient experience, innovation, options review, design
- Proactively arranged discussions with key groups
- Discussions at regular and existing meetings
- Meetings on request
- Contact with Oriel Advisory Group to advise on approaches to engagement
- Service user and carer experts to work with design teams

**Opportunities to give views**

- Online feedback questionnaire, also in audio format
- Participation in workshops, meetings – written records
- By individual letter or email


Page 25

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

- Our involvement and consultation programme has an emphasis on action and participating, and not just the passive process of responding to written proposals.
- A dedicated Oriel website will help to publish and coordinate the many opportunities and channels for involvement and feedback.

## Summary of main methods

**Access to information – via website and distribution**

- Documents, available in a range of formats, including audio and braille
- Short summaries and leaflet versions
- Easy read versions
- Presentations
- Letters for different audiences
- Further background information and data e.g. fact sheets, pre-consultation business case, Clinical Senate report and further information on request
- Briefings and updates
- Blogs, articles and opinion pieces
- Video snapshots of involvement
- Standing exhibitions and drop-ins


Page 26

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan

## Handling ongoing communications and feedback

- **Horizon scanning and issue management**
  A communications protocol is in place for horizon scanning and alerts
- **Press and media**
  Scheduled media releases supported by proactive briefing with key media outlets
  Proactive and fast reactive social media (included within feedback collation)
- **FOIs and enquiries**
  Enquiries under FOI to be handled via existing processes. General enquiries acknowledged within 2 working days and answered, where possible, within 10 working days
- **Management of feedback**
  Single system for receiving, acknowledging and recording feedback from multiple channels
  Responses where necessary, involving subject matter experts as required
  Collation of responses will be passed to an independent organisation for analysis and evaluation. Feedback reports and notes of meetings will be available via the Oriel website

**All documents available for local authority scrutiny, as required.**


Page 27

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 6. Proposed consultation plan – outline schedule

| Actions | Dates |
|---|---|
| **Pre-launch of consultation**<br>• Release committee-in-common papers via websites<br>• Publish pre-consultation business case<br>• Notify audiences of forthcoming consultation<br>• Media and social media release | 15-16 April |
| **Preparations for consultation**<br>• Options refresh<br>• Confirm dates for open discussions and other meetings<br>• Completion of stakeholder interest mapping<br>• Preparations for staff and clinical engagement<br>• Complete documents<br>• Complete meetings planner<br>• Create accessible versions and support materials<br>• Staff briefing<br>• Design workshops<br>• Recruitment, briefing and preparation of key spokespeople | <br>17 - 23 April<br>By end April<br>By end April<br>By end April<br>By 2 May<br>By 2 May<br>2 – 10 May<br>Early May<br>April – May<br>April - May |
| **Consultation launch**<br>• Release documents and online questionnaire via websites<br>• Media and social media release | May |


Page 28

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# Proposed consultation plan – outline schedule

| Actions | Dates |
|---|---|
| **Discussion programme** | |
| • 20-25 discussions with protected groups | April – July |
| • 5 themed deep-dive discussions – options review, wayfinding, design, patient experience and innovation | April – July |
| • 15 open sessions for communities, patients and public | June – July |
| • Meetings with key groups | May – July |
| • Discussion programme for staff and clinical involvement | May - July |
| **Consultation feedback management** | |
| • Responses to requests, enquiries and comments | April - December |
| • Management of social media content and response to public posts | April – December |
| • Management and collation of live feedback from discussions | June - August |
| • Management and collation of online feedback | June - September |
| • Engagement log, feedback log | April - September |
| • End of consultation period | August |
| • Deliver outputs to EIA, options review, evaluation team and design team | August |
| **Communications** | |
| • Continuing update of information via website and social media | May - October |
| • Standing exhibitions and drop-ins | May – October |
| • Mid-consultation update, media and social media release | End June |
| • Prior to end of consultation update, media and social media release | End July |


Page 29

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

# 7. Decision-making process

| Actions | Dates |
|---|---|
| Monthly programme board to manage consultation and decision-making process | May – December |
| Oriel Advisory Group to advise on approaches to engagement | April, July, October |
| End of consultation | August |
| Options refresh in light of consultation feedback | Early September |
| Report to scrutiny | September |
| Scrutiny response | September / October |
| National regulators' assurance process | October |
| Decision-making business case and final outcome report to Committee in Common and NHS Specialised Commissioning Executive | By December |


Page 30

Appendix A




# Pre-Consultation Business Case

# Oriel: creating the centre for advancing eye health

**Version 9**

**28 February 2019**

## Table of Contents

Foreword ..... 5
1. Executive summary ..... 7
1.1. Introduction ..... 7
1.2 Context ..... 8
1.3 Case for change ..... 9
1.4. Eye health care model, services and expected benefits ..... 10
1.5 Governance ..... 13
1.6 Stakeholder engagement ..... 14
1.7 Options appraisal ..... 19
1.8 Finance case ..... 20
1.9 The Secretary of State's four tests ..... 20
1.10 Decision-making process and next steps ..... 21
2 Introduction ..... 23
2.1. Overview ..... 23
2.2. Key organisations ..... 23
2.3. Pre-consultation business case objectives ..... 32
2.4. Background ..... 32
2.5. PCBC scope ..... 33
2.6. Parties involved in PCBC development ..... 33
2.7. Proposal development ..... 34
2.8. PCBC structure outline ..... 36
3. Context ..... 37
3.1 What is eye care ..... 37
3.2. Population and healthcare challenges ..... 37
3.3. National context including SAFE framework ..... 44
3.4. Regional context for STP and commissioners ..... 45
3.5. Eye health care in London ..... 45
3.6. North London Partners in Health and Care: working together for better health and care (NCL STP) ..... 46
3.7 Capacity and demand modelling ..... 50
3.8. Specialised commissioned services ..... 50
4. Case for change ..... 55
4.1. Local policy framework ..... 55
4.2. Regional policy framework ..... 57
4.3. National policy framework ..... 58

4.4. Quality of existing estate ..... 61
4.5. Research and education ..... 65
4.6. Workforce challenges ..... 67
5. Eye health care model, services and expected benefits ..... 70
5.1. North Central London eye health model of care ..... 70
5.2. The vision for eye care in a new integrated facility ..... 71
5.3. Expected benefits of the new facility ..... 73
5.4. Impacts on and benefits for patients ..... 84
5.5 Public sector equality duty ..... 89
6. Governance ..... 91
6.1. Roles and responsibilities for the public consultation ..... 91
6.2. Governance structure ..... 92
7. Strong public and patient engagement ..... 95
7.1. Overview ..... 95
7.2. Legal context ..... 97
7.3. Pre-consultation engagement on the case for change ..... 98
7.4. Next steps for involvement and consultation ..... 105
7.5. Governance and assurance for involvement and consultation ..... 108
7.6. Moorfields staff engagement ..... 109
8. Options development and appraisal ..... 113
8.1. Context ..... 113
8.2. Longlist of options ..... 115
8.3. Preferred option ..... 121
8.4. Benefits of the preferred option ..... 121
9. Finance case ..... 122
9.1. Introduction ..... 122
9.2. Basis of preparation ..... 122
9.3. CCGs' financial impact ..... 122
9.4. Capital cost of preferred option ..... 123
9.5. Sources of funding ..... 125
9.6. Financial projections ..... 125
9.7. Impact on financial risk rating ..... 127
9.8. Sensitivities ..... 128
9.9. Value for money ..... 128
9.10. Conclusions ..... 129
10. The Secretary of State's four tests ..... 129

10.1. Test 1: Strong public and patient engagement ..... 130
10.2. Test 2: Consistency with current and prospective need for patient choice ..... 131
10.3. Test 3: A clear clinical evidence base ..... 131
10.4. Test 4: Support for proposals from clinical commissioners ..... 135
11. Decision-making and next steps ..... 135
List of abbreviations ..... 137
Appendix 1: Moorfields travel time analysis ..... 139
Appendix 2: Strong public and patient engagement ..... 141
Appendix 3: Quantitative options appraisal of shortlisted options ..... 224
Appendix 4: Summary financial projections for Option 2b and Option 0 ..... 226
Appendix 5: Value for money analysis ..... 227
Appendix 6: Surplus bridge 2018/19 to 2028/29 ..... 228
Appendix 7: Equalities impact analysis ..... 229
Appendix 8: Oriel project implementation plan ..... 237
Appendix 9: Specialised commissioning overview ..... 240

## Foreword

NHS organisations in north London share a vision for our community to be happier, healthier and to live longer in good health.

Working together in partnership, we have a shared vision, a collective agenda and the commitment to transform the health and care services of north London.

Creating a healthier population is at the heart of our plan. To do this, we must embrace the opportunities that working together can deliver. We must look to emerging technologies and finding new and better ways of working that can eliminate duplication and waste and we must develop and support a motivated, highly skilled and professional workforce to serve north London.

Our community has told us they want a more joined-up and integrated health and care system, they want care closer to where they live and work, delivered by a professional and compassionate health and care workforce.

Working together presents an opportunity for our health and care services to focus on the people we commission and provide services for. We want to share the collective responsibility for meeting the eye health and care needs of the north London community and to help make our community more resilient.

Our vision is for north London to be a place where our people experience the best possible health and wellbeing. North London is a place where no-one is left behind.

Our greatest aim is to help people to be, stay or regain good health and wellbeing. To do this we must take a preventative approach, build strong community services and improve health and care outcomes for people. Working together in this way will allow us to look across the system at how services are provided and identify opportunities to add value, improve outcomes and eliminate duplication and reduce costs.

Our sight is a critically important sense. Sadly, sight loss is an increasing reality for many people, and it is estimated that by 2050 there will be four million people in the UK living with sight loss. The experience of losing sight is often distressing and can be isolating and costly for the individuals affected, as well as their families and carers. Putting the people affected by sight loss at the centre of care is essential if their needs are to be supported.

Moorfields' ability to establish modern, efficient and effective treatment pathways is achieved despite the need to compromise in the face of the limitations of its current site in City Road. These buildings, some of which are over 125 years old, are impacting negatively on patients and their experience at the hospital.

That is why we are looking at moving the hospital facilities from the outdated City Road site onto a new purpose-built environment at the St Pancras hospital site in Camden. Moving Moorfields Eye Hospital services from City Road, together with the UCL Institute of Ophthalmology (IoO), onto a newly-built site would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

The proposed new facility at the St Pancras hospital site would be fit for purpose and offer reduced clinical journey time, allowing for greater efficiency of the service, which is integral as service demand continues to grow. Along with clinical pathway development, this proposal could address overcrowding in outpatients and the space constraints at Moorfields' City Road. Furthermore, the relocation proposal would offer a more accessible building with step-free access and on-site research facilities.

We believe that the changes proposed in this document provide an exciting opportunity to deliver on our ambition to improve eye care services in north London and reduce the health inequalities of our communities.

It could bring **benefits to patients and their carers** through improved patient experience, more efficient services, and provide the infrastructure so that fewer patients need to visit hospital in the future. It would also allow greater access for patients to participate in research and clinical trials with the benefit that new treatments can bring.

It could bring **benefits to staff** by offering a better working environment, aiding recruitment and retention. Developing new care pathways could also offer new job opportunities and the ability to develop new roles and approaches that would enhance career development opportunities for a range of medical and non-medical staff.

By **integrating teaching facilities** alongside UCL and service delivery, the education and training capability would be both enhanced and expanded, as well as supporting the development of staff and students to meet the increased demand for eye care professionals in the future.

**Future research would benefit** through providing facilities to broaden the scope and scale of research that could take place, securing the availability of, and access to, the top research talent and integrating research with service delivery so that the benefits of research are translated more quickly into patient care.

Improving operating efficiency will be vital as the demand for services increases in the future. The ability to **develop efficient care pathways** for those patients who still need to come to hospital, together with better integration with service provision taking place in community and primary care settings, will be vitally important.

The care that we provide to patients must be underpinned by best practice and in the best facilities we can provide in the NHS. We want to be at the forefront of research developments to ensure that people who experience eye disease receive the best care possible. By working with our academic partners, we can ensure that every intervention is evidence based and so will be the least restrictive as possible.

**Helen Pettersen**
**Accountable Officer for the North Central London CCGs and Convenor for North London Partners in Care**

**David Probert**
**Chief Executive**
**Moorfields Eye Hospital**

# 1. Executive summary

## 1.1. Introduction

The NHS in north central London is working with Moorfields Eye Hospital NHS Foundation Trust (Moorfields), Moorfields Eye Charity, and University College London (UCL) on the proposed development of a facility that would integrate Moorfields' main City Road hospital site in Islington and the UCL Institute of Ophthalmology (IoO) in a new purpose-built environment on the St Pancras hospital site in Camden. This would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

Services provided at Moorfields City Road are commissioned by 109 NHS clinical commissioning groups (CCGs) and by NHS England specialised commissioning. Leading the programme in respect of these proposals is NHS Camden Clinical Commissioning Group.

This pre-consultation business case (PCBC) sets out in detail the proposal to move Moorfields Eye Hospital on City Road to a new location at the St Pancras hospital site and will inform the process of public consultation, in advance of the trust submitting an outline business case (OBC) for the proposed site move.

The PCBC assesses the opportunity to deliver better outcomes for users of Moorfields Eye Hospital through the development of an integrated and flexible facility and sets out a way forward for public consultation on a preferred option. The objectives of the PCBC are to:

- Make the case for change for the proposed relocation as the best solution in terms of benefits for all stakeholders – the 'preferred option' for future estates development
- Describe the clinically developed model of care and specification
- Detail the process undertaken to engage the public, staff, residents and other stakeholders in the pre-consultation phase and demonstrate how their feedback has shaped the development of the options as well as the proposed option to take forward
- Set out how the development of the preferred option is compliant with the Secretary of State for Health and Social Care's four tests of service reconfiguration and NHS England's new test to evaluate the impact of any proposal that includes a significant number of bed closures
- Make the case to NHS Camden CCG, NHS Islington CCG, other CCGs, and NHS England specialised commissioning to consult with patients, staff, residents and other stakeholders on the preferred option.

The proposals set out in this document is to move services being provided from Moorfields City Road site (including the Richard Desmond Children's Eye Centre and A&E) to the St Pancras hospital site.

Commissioners and the trust continue to seek views and input from stakeholders, patients and the public on the proposed move before new clinical models, building design or other details have been developed. This will provide people with he opportunity to talk about the proposals and ensure that decision-making is informed by patients and stakeholders at this

early stage. They will continue to be involved in the co-design of all elements of the building and in the ways in which eye care could be provided in the future.

Decision-making will be through a commissioner-led Committee in Common whose members have delegated decision-making authority from their CCGs for these proposals. This committee in common will review the material and evidence in order to make a decision, together with NHS England specialised commissioners, to launch a consultation on the proposals. It will also be responsible for making the service decision after consultation taking account of responses,

## 1.2 Context

Our sight is a critically important sense. Sadly, sight loss is an increasing reality for many people – every five seconds someone in the world goes blind. It is estimated that by 2050 there will be four million people in the UK living with sight loss. The experience of losing sight is often distressing and can be isolating and costly for the individuals affected, as well as their families and carers. Putting the people affected by sight loss at the centre of care is essential if their needs are to be supported. A recent survey published in the Journal of American Medical Association – Ophthalmology (JAMA) found that 88% of more than 2,000 respondents considered good vision to be vital for overall health and wellbeing, and 47% considered losing sight to having the greatest impact on quality of life. All the respondents considered sight loss as being equal to, or worse than, loss of limb, memory, speech or hearing.[1]

The number of people likely to suffer from the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. The ageing population contributes to this challenge, resulting in greater and more complex demand for eye services as 79% of people aged 64 and over live with sight loss.[2] It is estimated that 200 people per day in the UK develop a blinding form of macular degeneration and approximately 8% of all NHS outpatient appointments are for ophthalmology, second only to trauma and orthopaedics.

The 2016 Office for National Statistics (ONS) predicted that over the next 15 years, London's population will grow by 16%. Within this population growth, the expectation is that certain groups of patient will grow at faster rates than others. The population of people aged 65 years and over is expected to grow by 47%; and those over 85 years by 54%. When planning for future health care services, it is expected that the most significant pressure comes from a growing elderly population. The expected population growth of 16% is similar across all five sustainability and transformation partnerships (STP) areas, aside from north east London, which is forecast to grow by 10%, and north west London, which is forecast to grow by 13%.

### Local and regional context

Moorfields Eye Hospital NHS Foundation Trust operates a networked model of care, with around 30 sites in London and the south east of England. Services provided by Moorfields are located at sites located across a total of eight STP footprints. Five of these are in London (in each of the London STP areas: north east, north west, north central, south west and

[1] https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2540516
[2] The economic impact of partial sight and blindness in the UK adult population. Author: Access Economics Publisher: RNIB Year of publication: 2009. http://www.rnib.org/knowledge-and-research-hub/research-reports/general-research/future-sight-loss-uk-1

south east). The other STP footprints which include Moorfields' sites are: Bedfordshire, Luton and Milton Keynes; Kent and Medway; and Hertfordshire and West Essex.

A focus within the north central London STP (NCL STP or NCL), also known as North London Partners in Health and Care (NLP) case for change is modernising estate. The need to modernise NHS estate and develop models of care that respond to rising demand is noted in both the NHS Five Year Forward Review and the Naylor Review of NHS property and estates.

NHS services provided at Moorfields are commissioned by 109 CCGs, in part due to the specialist services provided. 14 CCGs hold significant (defined as >£2m per annum) contracts with Moorfields for activity at City Road, in addition to a number of CCGs outside of London. Services at Moorfields City Road are also commissioned by NHS England specialised commissioning.

As part of the development of the PCBC, arrangements for a lead commissioner to work with Moorfields and progress the consultation on the proposals have been put in place, with NHS Camden CCG in this role, representing commissioners across the country. NHS England specialised commissioning will work with Camden CCG so that there is one consultation process as specialised commissioners cannot delegate their consultation requirements to a CCG under s.13G of the Health and Social Care Act 2012[3].

### Capacity and demand modelling

Moorfields commissioned a demand assessment in 2013 for the NHS outpatient and theatre activity. Further modelling exercises are being undertaken for the Outline Business Case (OBC) and will be consistent with the activity requirements of the local health systems in north central London, as well as wider (London and UK-wide) capacity plans. The aim of further modelling is to ensure that assumptions are tested to ensure that we create the right level of capacity which does not result in supply-led demand but meets the needs of future population and demand projections. This modelling will also include alignment to future workforce plans, organisational service developments and any efficiency programmes.

## 1.3 Case for change

There are a number of national, regional and local factors driving the need for change.

**More patients will need treatment for eye conditions in the future**, placing increased pressure on services and facilities. This requires organisations to be agile, adapting their service models in response to changing clinical and technological advances.

The **rising incidence of eye disease** requires the development of new techniques and technology to better diagnose and treat conditions. The City Road site constrains scientists and clinicians and has ageing facilities and a configuration that hinders rather than facilitates innovation and interaction.

Patient feedback from the Friends and Family Test and other sources has highlighted factors associated with the environment and specifically **waiting times in clinics**, such as availability of refreshments; communication; distractions; temperature; and environment.

[3] 13G: Duty as to reducing inequalities, Health and Social Care Act 2012

The Care Quality Commission (CQC) highlighted the **impact of the current ageing estate** at City Road on patient experience, specifically in relation to privacy and dignity.

Exemplar organisations have demonstrated **opportunities to generate efficiency and financial benefits** by tackling unwarranted variation in care across hospital eye services. Delivering significant improvements in operational efficiency requires optimal configuration of physical estate.

Moorfields has the unique ability to combine clinical excellence and patient outcomes with outstanding, internationally recognised research and education. A purpose-built facility that allows the effective combination of service delivery, teaching and research will allow them to continue to achieve excellence across all three disciplines. A new building will allow an approach that is free from the constraints affecting City Road – a building which is 120 years old and has been the subject of incremental modifications, refurbishments and upgrading works over time.

## 1.4. Eye health care model, services and expected benefits

Nationally, it is acknowledged that current demand for ophthalmology services is not being met. The number of patients referred to hospital varies greatly and there is significant unwarranted variation in referral patterns[4]. This contributes to the continued increase in patients requiring hospital eye services.

Ophthalmology is identified in north central London as a clinical speciality where services and care could be provided more efficiently in partnership. This agenda has been accelerated in London by the introduction in 2018/19 of NHS England's *High Impact Intervention for Ophthalmology and Ophthalmology Elective Care*[5], published in January 2019 as part of the national elective care transformation programme.

Commissioners and providers in north central London are working together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, would create a huge benefit for clinical outcomes.

To realise the proposal to move from City Road to the St Pancras hospital site, the vision is to bring together clinical care, research and education expertise in one flexible, fully-integrated facility, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators.

Built in partnership with patients, staff and students, this proposed new, integrated facility would enable clinicians and researchers to collaborate more freely, for the benefit of patients and people with sight problems, in an environment where innovation flourishes; inspiring advances to improve people's sight.

> *"The new centre needs to be a place of hope and optimism about getting the most out of life – showing people, this is what you CAN do."*
>
> **Moorfields patient**

A critical requirement is to operate from a more flexible space given the way that patients navigate ophthalmic care pathways across NHS services now and in the future. The pace of

[4] The Way Forward, The Royal College of Ophthalmologists, 2017
[5] Transforming elective care services ophthalmology, NHS England elective care transformation programme, January 2019

innovation and change would continue to be rapid, with the development of more sophisticated technologies, such as artificial intelligence, genomics and new therapies.

For this innovation to flourish, there is a need for a flexible, technology-supported, physical infrastructure available across the health, care and research system that will inspire advances to improve people's sight.

The proposed new facility would have a vital role to play in supporting the development of an integrated culture that strives for excellence in clinical practice, research and education, encouraging a spirit of collaboration between clinicians and researchers to enable greater innovation in delivering care, research and education.

Moorfields is committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital health information exchange platform being implemented across north central London providers. Additionally, through the STP digital work stream, Moorfields would encourage other providers to adopt interoperable digital solutions where there are material benefits to patient care.

### Eye care in a new integrated facility

Moorfields' ambition to is develop a facility able to meet the growing demand for ophthalmic services, helping to support the health system in London and beyond to manage waiting lists and times. The proposed site could enable improved pathways across care settings:

- Primary care: optometrists would be **better supported in the community** with defined pathways (tele-ophthalmology or co-management) via direct electronic communication and referral advice
- Primary care in north central London: through the **co-design of new pathways** with local patients, GPs and primary care staff.

Work is underway at a system-level to ensure that networks and pathways are being developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, would create a huge benefit for clinical outcomes.

"I believe that Oriel will allow Moorfields and UCL to fully realise our potential to lead in the field of eye care. The limitations of our current infrastructure should not be underestimated. A large proportion of effort at present revolves around overcoming the inflexibility of our physical space.

"I support this move, as it will not only facilitate implementation of digital innovation but also fulfil our aspirations to reduce eye care inequality through telemedicine."

**Dawn Sim, Clinical Lead, Teleophthalmology, Moorfields Eye Hospital, Consultant Ophthalmic**

### Expected benefits of the new facility

The strategic objectives of the proposed integrated facility include:

- **Creating the best possible patient experience** by substantially improving the current patient experience, especially the patient journey which can be long and complicated at

the City Road site due to limitations of the current estate, which is not suited to the current or future provision of clinical care, research or education

- **Benefiting the local population** by offering, for the majority of people attending appointments there, a more accessible location and with step-free access making the trip for patients and carers easier. Although some patients would experience slightly longer travel times, there would be better transport links and accessibility at St Pancras (with the King's Cross and Euston hub), plus reduced follow-up appointments because of better use of technology (for instance, online support to patients and clinicians in primary and secondary care). Additionally, in the development of new models of care at a new site, commissioners would work with Moorfields, staff, patients, stakeholders and the public to transfer appropriate services out of hospital, supported by improved infrastructure and new technologies available at a purpose-built integrated site

- **Attracting and empowering people** by improving staff satisfaction across the landscape and creating an environment that encourages more efficient use of staff time and provides ways of managing ever increasing workloads so that the high quality of services to patients is maintained

- **Inventing and innovating together to be at the leading edge** by accelerating scientific research and discoveries with educational and research partners in London and more widely, to improve the prevention, diagnosis and treatment of eye disease to meet rising demand, through improved facilities and more interaction between scientists and clinicians

- **Educating people to be the very best** by extending capacity for teaching by providing an environment in which students could flourish

- **Driving efficiency and effectiveness** by enabling improved service efficiency as highlighted in the elective care high impact interventions: ophthalmology specification published in May 2018[6] and, at Moorfields, for cataract surgery in the Getting it Right First Time (GIRFT) review[7].

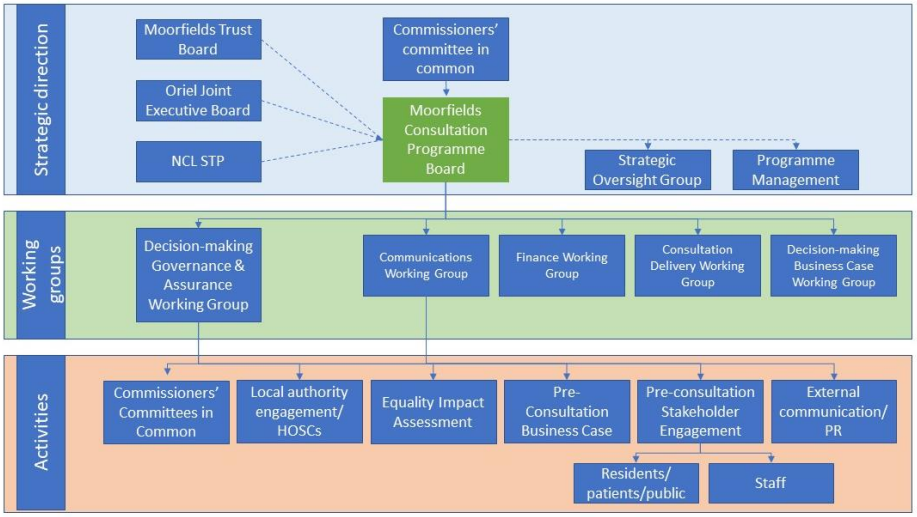
The proposed new facility would have a vital role to play in supporting the development of an integrated culture that strives for excellence in clinical practice, research and education, encouraging a spirit of collaboration between clinicians and researchers to enable greater innovation in delivering care, research and education.

Moorfields plans to engage with patients and staff who use the Richard Desmond Children's Eye Centre (RDCEC) which was built as a new integrated purpose-built centre, to ensure that it learns and incorporates feedback from their experience of building and using the centre. As part of this, Moorfields is undertaking an evaluation of the building project and will include members of staff, patients, their families and carers; the project evaluation is expected to be completed in spring 2019. Moorfields is also working with other providers across the NHS, and internationally, who have recent experience of new hospital developments.

[6] Elective Care High Impact Interventions: Ophthalmology Specification, NHS England, May 2018
[7] ] http://gettingitrightfirsttime.co.uk/surgical-specialty/ophthalmology-surgery/

## 1.5 Governance

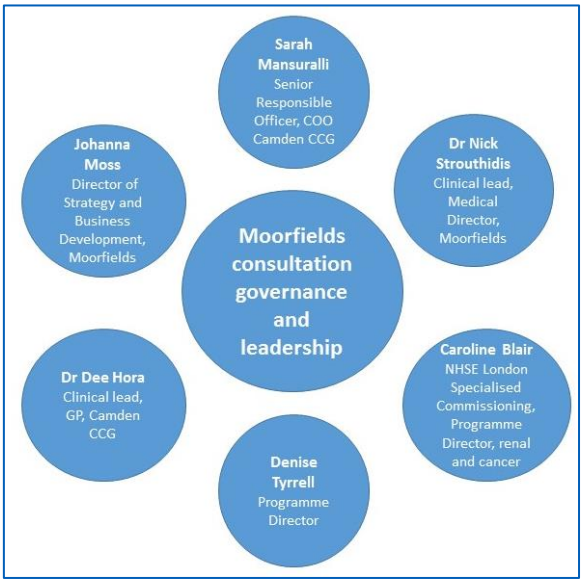
A governance structure to lead the engagement and consultation process is in place which is led by the commissioners. Reporting to the CCG governing bodies' Committee in Common, the Moorfields consultation programme board has been established to lead the process.




Within the governance structure, sub-groups leading on communications and engagement, finance, and planning have been established. These are working with key stakeholders to progress the proposal and ensure that the outcomes benefit patients and support the vision to increase integration between scientific research and clinical practice.

### Leadership

The Moorfields consultation programme board is chaired by Sarah Mansuralli, chief operating officer, NHS Camden CCG, on behalf of NHS Islington CCG as lead commissioner. There is senior clinical and managerial leadership from the commissioners, Moorfields and NHS England specialised commissioning for this programme (see diagram). The consultation programme board is actively engaged with NHS England (NHSE) and NHS Improvement (NHSI) to provide assurance throughout the process.



### Moorfields consultation programme board

The Moorfields consultation programme board, with the 14 CCGs listed in section 2.6, NHS England specialist commissioning, Moorfields Eye Hospital, patient representative, voluntary sector, optometrists, NHS England (NHSE) and NHS Improvement (NHSI) has been set up to oversee the development of the preparations ahead of the planned public consultation, such as this document, the pre-consultation business case.

The objectives of the Moorfields consultation programme board are to:

- Lead the delivery of the Moorfields consultation including pre-consultation and consultation to the approval of the decision-making business case (DMBC)
- Provide strategic direction and senior oversight to the Moorfields consultation programme
- Lead and champion the Moorfields consultation
- Make key decisions and to manage high level risks and risks escalated.

### Committee in Common of CCGs' governing bodies and NHS England

In determining the process for NHS CCGs to consider proposals for a City Road site move, legal advice has been sought on the decision-making process. A full governing body of all 14 CCGs in London and Hertfordshire that commission over £2m activity per annum from Moorfields would be too large and unwieldy to conduct an effective decision-making meeting. Each CCG will delegate the decision-making function to a small committee, and these will meet in common. This will minimise associated risks with decision-making, such as:

- Ensuring that all decision-makers have access to the same information, both in terms of documentation and any verbal presentations prior to making their decisions
- Sequencing decisions in such a way that all decision-makers are able to make decisions with an open mind.

This Committee in Common will review the material and evidence for the proposed site move and discuss the proposal to consult prior to launch with local authority scrutiny committees, in line with national legislation and guidance.

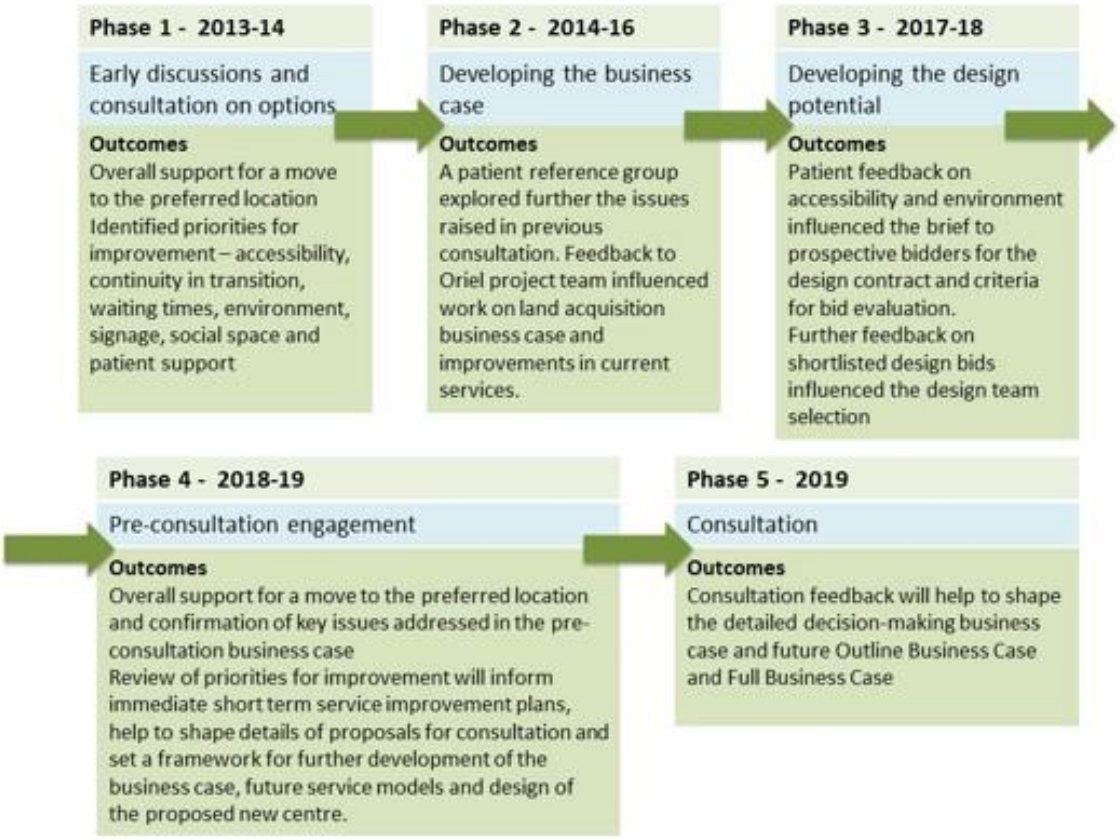
Concurrently, NHS England specialised commissioning will make a decision on the consultation document at its Delivery Executive.

## 1.6 Stakeholder engagement

Public and patient engagement has informed the planning process from its earliest stages in 2013 and will continue through consultation during 2019 into future planning phases, construction, transition and the next era of service delivery.

There has been a consistent pattern in themes of feedback which has influenced the current business case and the potential design of the proposed new centre.

Between 2013 and 2019 there were five phases of engagement as summarised in the diagram below:




In each phase, there is a repeating pattern of feedback:

- Most participants in discussions are supportive of the proposed move
- Accessibility is the top priority for patients and carers
- Moorfields is considered a centre of excellence in eye care, but patient experience needs significant improvement.

## Overall aim for involvement and consultation

The overall aim is to implement best practice involvement and consultation in order to influence and support plans during 2019, and to embed sustainable involvement for future involvement and engagement of staff, residents, patients and carers in the development of the proposal.

To achieve this, commissioners, partners and the trust would work to five specific aims:

| Aim | | This would be evidenced by |
|---|---|---|
| 1. | To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions. | • Stakeholder analysis<br>• Engagement log<br>• Consultation documents |

| Aim | | This would be evidenced by |
|---|---|---|
| 2. | To expand the range of people and groups involved, including action to reach minority and protected groups * | • Outcomes report shows evidence of influence on plans. |
| 3. | To ensure sufficient information is made available during consultation for intelligent consideration and response. | • Background information available as well as main consultation document – to include outcomes of pre-consultation engagement. |
| 4. | To improve public awareness and confidence in change. | • Survey results and feedback. |
| 5. | To build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation. | • Established involvement mechanisms and updated strategy and action plan. |

* This strategy links to a separate workstream to assess the equality impact of proposed change and will support delivery of the public sector equality duty.

Views by people affected by potential service change should inform commissioning decisions, business plans and buildings design. As previously stated, this strategy builds on the three previous phases of involvement and consultation, and now covers phases 4 and 5. It is vital that best practice involvement and engagement is used to influence and support plans in 2019 and beyond.

| Phase 4 (stage 2) Q4 2018/19 | Phase 5 (stage 1) Q1 2019/20 | Phase 5 (stage 2) Q2 2019/20 |
|---|---|---|
| Wider involvement | Consultation | Decision-making |
| • Website, workshops, meetings with target groups, online feedback, social media, podcasts<br>• Plan for consultation<br>• Continuing scrutiny | • Consultation document, support materials published via website<br>• Online feedback<br>• Discussion groups, workshop programme | • Engaging overview and scrutiny committees<br>• Analyse feedback<br>• Publish consultation outcome<br>• Prepare and publish final consultation report |
| **Influences consultation, design planning, OBC.** | **Influences consultation, design planning, OBC.** | **Influences DMBC, OBC, design planning.** |

## Key actions to complete during phase 4 (stage 2) pre-consultation engagement

**Raising awareness and delivery of information and updates**

- Launch of dedicated Oriel website and social media channels with information on proposals and consultation plan
- Launch of consultation briefing and regular updates via audio podcast and written formats.

**Analysis of stakeholder interests and plan for consultation**

- Completion of list of stakeholder interests and methods of involvement
- Establishment of a patient advisory group – the Oriel Advisory Group (inaugural meeting on 31 January 2019) – and joint review of plan for consultation
- Assignment of public and patient representatives to work with the new building design team and other workstreams
- Agreement on local authority scrutiny process.

**Final compilation and analysis of feedback from pre-consultation engagement**

- Completion of current online survey of responses to the proposed move
- Completion of wider programme of drop-in events, discussion groups and meetings with target and protected groups
- Final outcome report from pre-consultation engagement, with responses from the programme partners to show how feedback is influencing proposals and plans.

### How people can get involved?

The involvement and consultation programme has an emphasis on action and participation, and not just the passive process of responding to written proposals. Some of the opportunities to get involved in are:

- Open workshops for deliberative discussion and meaningful feedback – these sessions, led by clinicians, are interactive and structured
- In-depth discussions on the key themes identified in pre-consultation engagement: accessibility, transport, patient/visitor experience
- Proactively arranged discussions with key groups
- Discussions at regular and existing forums, meetings and committees
- Membership of the Oriel Advisory Group to advise and challenge the involvement and consultation process
- Service user and carer experts to work closely with design team and other workstreams.

Other opportunities to give views include:

- Online feedback questionnaire, also available in audio format exploiting latest artificial intelligence technology
- By attending a workshop, a meeting or drop-in – recorded notes
- By individual letter or email
- Stakeholders would also have access to information – via website and online distribution
- Discussion and consultation documents, available in a range of formats, including audio and braille
- Short summaries and leaflet versions
- Easy read versions
- Presentations
- Letters for different audiences
- Further background information and data e.g. fact sheets on finance, the design process, clinical evidence, latest research, pre-consultation business case, recommendations of the London Clinical Senate and further information on request

- Briefings and updates in written formats and podcasts
- Blogs, articles and opinion pieces
- Video snapshots of involvement and consultation
- Standing exhibitions and drop-ins in public areas.

### Upcoming events

A log of future engagement and involvement events is available in Appendix A2.5.

### Phase 5 consultation plan

Under section 242 of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012, NHS trusts and CCGs (and specialised commissioners) have a legal duty to make arrangements for individuals to whom the services are being or may be provided to be involved throughout the process.

Additionally, all consultations should adhere to the Gunning Principles:

- That consultation takes place when proposals are at a formative stage
- That people have enough information to allow for intelligent consideration and response
- That adequate time must be given for consideration and response
- That the product of consultation must be conscientiously taken into account.

In 2018, NHS England published additional guidance – *Planning, assuring and delivering service change for patients* – setting out expectations on stakeholder involvement, in particular patient and public participation, for local areas developing STPs.

It is proposed, subject to further engagement with patients, carers, staff and residents, that we would consult on the proposal to build a new integrated centre for eye care, research and education on the St Pancras hospital site in Camden. All services currently provided on the City Road site in Islington would transfer to the new centre under these proposals, subject to consultation.

Patients are at the centre of these decisions and plans. To get this right, we need to listen to views from diverse audiences – people who have used the service, people with a variety of needs, community representatives and all partners in health and social care.

Therefore, it is planned that the period of consultation would run for 12 weeks to ensure sufficient time and opportunities for meaningful discussions.

**We would be consulting people on:**

- How they view the proposal and the way in which it might affect them
- What matters to patients and families and how this could influence decisions, designs and plans
- The wider implications of the proposed change – its impact on healthcare, social care, environmental issues and London's infrastructure.

Future decision-making and plans would be informed by feedback on these issues and our engagement and consultation processes will build sustainable relationships for continuing involvement in planning for the next five years and beyond.

## 1.7 Options appraisal

A thorough options development and appraisal process has been undertaken before arriving at the preferred option of moving services from City Road to the St Pancras hospital site. Throughout this process the Secretary of State's four tests were closely considered (see section 10).

The Oriel partners agreed four critical success factors which aligned to the aspiration to retain and develop the Moorfields Eye Hospital and UCL collaboration to benefit patients:

1. Improved patient care and patient access to ophthalmic clinical care and research
2. Provision of a facility enabling maximum integration between the partners in the delivery of excellent research, education and clinical care
3. This facility to be located in close proximity to MedCity, the Francis Crick Institute and other UCL departments
4. An expansion of capacity for research and education.

These four elements of Oriel's vision formed the basis of assessment criteria against which to appraise the longlisted options.

Working with the partners, the Oriel team then established an options appraisal framework, which saw the initial longlist of options progress through a process which considered feasibility, critical success factors and Oriel vision criteria.

In deliberating the options available to meet the vision of Oriel, the partners considered a comprehensive list of alternatives to the current estate and service configuration constraints. They identified nine longlisted options (although one – 2c – was discounted as unviable as a construction option, therefore it was discounted and not scored).

The options appraisal panel then scored each longlisted option through a range of 0= very poor and 10= excellent.

The qualitative options appraisal showed that option 5 (Off-site relocation and re-provision of Moorfields and UCL IoO) scored most strongly in both raw and weighted scoring. The second scored option was option 2b (Redevelopment of the City Road site), and the final shortlisted option – option 0 (Do nothing).

The outcomes from the options appraisal were ratified in 2013 through the Oriel governance structure. The outcome of the 2013/14 decision-making was reviewed by the trust board in 2017 as part of the refreshed land acquisition business case. The location search and appraisal undertaken late in 2013 identified the site at St Pancras hospital as the preferred site for relocation. To date, the Oriel project team considers there have been no significant changes that would alter the decision, and therefore the outcomes from the options appraisal process remain valid. A refresh of the options appraisal would be conducted for the OBC to validate the preferred option.

Further details on scoring of options against criteria, including patient outcomes and impact on primary care are in section 8.

## 1.8 Finance case

The financial case describes the impact of the preferred option to relocate to the St. Pancras hospital site on the financial position of Moorfields over the next 10 years, i.e. the design and construction period followed by the first few years of occupation of the new building. This demonstrates that the preferred option is financially sustainable for Moorfields. It also describes how the preferred option is projected to impact the affordability of the 14 CCGs and NHS England specialised commissioning.

Financial modelling for Moorfields demonstrates that the capital investment for the proposal is affordable and the long-term financial position of the trust is sustainable. The financial assumptions that underpin the financial case are considered realistic and achievable. Analysis also indicates the investment provides value for money for the public purse. The risks to the investment have been appropriately tested using sensitivity analysis, and appropriate mitigations have been identified to manage the risks.

Capital costs of £344m (which includes 19% of optimism bias as well as normal planning and related contingencies) are planned to be financed by a combination of proceeds from the sale of the City Road site, STP capital funding, philanthropy, and trust internal cash. Temporary borrowing would be required to support the construction until the City Road site is vacated and the final tranche of the sale proceeds is received.

The trust's financial performance is projected to continue at its current trajectory with efficiencies of 3% and growth of 3%. In the planned year of the move to the new hospital, efficiencies are planned to fall to 1.6% due to the service disruption associated with the transition to the new hospital. Also, non-recurrent costs of £18.3m are planned to support the service transition and related impacts of the move. Thereafter, efficiencies are planned to return to 3% with an expectation of being able to exceed this level as the new hospital will offer more opportunities to deliver greater clinical efficiencies.

The commissioners consider the capital investment for this proposal to be affordable as it assumes annual activity growth of 3%, which is consistent with historic growth levels at Moorfields. This is well below the expected increase in demand for ophthalmology services among the population. The revised model of care, enabled by a new facility as well as technology solutions, may reduce Moorfields' unit cost of providing these services, which would contribute to system-wide QIPP programmes.

In December 2108, ahead of the launch of the government's long-term plan for the NHS n January 2019, the Department of Health and Social Care (DHSC) confirmed that NCL STP would receive capital funding to be used both to transform mental health services at Camden and Islington NHS Foundation Trust's St Pancras hospital site and to create a state-of-the-art eye care, research and education facility, subject to the outcome of consultation.

## 1.9 The Secretary of State's four tests

The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

**Strong public and patient engagement:** Robust and strategic stakeholder engagement has been undertaken since 2013/14, as described in section 7. Patient and public engagement has recently been strengthened and the detail of this is outlined in the stakeholder communications strategy. Strengthening patient engagement for the project has been a priority in 2018/19, hearing from more than 1,000 people, including people of varying ages, interests and backgrounds; people living with mental health problems, learning disabilities, physical disabilities and sensory impairment; and included professionals such as optometrists, social care staff and sight care experts from the voluntary sector.

**Patient choice:** Access to the current care pathways would remain the same, with the existing full range of services continuing to be delivered from a new site, including the transfer of emergency surgery and ophthalmic A&E care. Based on the current proposals to relocate the hospital from City Road to the St Pancras hospital site, there would be no change to district hubs, local surgical centres and community-based outpatient clinics, although these are being revisited as part of NCL STP's plans for the future of ophthalmology services across London. Patient choice would be improved from a quality perspective as the proposed streamlined, modern and fit-for-purpose estate footprint would allow a more efficient patient journey time through the hospital and provide a higher quality experience for patients.

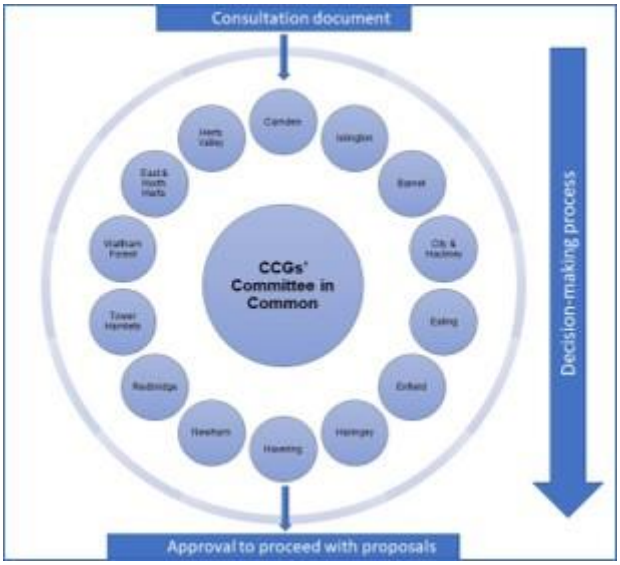
**Clinical evidence base:** The proposal gives the opportunity for integration between cutting-edge clinical care and cutting-edge research. This would have a huge impact on the quality of clinical care with patients having more access to the research from UCL. This will be central to the design of the proposed new hospital, providing a platform to create more efficient clinical journeys and continue to deliver innovative care currently hampered by the ageing estate. As described in section 10.3, the London Clinical Senate reviewed these proposals and confirmed that the proposal has a clear clinical evidence base for the proposed move from Moorfields' City Road site to a new, purpose-built integrated facility at the St Pancras hospital site. The London Clinical Senate also provided advice and feedback prior to consultation, to which commissioners and the trust have responded.

**Support from clinical commissioners:** Moorfields' services are commissioned by 109 CCGs across the country and NHS England specialised commissioning. Some 14 CCG commissioners hold significant contracts. NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. NHS England specialised commissioners are the single largest commissioner of services at the trust.

**NHS England's bed closures test:** From 1 April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

## 1.10 Decision-making process and next steps

In order to proceed to public consultation, the process requires approval from a Committee in Common of CCGs' governing bodies and NHS England. The CCG governing bodies will review the proposed consultation document, consultation methodology (including the equality impact assessment (EIA)), financial modelling and consider the response from the London Clinical Senate.




In determining the process for NHS CCGs to consider proposals for a move from City Road to the St Pancras hospital site, legal advice has been sought on the decision-making process. A full governing body of all 14 CCGs is too large and unwieldy to conduct an effective decision-making meeting. Each CCG will delegate the decision-making function to a small committee, and these will meet in common (see diagram). This will minimise associated risks with decision-making, such as:

- Ensuring that all decision-makers have access to the same information, both in terms of documentation and also any verbal presentations prior to making their decisions
- Sequencing decisions in such a way that all decision-makers are able to make decisions with an open mind.

This committee of commissioners will review the material and evidence for the proposed site move and discuss the proposal to consult prior to launch with local authority scrutiny committees, in line with national legislation and guidance.

Concurrently, NHS England specialised commissioning will make a decision on the consultation document at its Delivery Executive.

After the consultation closes, the responses received from members of the public and organisations will be independently analysed and a report on the data received prepared for the Moorfields consultation programme board. The programme board will then consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process.

These will be summarised in the decision-making business case (DMBC) to assist CCGs, through the Committee in Common, in their decision-making on endorsement of the proposals. Specialised commissioners will use regional and national governance in their decision-making.

The outcomes of the consultation will also be presented to local authority scrutiny committees to scrutinise that the consultation process has been completed satisfactorily.

On approval of the decision-making business case, the trust will proceed in developing its outline business case. Feedback provided during the consultation process will be used to

inform the trust's proposals and next steps. The trust will implement the proposal, having factored in considerations from the consultation process.

NHS Improvement requires Moorfields to submit a strategic outline case (SOC), outline business case (OBC) and final business case (FBC) for approval for capital investment proposals of this value.

# 2 Introduction

This section provides an overview of the purpose and development of this pre-consultation business case (PCBC), as well as a description of its contents.

## 2.1. Overview

NHS Camden CCG, on behalf of NHS Islington CCG as lead commissioner, is representing commissioners across the country in this development, working with NHS England specialised commissioning, and with Moorfields and UCL to progress their shared goal for the development of an integrated and flexible site that will bring Moorfields' City Road hospital site and the IoO together as a world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and delivers care across a network of around 30 sites in London and the south east. Moorfields Eye Hospital on City Road is the trust's main site and has the distinction of being a local hospital, as well as serving as the regional, national and international referral centre for complex eye diseases.

This PCBC sets out the proposal to move Moorfields Eye Hospital and the IoO at City Road to a new location at the St Pancras hospital site. The PCBC will inform the process of public consultation on the preferred option, scheduled to be undertaken in Q1/Q2 2019/20, in advance of an outline business case for the proposed site move being submitted.

## 2.2. Key organisations

### NHS Islington CCG

Moorfields' services are commissioned by 109 CCGs across England, as well as NHS England, with 14 London and Hertfordshire commissioners holding significant contracts with Moorfields of over £2m a year. The services provided by the trust are primarily commissioned by NHS Islington CCG in its role as lead commissioner for the trust, with NHS Camden CCG as a significant associate commissioner to the NHS Islington CCG contract.

NHS Islington CCG has 33 member GP practices, serving a population of nearly 230,000[8]. The CCG spent a total of £329.6 million in 2016/17 and achieved an in-year surplus of £9.7 million.

The majority of the CCG's services are provided by local NHS organisations such as Camden and Islington NHS Foundation Trust, Moorfields Eye Hospital NHS Foundation Trust, the Royal Free London NHS Foundation Trust, University College London Hospital

[8] Figure from 2015

NHS Foundation Trust, and Whittington Health NHS Trust. Services are also commissioned from not-for-profit organisations based in the local community and other providers.

As part of taking forward the Haringey and Islington Wellbeing Partnership, the executive management team of the CCG operates jointly with neighbouring Haringey CCG. The two CCGs are led by a single chief operating officer.

### NHS Camden CCG

NHS Camden CCG is a significant associate to the NHS Islington CCG contract. NHS Camden CCG has 35 member GP practices and serves a slightly bigger population than Islington of 241,000 residents[9]. The CCG spent £371.7 million in 2016/17 and achieved an in-year surplus of £476k.

Similarly, for NHS Camden CCG, the majority of services commissioned are provided by local NHS organisations, including Camden and Islington NHS Foundation Trust, Moorfields Eye Hospital NHS Foundation Trust, the Royal Free London NHS Foundation Trust, University College London Hospital NHS Foundation Trust, and Whittington Health NHS Trust. NHS Camden CCG also commissions services from not-for-profit organisations based in the local community and other providers.

### NHS England specialised commissioning

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts.

Specialised services are commissioned by NHS England (London) for the region in which Moorfields Eye Hospital is located. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. In total, there are 146 specialised services directly commissioned by NHS England (London).

### Moorfields Eye Hospital NHS Foundation Trust

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and recognised as a world-class centre of excellence for ophthalmic research and education. Moorfields' reputation for providing the highest quality of eye care has developed over 200 years, and with its partner, UCL IoO, continues to be at the forefront of education and research. Moorfields is a founding member of UCL Partners, which was one of the first academic health science centres (AHSCs) in the UK, bringing together world-class academic and clinical specialty expertise to accelerate the development of new treatments, diagnostics and prevention strategies to transform healthcare.

Moorfields achieved foundation trust status in 2004, providing the organisation with increased autonomy in how it develops and delivers its services. The trust provides services to children, adults of working age and older people. Moorfields has approximately 2,120 staff and provide services to 740,615 people per year.

Moorfields is the largest provider of inpatient and outpatient hospital ophthalmology services in England. In London, Moorfields has a 40% overall market share and delivers 50% of the

[9] Figure from 2015

specialist eye care for the capital. In 2016, Moorfields was rated 'good' by the CQC, with areas of outstanding care recognised within the organisation.

In 2017, the trust published a five-year strategy setting out the organisation's purpose of '*working together to discover, develop and deliver the best eye care'*. The strategy sets out how the trust would:

- Collaborate with staff, patients and with other organisations
- Focus on setting the agenda, being at the forefront for others to follow
- Practically apply discoveries to benefit patients, staff and the services provided
- Consistently provide an excellent, globally-recognised service.

Supporting delivery of the strategy are Moorfields' values, *The Moorfields Way*. The Moorfields Way campaign was launched in 2014 and resulted in four Moorfields Way commitments:

- Caring – so everyone feels listened to and valued
- Organised – so no-one's time is wasted
- Excellent – so the trust always delivers a first-class, professional service
- Inclusive – so everyone feels informed, involved and part of a team.

Services provided by Moorfields are delivered through 30 locations. The City Road site is the central site, where Moorfields provides specialist and complex clinical services. City Road is supported by a portfolio of district hubs, local surgical centre and community clinics. Moorfields operates two commercial divisions, in addition to the NHS work undertaken at the central and satellites sites. Moorfields Private is the trust's clinical division providing non-NHS healthcare. Moorfields Private is currently located at the City Road site and therefore will be affected by the proposed move to a new site. Moorfields UAE provides services in Abu Dhabi and Dubai and will not be affected by the proposed change in location.

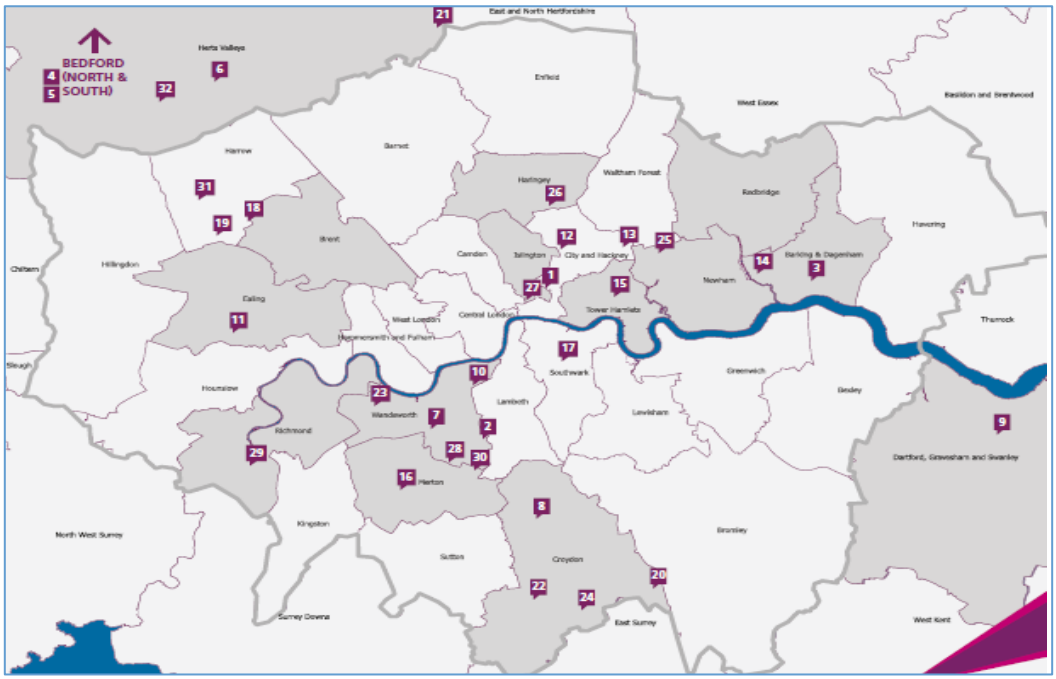
Moorfields Eye Hospital at City Road has remained the main hub for the trust and has the distinction of being both a local hospital (delivering routine, urgent and complex hospital eye care to the local and surrounding population) as well as serving as the regional, national and international referral centre for complex eye diseases.

Table 1: Moorfields' services

| Model | Definition |
|---|---|
| **Main site** | Located at 162 City Road, London, EC1V 2PD, Moorfields' main site provides the full range of services provided at district hubs as well as offering emergency surgery and ophthalmic A&E. It also acts as the central research and education facility for Moorfields. The City Road site includes the Richmond Desmond Children's Eye Centre, which is the world's largest specialist children's eye hospital. |
| **Eye centres** | *District hubs*: Co-located with general hospital services, the eye centres provide comprehensive outpatient and diagnostic care as well as more complex eye surgery. They would increasingly serve as |

| Model | Definition |
|---|---|
| | local centres for eye research and multidisciplinary ophthalmic education. |
| **Eye units** | *Local surgical centres*: These eye units provide more complex outpatient and diagnostic services alongside day-case surgery for the local area. |
| **Community eye clinics** | *Community-based outpatient clinics*: These clinics focus predominantly on outpatient and diagnostic services in community-based locations. |
| **Moorfields' partnerships** | *Partnerships and networks*: Moorfields offers medical and professional support and joint working to eye services managed by other organisations. They also provide clinical leadership to various diabetic retinopathy screening services and to networks across London that manage retinopathy of prematurity. |

Figure 1: Location of City Road and supporting sites




Moorfields NHS patient services are delivered through three clinical divisions: Moorfields North, Moorfields South and Moorfields City Road. Each directorate operates as a business unit and is led by a senior leadership team which is accountable to the trust executive.

Moorfields provides an extensive range of ophthalmic services treating a range of eye problems from more common, high volume services to those requiring highly specialised care. Services are primarily elective ambulatory, with some sites also providing non-elective healthcare.

Table 2: Portfolio of services

| Clinical service | Main site | District hubs | | | | |
|---|---|---|---|---|---|---|
| | City Road | St George's | Croydon | Northwick Park | Ealing | Bedford* |
| Accident & emergency (inc. paeds) | ✓ | | | | | |
| Adnexal | ✓ | ✓ | ✓ | ✓ | | |
| Anaesthetics | ✓ | ✓ | | | | |
| Cataract | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Electrophysiology | ✓ | | | | | |
| External disease | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| General ophthalmology | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Glaucoma | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medical retina | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Neuro ophthalmology | ✓ | ✓ | ✓ | | | |
| Ocular oncology | ✓ | | | | | |
| Optometry | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Orthoptics | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Paediatrics | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Research & development | ✓ | | | | | |
| Strabismus | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Support services | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Vitreo-retinal | ✓ | ✓ | ✓ | | | ✓ |

*Bedford is a district hub, not in London, and is included for information

## Collaborating and learning from other organisations

The trust and commissioners are keen to continue working with other providers of eye care to learn from both national and international best practice as plans are developed for Oriel, particularly in helping to evaluate the future proposed models of care.

Moorfields will continue to collaborate with, and learn from, global partners through membership of the World Association of Eye Hospitals (WAEH). This will be enabled through multi-disciplinary attendance of Moorfields staff at the annual WAEH conference, which is being hosted by Moorfields in London in June 2019, and through the trust's chief executive, who is the current WAEH chair.

In developing the clinical strategy for these proposals, a process of systematic evaluation of models of best practice has been adopted. This was facilitated by McKinsey & Company who were appointed to lead the first wave development of clinical strategies for Moorfields' highest volume sub-specialities: in glaucoma, medical retina, cataract and urgent and emergency services. Multi-disciplinary colleagues[10] were invited to a series of workshops to discuss the strengths, challenges and opportunities of current services today, agreeing immediate operational priorities and longer-term strategic options.

As part of its approach, McKinsey reviewed best practice models for ophthalmology and other clinical specialties from across the world, using McKinsey's global network. Examples

[10] Workshop colleagues included medical, nursing, optometrists, orthoptists, pharmacists, fellows, clinician scientists, workforce, digital, finance and service improvement colleagues.

of innovative practice were used to challenge and test assumptions about potential future models of care for each subspecialty, including exploring how we might develop more integrated pathways across primary, community and social care. Work is ongoing with the trust management committee to develop the plan to implement the strategies, recognising that a number of initiatives will need collaborative working with other NHS organisations. This approach will be replicated in the development of future clinical subspecialty strategies.

Commissioners and providers in London are working together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services; how clinicians and staff would deliver eye care services; and how, by integrating research with service delivery, this would create a huge benefit for clinical outcomes.

Moorfields has existing relationships with other providers of eye care across London, which will continue following the proposed relocation of the City Road site.

### Barts Health NHS Trust

The ocular oncology service was transferred from Barts to Moorfields in 2014. Since the service transfer, some inpatient services for ocular oncology have continued to be delivered from the St Bartholomew's hospital site in the City of London. This is because some patients require access to intensive care units or high dependency units (ICU/HDU) post-operatively, and the City Road hospital is not able to support this level of care as a standalone eye hospital. Barts Health has indicated that in the longer term they wish to dedicate the St Bartholomew's site to cardiovascular and cancer services.

As a consequence, Moorfields is currently reviewing options for establishing an alternative partnership in the medium term and is in early discussions with University College London Hospitals NHS Foundation Trust (UCLH), which has a head and neck cancer service, will host one of two national proton beam therapy centres, and is located in close proximity to the proposed St Pancras hospital site, about a potential collaboration.

Moorfields also works very closely with The Royal London Hospital and has a number of joint paediatric, strabismus and neuro-ophthalmology consultant posts. There is also an agreed orbital cellulitis pathway for children needing hospital admission for intravenous antibiotics.

### Great Ormond Street Hospital NHS Foundation Trust

Clinical teams at Great Ormond Street Hospital (GOSH) and Moorfields have worked closely over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. GOSH provides specialist ophthalmology care to children and young people who have multiple comorbidities; they also provide all inpatient overnight stay for Moorfields' paediatric patients and out-of-hours emergency surgery facilities. All speciality training colleagues (STs) have joint appointments at GOSH as the paediatric ophthalmology on-call service is shared between the two organisations. Any emergency paediatric surgery that needs to take place after 4pm Monday to Friday or at any time at weekends is undertaken at GOSH.

Moorfields have been instrumental in strengthening the subspecialty service provision at GOSH with key joint appointments in vitreoretinal surgery, uveitis, genetics and glaucoma. A key advantage of this approach is the ability to develop transition pathways for these patients as they enter adulthood, when their care will transfer to Moorfields.

Services to patients at GOSH will not be affected by these proposals.

### Homerton University Hospital NHS Foundation Trust

Moorfields' paediatric consultants have joint posts and work between Moorfields and the Homerton Hospital, which further strengthens links with local care. Moorfields provides the paediatric ophthalmology service at the Homerton Hospital as well as retinopathy of prematurity (ROP) screening and a regional ROP treatment service.

Services to patients at Homerton Hospital will not be affected by these proposals

### Imperial College Healthcare NHS Trust (Western Eye Hospital)

The Western Eye Hospital is part of Imperial College Health NHS Trust, which is currently 3.7 miles from the City Road site, and just over two miles away from the St Pancras site. The proposal to move all services from Moorfields City Road to St Pancras would therefore move the two eye health accident and emergencies closer to each other in the short-term.

Providers and commissioners would need to work closely to ensure continued good co-ordination of services for the local populations, including the development of new integrated pathways for eye care which provide a more seamless clinical pathway between optometry, primary care and secondary/specialist services, improving patient experience, quality and effectiveness.

Ophthalmology services currently provided at the Western Eye Hospital site in Marylebone Road are due to be relocated to a new building on Imperial College Healthcare's St Mary's Hospital site in Paddington as part of wider redevelopment plans, enabling greater consolidation of emergency and major acute services for north west London. Imperial College Healthcare has planning permission for the new building and is pursuing business case approvals and required investment.

There are growing challenges for the Western Eye due to both the poor quality of the hospital's estate and the fact that it stands alone from other services. Co-locating Imperial College Healthcare's eye services with other acute services will enable the trust to provide 24/7 clinical cover more efficiently, as well as faster access to all diagnostics. It will also benefit patients who need additional care from other specialist teams.

Commissioners and both trusts are committed to the development of new integrated pathways for eye care which provide a more seamless clinical pathway between optometry, primary care and secondary/specialist services which improve patient experience, quality and effectiveness.

### Royal Free London NHS Foundation Trust

General ophthalmology services are provided by the Royal Free, and there are two joint consultant appointments (in glaucoma and vitreoretinal surgery) with Moorfields. Moorfields works closely with the Royal Free on the NCL STP ophthalmic pathway development.

### University College London Hospitals NHS Foundation Trust (UCLH)

There is formal collaboration between Moorfields and UCLH for neuro-ophthalmology at Queens Square, and the two providers plan to work closely together to identify further opportunities for closer working as plans for the proposed new site progress, particularly in relation to the ocular oncology services.

There are also close links between Moorfields and UCL Queen Square Institute of Neurology, with three of Moorfields' neuro-ophthalmologists having joint appointments there (a further two have links to St Thomas's). Two consultant radiologists are also primarily based at Queen Square. MRI scanning for Moorfields patients takes place at Queen Square and admissions can be organised there by Moorfields' consultants with joint appointments.

UCLH's main site on Euston Road no longer has dedicated ophthalmology services. The clinics and operating lists for these transferred to the Royal Free and are accommodated at the St Pancras Eye Clinic (SPEC) on the St Pancras hospital site. The numbers seen at SPEC are low and indeed the largest service there (glaucoma) has converted to a purely virtual clinic with more complex cases already repatriated to the main Royal Free site in Hampstead. This is overseen by a glaucoma consultant as a joint post between Moorfields and the Royal Free. The material impact of Moorfields moving to this site would be very low, given the numbers involved.

A service level agreement (SLA) exists between Moorfields and UCLH to access their stroke pathway. Where a patient attends Moorfields with new onset neurological symptoms, they can be seen the next day in the acute stroke unit where there are dedicated slots for Moorfields patients.

### UCL Partners

UCL Partners was established in 2007 as one of the UK's first Academic Health Science Centres, initially bringing together UCL with Moorfields, Great Ormond Street Hospital, the Royal Free and UCL Hospitals. UCL Partners has developed with additional partner organisations joining and is now the largest AHSC in Europe.

### Non-NHS services provided by Moorfields

Moorfields provides non-NHS services, with Moorfields Private and Moorfields UAE providing a range of non-NHS treatment to individuals.

## Partners in Oriel

### Moorfields Eye Charity

Moorfields Eye Charity (MEC) supports the work of Moorfields Eye Hospital and its research partner, the UCL Institute of Ophthalmology, making a difference for patients at the hospital and for people with sight problems around the world. It provides grants and raises money to help the hospital provide the best possible care for its patients, educate the researchers and clinicians of tomorrow and support leading-edge research that aims to develop new treatments for blinding diseases. Philanthropy will play a key role in the development of a future model of integrated clinical care, scientific research and education for eye health.

### University College London (UCL)

Established in 1826, UCL is consistently ranked as one of the world's leading universities; the QS World University Rankings 2016/17 rank it 7th. UCL is a long-standing centre of excellence in biomedical science subjects and is internationally recognised for its strength within the field of biomedical research. UCL is the top-rated university in the UK for research strength, as rated in the Research Excellence Framework (REF) 2014.

The School of Life and Medical Sciences (SLMS), one of the schools within UCL, established four UCL faculties in 2011. This represents one of the largest aggregations of academics in biomedical, life and population health sciences with access to a population

base of over six million. The Faculty of Brain Sciences is one of the SLMS faculties. The Faculty of Brain Sciences vision is '*to solve the greatest health and wellbeing problems in the brain sciences, in order to transform society and reduce the global burden of disease'*. The Faculty of Brain Sciences brings together six institutes and divisions, including the Institute of Ophthalmology.

**UCL's Institute of Ophthalmology** opened in 1948 primarily as an ophthalmology training facility specialising in fundamental research. By the 1990s UCL IoO had moved to its current location in Bath Street adjacent to Moorfields' City Road hospital site and strengthened the links with Moorfields.

UCL IoO has a significant reputation as one of the most influential, largest and most successful research facilities in the world, with its success being recognised in the award of consecutive top ratings. The Research Excellence Framework (REF) is the system for assessing the quality of research in the UK higher education institutions. UCL IoO was part of UCL's REF 2014 return in which UCL was ranked first for research power in clinical medicine (the unit of assessment that included IoO).

Over the past decade, UCL IoO has seen a shift in its emphasis from a primarily multi-disciplinary research institute linked to an eye hospital to a major research organisation with education as one of its core activities. UCL IoO works in close association with Moorfields, most tangibly through two successful Biomedical Research Centre (BRC) initiatives

The IoO's mission statement is:

- The delivery of world-leading fundamental, translational (applied) and clinical research that informs understanding of vision and eye disease and related conditions
- To harness understanding of disease to generate new diagnostics and therapeutics for patient benefit
- To be a global leader in education in eye care and eye and vision research.

UCL IoO has established a new research structure across IoO and Moorfields to help bring about research cultural change. Cross-cutting research themes have been introduced that accommodate all researchers at Moorfields and IoO:

- Development, ageing and disease
- Visual function and imaging
- Rescue, repair and regeneration.

The long-term joint fundamental-translational strategic vision for the partnership will focus on sustaining or building research strength within these themes and in the following five scientific areas:

- Genomics and cell function
- Microvascular biology
- Functional live imaging and understanding vision
- Regenerative medicine (genes, cells and therapeutics)
- Population and cells (integrative systems, learning and modelling and data analysis.

## 2.3. Pre-consultation business case objectives

The objectives of this pre-consultation business case are to:

- Make the case for change for the proposed move to the St Pancras hospital site
- Describe the improved model of care in the new physical environment which would allow for more efficient and effective delivery of services
- Detail the process undertaken with internal stakeholders to inform, develop, and evaluate viable options for the service changes needed, driven by the constraints at the City Road hospital site, and considering the benefits and impact of these options on patients
- Describe the process that has been undertaken to engage the public, staff and other stakeholders in the pre-consultation phase and demonstrate how their feedback is shaping the development and selection of the preferred option
- Describe the process that will be undertaken to engage the public, staff and other stakeholders in the pre-consultation process and demonstrate how their feedback will shape the development of the OBC
- Demonstrate how the development of the preferred option is compliant with the Secretary of State for Health and Social Care's four tests of service reconfiguration
- Make the case to commissioners to undertake a public consultation on the preferred option.

## 2.4. Background

Moorfields Eye Hospital, UCL and Moorfields Eye Charity (the partners) have long recognised that the Moorfields City Road site was aging and presenting increasing operational challenges for both Moorfields and UCL.

Parts of the site at City Road site is over 125 years old, which impacts on patient experience as well as creating operational and efficiency challenges for staff delivering care. UCL IoO, which is housed in adjacent facilities, is similarly constrained.

The partners realised that, in order to retain their internationally renowned reputation as a leading provider of eye care and academic innovation, services would in the future need to be provided from a 'fit for the future' estate that increased the links between clinical care and academic research.

Responding to this realisation, the partners began developing the Oriel proposal in 2012 to work collaboratively to consider future options for the delivery of eye care, research and education, and which would provide a bespoke clinical environment, facilitate streamlined clinical pathways and improve the experience of both patients and staff.

### St Pancras hospital site development

The Oriel proposals are contingent on the wider NCL STP estates strategy, specifically in relation to the St Pancras hospital site.

In December 2018, Camden CCG and Islington CCG approved plans for Camden and Islington NHS Foundation Trust plans to redevelop the St Pancras hospital site and transform mental health services in Camden and Islington. A consultation on this ran between 6 July and 12 October 2018 and the findings were published in an independent report on 13 November 2018.

On 20 December 2018, Camden and Islington Clinical Commissioning Groups' governing bodies met as a Committee in Common and formally approved Camden and Islington NHS Foundation Trust's plans to:

- Move 84 mental health inpatient beds from the existing St Pancras hospital site to a brand-new purpose-built site adjacent to the Whittington Hospital
- Develop two community hubs to provide services close to where people live or where they can get to easily, with the continued provision of community at the St Pancras hospital site in a modern building, offering people a choice of where they wish to access services.

Camden and Islington NHS Foundation Trust's proposals are not dependent on Moorfields moving onto the St Pancras hospital site but could enable the redevelopment of the land for other NHS organisations, giving commissioners, Moorfields and partners a once-in-a-generation opportunity to buy central London NHS estate.

In February 2019, Moorfields entered into an Option Agreement with Camden and Islington NHS Foundation Trust (C&I). This will give Moorfields the option to acquire up to two acres of land at St Pancras Hospital, 4 St Pancras Way, London, NW1 0PE.

The Option Agreement has been executed by both parties and consent in principle has been given by the Secretary of State. The Option Agreement will be completed following the approval at a meeting of C&I's Governors on 12 February 2019.

The option will run until 31 December 2023 or, if earlier, six months after C&I has confirmed that it can give vacant possession of the option property. The Agreement gives Moorfields an option to acquire the property; there is no obligation on Moorfields to do so. Moorfields has control of the decision to exercise (or not) the option.

## 2.5. PCBC scope

NHS Camden CCG and NHS England specialised commissioning, together with Moorfields Eye Hospital, UCL and Moorfields Eye Charity have carefully considered what needs to be consulted on: preferring to focus on the option to **move of all services provided by Moorfields at the current City Road site** including the Richard Desmond Children's Eye Centre and A&E.

Services that are provided at other Moorfields' sites are not in scope of this pre-consultation business case.

The proposed move from City Road would include all the back office and professional services' functions currently located at the City Road site.

## 2.6. Parties involved in PCBC development

The PCBC has been developed following engagement with the following parties:

- The organisations involved in the joint project:
  - Moorfields Eye Hospital NHS Foundation Trust
  - Moorfields Eye Charity
  - University College London
- The local CCGs (and lead commissioning CCGs):

  - NHS Islington CCG
  - NHS Camden CCG
- NHS England specialised commissioning London
- NHS Barnet CCG
- NHS City and Hackney CCG
- NHS Ealing CCG
- NHS East and North Hertfordshire CCG
- NHS Enfield CCG
- NHS Haringey CCG
- NHS Havering CCG
- NHS Herts Valley CCG
- NHS Newham CCG
- NHS Redbridge CCG
- NHS Tower Hamlets CCG
- NHS Waltham Forest CCG
- Local Authorities, specifically Islington London Borough Council and Camden London Borough Council, including through the NCL Joint Health Overview and Scrutiny Committee (JHOSC), as set out in section 7 – strong public and patient involvement.

## 2.7. Proposal development

The proposal set out in this document is to develop an integrated and flexible facility that would integrate Moorfields' main City Road hospital site in Islington and the Institute of Ophthalmology on to a new, purpose-built environment on the St Pancras hospital site in Camden. This would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

Development of the proposed changes has been ongoing since 2012 and includes work on the pre-consultation activities, stakeholder engagement and options development. Further detail of the options development is set out in section 8.

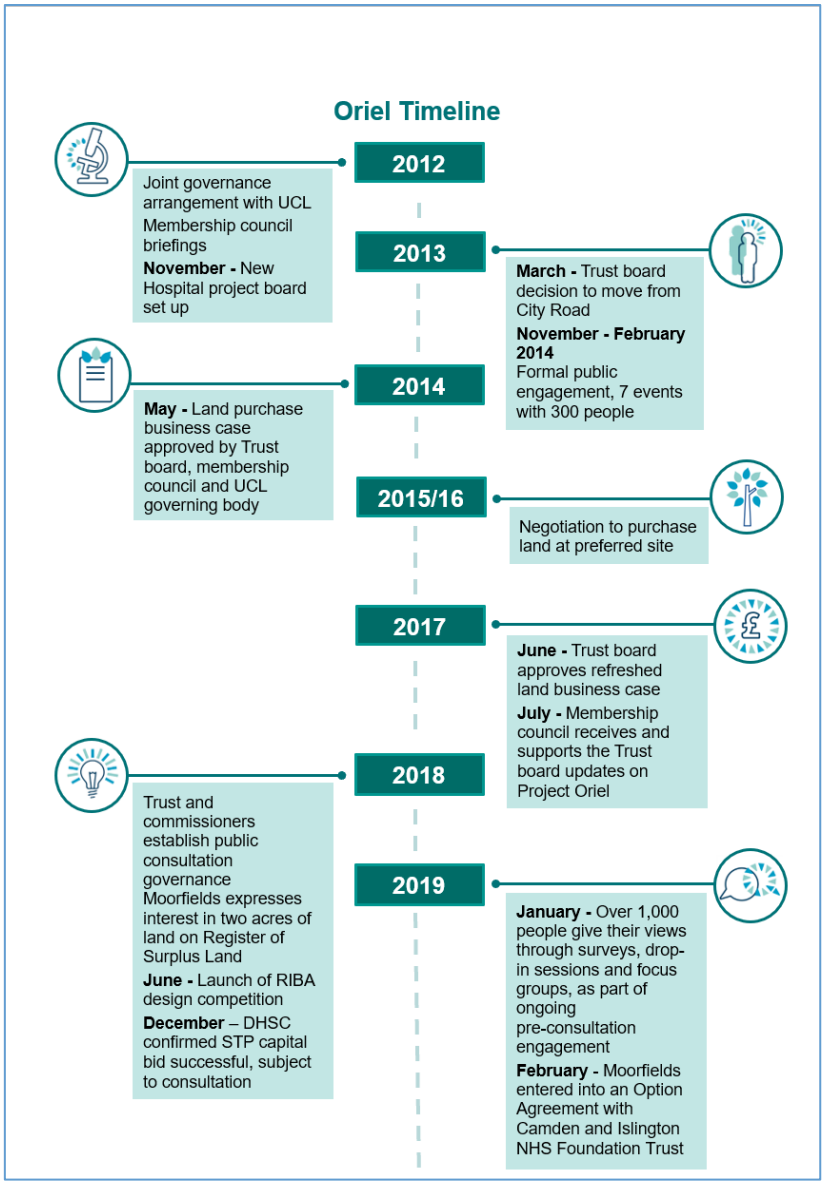
This proposed relocation of Moorfields, and the integration of leading research, academia and clinical care would bring benefits to:

- **Patients and their carers,** through better outcomes; more efficient services improving patient experience, addressing overcrowding in outpatients and space constraints leading to a lack of privacy in A&E; providing the infrastructure so fewer patients need to visit hospital in the future; allowing greater access for patients to participate in research and clinical trials with the benefits that new treatments could bring
- **Staff,** by offering a better working environment that should aid recruitment and retention. Developing new care pathways would offer new job opportunities and the ability to develop new roles and approaches that would enhance career development opportunities for a range of medical and non-medical staff
- **Future research,** through providing facilities to broaden the scope and scale of research that could take place, securing the availability and access to the top research talent and better integrating research with service delivery from bench to

patient care so that the benefits of research are translated more speedily into patient care

- **Training and education**, by integrating teaching facilities alongside UCL and service delivery. This would both enhance and expand the education and training capability. This would support the development of staff and students that could meet the increased demand for eye care professionals in the future
- **The NHS**, by improving operating efficiency that would be vital as the demand for services increases. The ability to develop efficient care pathways for those patients who still need to come to hospital, together with better integration with service provision taking place in community and primary care settings would be vitally important. Proposals for the new facility would ensure more opportunity for integration of health with social care and voluntary sector organisations ensuring patients receive the best possible holistic care and support tailored to their needs.

Figure 2: Proposal development to date



## 2.8. PCBC structure outline

This PCBC has been developed in line with the NHS England guidance document "*Planning, assuring and delivering service change for patients*" (version 3, March 2018), and HM Treasury's Green Book guidance relating to the capital investment decisions involved in supporting the proposed changes.

The PCBC contains the following sections:

- **Executive summary**: summarises the key findings in the PCBC
- **Introduction** (this section): provides an overview of the project objectives, background, scope, parties involved, and the proposal itself
- **Context**: sets the background of the parties involved, the current healthcare challenges faced by the commissioners and provider, and the commissioning arrangements between the commissioners and trust
- **Case for change**: details the rationale and key drivers for changing the way services will be delivered and research undertaken when moving to the proposed new location, including from a national and local strategic context
- **Eye health care model, services and expected benefits:** describes potential new models of care; details how the new location would enable the model of care to change; and how the proposals could facilitate delivery of the new model. This section also highlights the expected benefits and how the model meets the needs identified in the case for change section
- **Governance**: documents the governance structure that has been put in place to ensure the consultation process is robust, accommodates relevant stakeholder views and there is clarity on responsibilities for decision making and responsibilities for approval of key documents and milestones
- **Stakeholder engagement**: details the engagement undertaken to date, how this has informed the proposed consultation and how the consultation will be undertaken
- **Options development and appraisal**: outlines the process followed for generating and evaluating the options for consideration
- **Finance case**: contains the financial impact of the selected option on the CCGs, trust and other relevant parties
- **The Secretary of State's four tests:** provides assurance on how the consultation process has met the Secretary of State's four tests for service change
- **Decision-making process and next steps**: identifies the next steps needed for the consultation to progress and the broader development programme.
- **Programme management arrangements**: outlines the governance and support needed to deliver the preferred option identified in the options for consultation section, including the project team, governance arrangements, risk management process and timelines.

# 3. Context

## 3.1 What is eye care

Our sight is a critically important sense. Sadly, sight loss is an increasing reality for many people – every five seconds someone in the world goes blind. It is estimated that by 2050 there will be four million people in the UK living with sight loss. The experience of losing sight is often distressing and can be isolating and costly for the individuals affected, as well as their families and carers. Putting the people affected by sight loss at the centre of care is essential if their needs are to be supported. A recent survey published in JAMA Ophthalmology found that 88% of more than 2,000 respondents considered good vision to be vital for overall health and wellbeing, and 47% considered losing sight to having the greatest impact on quality of life. All the respondents considered sight loss as being equal to, or worse than, loss of limb, memory, speech or hearing.[11]

The number of people likely to suffer from the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. The ageing population contributes to this challenge, resulting in greater and more complex demand for eye services as 79% of people aged 64 and over live with sight loss.[12] It is estimated that 200 people per day in the UK develop a blinding form of macular degeneration and approximately 8% of all NHS outpatient appointments are for ophthalmology, second only to trauma and orthopaedics.

While blindness is predominantly a concern for people over 50, an estimated 19 million children worldwide have visual impairment, and 1.4 million children across the world have irreversible blindness and require access to visual rehabilitation services to optimise function and reduce disability. In the UK, Moorfields works closely in partnership with Great Ormond Street Hospital, accepting referrals to treat children alongside its adult patient base. Crucially, over 80% of eye diseases worldwide are treatable.

*People's sight matters* is Moorfields' core belief that motivates staff on a day to day basis. Everyone's needs should be considered regardless of their level of vision.

The trust's specialty services include treatment for cataracts, external eye disease (cornea), glaucoma, medical retina (including uveitis and oncology), oculoplastic (including orbital and lacrimal), accident/emergency, paediatrics, strabismus (including neuro-ophthalmology) and vitreoretinal services. The trust also delivers an ocular oncology service delivered in partnership with Barts Health NHS Trust.

## 3.2. Population and healthcare challenges

### Population in north central London

There are five CCGs in north central London (NCL) – Barnet, Camden, Enfield, Haringey and Islington – each coterminous with the local London borough and serving a population of approximately 1.5 million. Older people (aged 85+) are the fastest growing segment of the

[11] Source: JAMA ophthalmology October 2016 Public Attitudes About Eye and Vision Health
[12] Source: The economic impact of partial sight and blindness in the UK adult population. Author: Access Economics Publisher: RNIB Year of publication: 2009.

population, although in total numbers this age group will remain the second smallest in 2020, after children aged 0-4 years old.[13]

Levels of ethnic diversity vary across NCL, ranging from 32% of people in Islington from a black and minority ethnic (BAME) group to 42% in Enfield. The largest such communities in NCL are Turkish, Irish, Polish and Asian (Indian and Bangladeshi). There are also high numbers of people from Black Caribbean and African communities, especially in Enfield and Haringey. The number of people from BAME communities is much greater in younger age groups. Health needs vary across BAME communities, for example there is a greater risk of diabetes, stroke or renal disease for some BAME people compared to White English people.

*"The opportunities offered by project Oriel will allow the Moorfields glaucoma service to adapt to the huge changes in health-care delivery that are set to change how we monitor patients and manage disease in the next 5-10 years.*

*"The traditional models of doctor-delivered outpatient-delivered care are being revolutionised in response to massively increased need and by the opportunities of new technology.*

*"The new hospital will afford flexibilities of space and patient flow that the old hospital cannot support."*

**Gus Gazzard MBBChir MA MD FRCOphth**

**Director, Glaucoma Service, Moorfields Eye Hospital, Consultant Ophthalmic Surgeon, UCL Reader in Ophthalmology (Glaucoma Studies), Institute of Ophthalmology UCL & NIHR Biomedical Research Centre**

Additionally, people from some communities, including Black Caribbean, African and Irish, use more hospital services. The number of BAME people across NCL is expected to increase slightly from 37% in 2012 to 38% in 2020, with the biggest increases forecast for Barnet and Enfield. Additionally, the fastest growing ethnic communities across NCL are the Chinese and other group followed by Black other and Asian ethnic groups. Overall, around a quarter of people in NCL do not speak English as their main language.

This diversity presents challenges, both in addressing potentially new and complex health needs and delivering accessible healthcare services. There is a wide spread of deprivation across NCL: people tend to be younger and more deprived in the east and south, and older and more affluent in the west and north.[14]

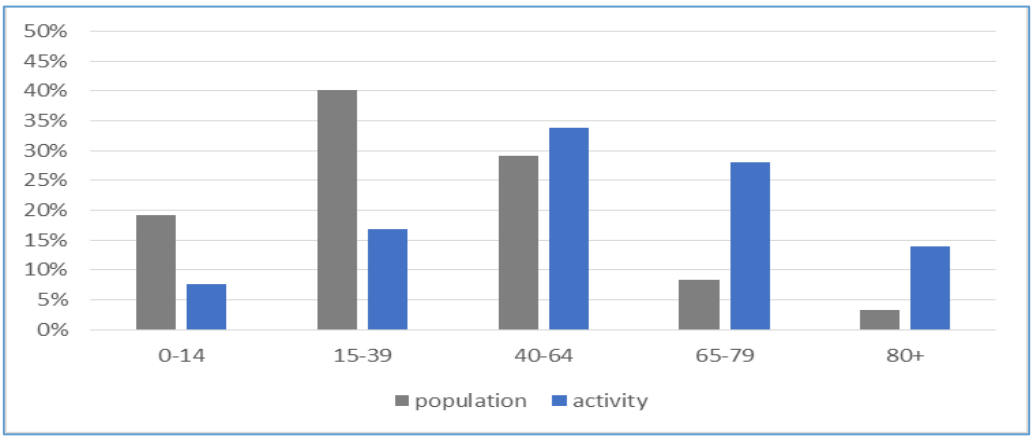
### Demographic pressures

An ageing population has a significant impact on health services as people are more likely to access services when they are older. This is particularly so for ophthalmology due to the prevalence of age-related eye conditions such as cataracts, glaucoma and macular degeneration. To understand the impact of demographic growth on health services fully, it is important to understand the age profile of patients accessing a particular service. By examining this, it is possible to gain an understanding of the demographic pressure on the service – as opposed to just the demographic growth of the population.

[13] Source: Population Projections Unit, Office for National Statistics, 2012
[14] Source: IMD 2015 by LSOA, ONS release

While demographic factors such as gender ethnicity are important, age is the single most common risk factor for the major chronic eye conditions in adults. In addition, systemic diseases such as diabetes, hypertension, cardiovascular disease (all of which are also related to increasing age), and their risk factors (e.g. obesity and smoking) are additional risk factors for poor eye health.

Figure 3: Age profile – London population v Moorfields patient population (current)




## Changes forecast in demand for services

*The Way Forward*[15] was commissioned by the Royal College of Ophthalmologists in 2017 to identify the current ways of working and schemes devised by the various ophthalmology departments across the UK to meet the increasing demand for ophthalmic services. Part of this work involved assessing the anticipated increase in demand for ophthalmic services over the next 20 years in each of the high-volume areas of eye care:

- **Cataracts** – Over 35% of people over the age of 65 have visually significant cataracts. *The Way Forward* estimates the demand for cataract services will rise by 25% over the next 10 years and by 50% over the next 20 years. Cataract surgery is already the most common surgical procedure carried out in the UK with over 400,000 procedures performed per year. This anticipated surge in demand for cataract services will require new approaches to referral, patient assessment, surgical flow and follow-up. Current cataract pathways will not be capable of handling the anticipated future level of activity

- **Glaucoma** – The monitoring and treatment of patients with glaucoma currently accounts for 20% of all ophthalmology hospital outpatient activity. Glaucoma cases are expected to rise by 44%, glaucoma suspects by 18% and ocular hypertension (OHT) by 16% over the next 20 years. It is also likely that as technology continues to improve, a progressively greater percentage of prevalent cases will be diagnosed, increasing the demand for services even further. It is likely that therapeutic delivery for glaucoma will shift from topical medications to surgically implantable long acting-medications; this will have an enormous impact upon how glaucoma is managed in the future

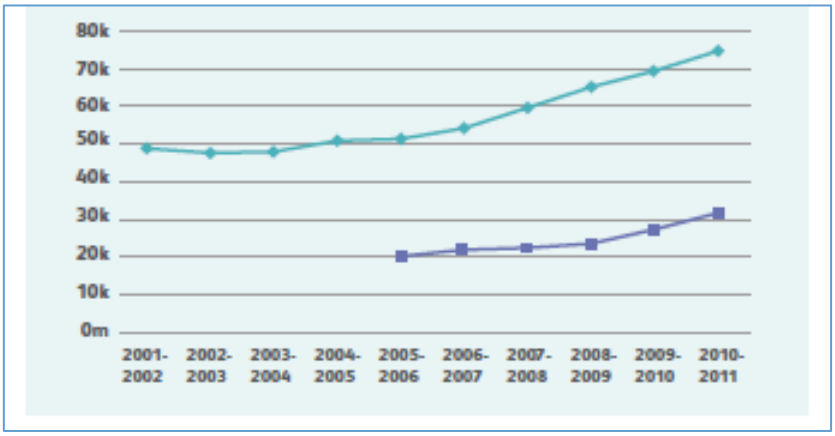
- **Medical retina** (including macular degeneration and diabetic eye disease) – as the proportion of older people within the population gradually increases, it is anticipated that the incidence of age-related macular degeneration will also increase. In 2015, 600,000 intravitreal injections were administered in the UK and the demands on the service are

[15] The Way Forward, The Royal College of Ophthalmologists, 2017

growing rapidly. The prevalence of diabetes in the general population increased by 50% in the decade between 1995 and 2005. Cases of diabetic retinopathy are also predicted to increase, reflecting this trend. It is likely that more and more retinal disorders will become new indications for regular intravitreal injection therapy over the next few years

- **Emergency eye care** – The number of people attending hospital for emergency eye care is increasing, as has been observed in other, non-ophthalmic, emergency activities. Unlike other high-volume areas, there is limited scope to prevent and control urgent eye conditions. Therefore, providers need to manage demand and develop innovative approaches to the challenges they face.

**Fi**gure 4: Eye casualty attendances in two large walk-in services[16]




The Eye Health Network for London: Achieving Better Outcomes report[17], released in June 2015, describes the expected increase in demand for treatment and sight loss in the UK from 2010-2020.

Table 3: Epidemiological and Economic Model Sight Loss in the UK: 2010-20 estimated number of affected adults in the UK

| | 2010 | 2020 |
|---|---|---|
| **Age-related Macular Degeneration (AMD)*** | | |
| Early AMD | 1,493,936 | 1,821,434 |
| Neo-vascular AMD | 414,561 | 515,509 |
| Geographic-Atrophy AMD | 193,652 | 240,358 |
| Sight impaired | 132,970 | 171,530 |
| Severely sight impaired | 90,254 | 120,452 |
| **Diabetic eye disease** | | |
| People diagnosed with diabetes | 2,665,029 | 3,342,634 |
| Background diabetic retinopathy (DR) | 748,209 | 938,448 |
| Non-proliferative DR | 66,037 | 82,827 |
| Proliferative DR | 19,447 | 24,391 |
| Diabetic maculopathy | 187,842 | 235,602 |
| Sight impaired | 40,982 | 46,473 |
| Severely sight impaired | 24,976 | 29,957 |

[16]

[17] Eye Health Network for London: Achieving Better Outcomes, London Clinical Senate, June 2015

| Glaucoma** | | |
|---|---|---|
| Ocular hypertension | 308,044 | 361,183 |
| Primary open angle glaucoma | 265,973 | 327,440 |
| Sight impaired | 57,646 | 71,806 |
| Severely sight impaired | 17,511 | 22,261 |

***** Assumed 75% of all eligible patients with wet AMD treated with intervention of equivalent efficacy as Lucentis

****** Estimated number of diagnosed cases, assuming current 50% detection rate

### Population of London projections: ONS (2016 based estimates) for the period 2018 to 2028[18]

Over the next 10 years, the population of London is expected to increase by 9%. By 2028, the 65 years and over age group is expected to increase by 18% to 200,000 people, of whom 37,000 will be 85 years and over.

Table 4: Population growth over 10 years (2018-2028)

| Age group | Increase within age group 2018-28 | |
|---|---|---|
| | n | % increase |
| **CYP** | 300,000 | 11% |
| **>65** | 200,000 | 18% |
| **>85** | 37,000 | 25% |
| **ALL** | 800,000 | 9% |

### Moorfields patient population: City Road and wider Moorfields network

**Patient profile**

- 61% of all Moorfields patients attend the hospital site at City Road
- Patients treated at the City Road hospital site are younger than those treated across the rest of Moorfields (partially due to paediatrics and A&E)
- 30% of all Moorfields patients aged 65-84 are treated at the City Road hospital site
- 5.3% of all Moorfields patients aged 85 and over are treated at the City Road hospital site
- City Road has similar distribution of ethnic groups amongst its patients compared to the rest of the network.

[18] Source: ONS Subnational population projections for England: 2016-based May 2018

Figure 5: Where do Moorfields patients come from to attend City Road?

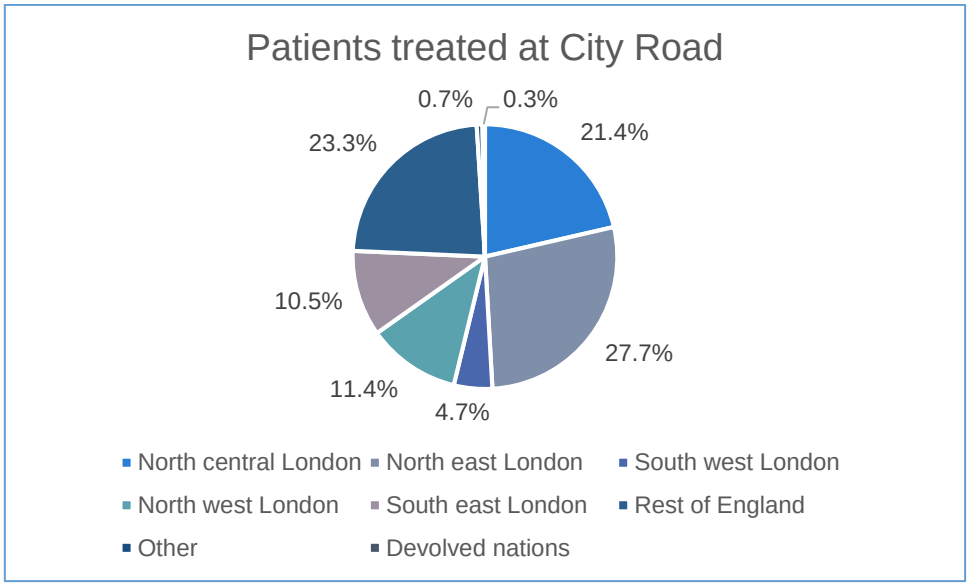



Figure 6: Where do Moorfields patients come from to attend other Moorfields' sites?

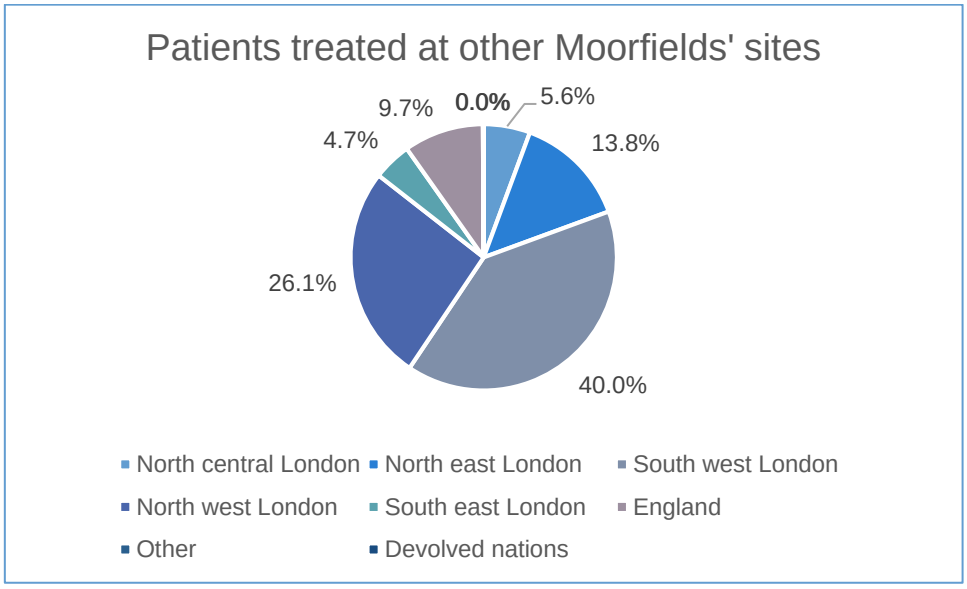



Table 5: Age distribution of London patients coming to City Road and rest of Moorfields

| Age (years) | City Road<br>% | Wider Moorfields' network<br>% | All<br>% |
|---|---|---|---|
| **0-15** | 9.4 | 10.9 | 10 |
| **16-24** | 6.1 | 2.4 | 4.5 |
| **25-64** | 58 | 39.4 | 49.9 |
| **65-84** | 23.2 | 39.3 | 30.2 |
| **85+** | 3.3 | 7.9 | 5.3 |

Table 6: Distribution of ethnicity of patients coming to City Road and rest of Moorfields

| Ethnic group | City Road % | Wider Moorfields network % | All % |
|---|---|---|---|
| Asian or Asian British | 14.5 | 18 | 16 |
| Black or Black British | 11.5 | 10.6 | 11 |
| Mixed | 1.4 | 1.3 | 1.4 |
| Other | 17.2 | 22 | 19 |
| Unknown | 18.1 | 20 | 19 |
| White | 37.2 | 28 | 33 |

During 2017/18 activity at City Road included:

| | |
|---|---|
| 96,947 | Patient visits to A&E |
| 16,071 | Day cases (elective only) |
| 649 | Elective inpatient stays |
| 2,722 | Unplanned stays (both day cases and inpatients) |
| 322,062 | Outpatient appointments |

## Moorfields activity profile: City Road and rest of Moorfields

| | | |
|---|---|---|
| **A&E (uniquely City Road)** | Total: 101,147 episodes a year (all ages); of these 7,552 were paediatric age group (7%) | |
| **Other activity (excluding A&E)** | **Overall adult activity (excluding A&E)** | |
| | 57% of all Moorfields outpatient activity takes place at City Road | |
| | 51% of all Moorfields inpatient activity takes place at City Road | |
| **Outpatient activity:** | 25% | Medical retina |
| | 18% | Glaucoma |
| | 15% | External disease |
| **Adult inpatient activity:** | 25% | Adnexal |
| | 23% | Vitreo-retinal |
| | 15% | External |
| | 15% | Glaucoma |
| | 11% | Cataract. |

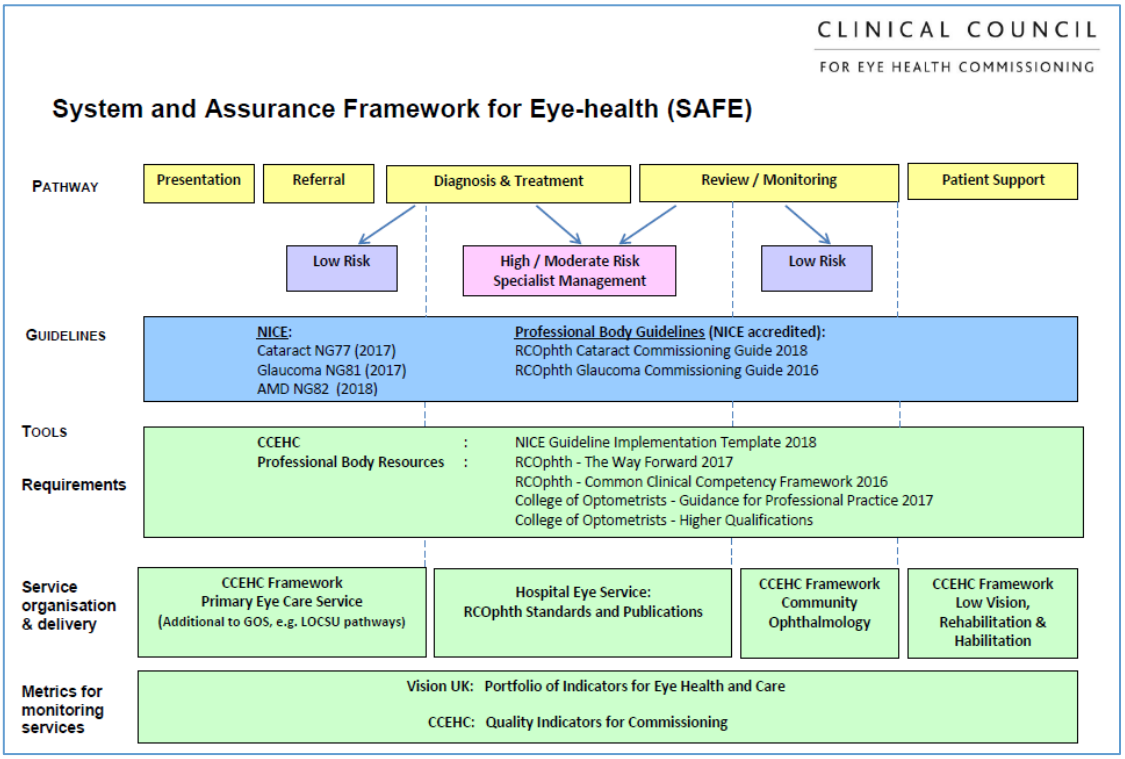
## 3.3. National context including SAFE framework

It is estimated that partial sight and blindness in adults costs the UK economy approximately £22bn per year. In 2014, NHS England published a "Call to Action" setting out a more preventative approach, early detection and effective management of eye conditions, with a focus on treatment being provided in the community.

In addition to the range of services that Moorfields provides to CCGs across London, Moorfields' services are nationally recognised and NHS services at Moorfields can be accessed from across the UK, with patients travelling to access complex and specialist eye care. The model of care provided by Moorfields, through its networked models, ensures people can access treatment for complex eye care with relative ease, receiving treatment informed by the latest research.

Working with the Clinical Council for Eye Health Commissioning (CCEHC), Moorfields has played a leading role in the development of the System Assurance for Eye Health Overall Framework (SAFE)[19]. SAFE is designed to reflect the reality that the planning and provision of eye health care and services is increasingly being taken at a system level. SAFE sets out how local partners can work together to provide the basis for transformational change in how eye health services are organised and delivered. The framework provides an architecture within which care pathways can be organised and delivered based on the clinical risk stratification of the patient cohort and the skills and expertise of clinicians.

Figure 7: System Assurance for Eye Health (SAFE) Overall Framework




[19] Clinical Council for Eye Health Commissioning. 2018

## 3.4. Regional context for STP and commissioners

Given the range of services provided by Moorfields, the local context to be considered is wider than the immediate geography and includes the experience of patients accessing services from across London.

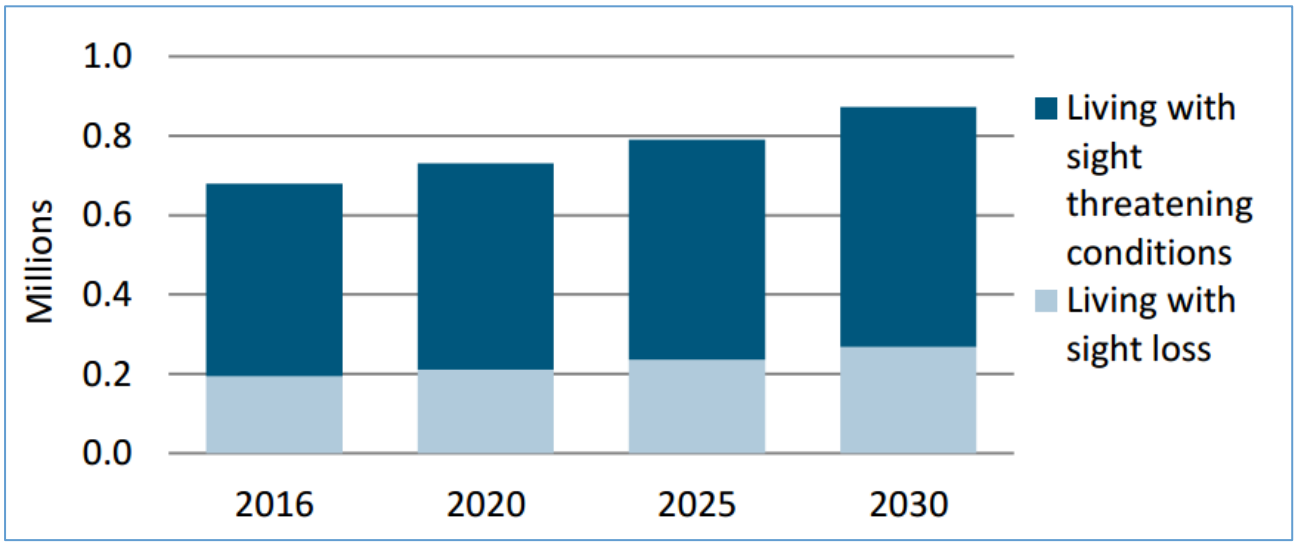
Moorfields operates a networked model of care, with around 30 sites in London and the south east of England. Services provided by Moorfields are located at sites located across a total of eight STP footprints. Five of these are in London, in each of the five STP areas. The other STP footprints which include Moorfields sites are: Bedfordshire, Luton and Milton Keynes; Kent and Medway; and Hertfordshire and West Essex.

A focus within the NCL STP case for change is modernising its existing estate. The need to modernise NHS estate and to develop models of care that respond to rising demand is noted in both the NHS Five Year Forward Review and the Naylor Review of NHS property and estates.

NHS services provided at Moorfields are commissioned by a number of CCGs, in part due to the specialist services provided. Around 14 CCGs hold significant (defined as >£2m per annum) contracts with Moorfields for activity at City Road, in addition to a number of CCGs outside of London. Services at Moorfields City Road are also commissioned by NHS England specialised commissioning.

## 3.5. Eye health care in London

Eye health is a growing public health concern for London. By 2030 an extra 194,000 Londoners are predicted to be living with a sight-threatening eye health condition and an extra 74,000 living with sight loss.




*Source: RNIB Sight Loss Data Tool, Royal National Institute for Blind People, April 2017*

The Royal National Institute of Blind People (RNIB) estimates that there are already 680,000 people – around one in 12 of the adult population – living with a sight-threatening eye health condition in London, including[20].:

| | |
|---|---|
| 251,000 | people living with early stage age-related macular degeneration (AMD) |
| 173,000 | people living with diabetic retinopathy |
| 72,000 | people living with glaucoma |
| 57,000 | people living with cataract/s. |

The commissioning and delivery of eye health and sight loss services is complex; pathways cut across borough boundaries and can involve many providers in a network of care.

In London, the landscape includes over 30 NHS hospital ophthalmology departments and sites; private ophthalmology providers who offer NHS services; community provider organisations; nearly 900 optical and optometry practices; and some 900 providers holding contracts to deliver primary care domiciliary services. In addition, there are borough-based social care services for people with visual impairment, and a range of charity and voluntary organisations involved in sight loss services.[21]

Pathways rely on a multi-professional workforce: optometrists, ophthalmic medical practitioners, ophthalmologists, orthoptists, ophthalmic nurses, dispensing opticians, ophthalmic technicians, and GPs with special interest. For the vast majority of GPs and pharmacists in primary care, simple eye care is considered to be a small part of their routine workloads

The commissioning process needs to ensure that eye care is delivered safely, by an appropriately trained workforce, and compliant with NICE guidance. It should be evidence-based and audited for outcomes and value for money. Roles and responsibilities in the processes of commissioning and provision of care need to be clear, to ensure safe and effective care based on clinical need.

There are opportunities for greater efficiency by reducing the duplication of effort in commissioning, procurement and delivery through commissioning at greater scale, and the agreement of consistent and integrated eye care pathways across London.

## 3.6. North London Partners in Health and Care: working together for better health and care (NCL STP)

Through the development of north London's sustainability and transformation plan, health and social care services in north London have become partners in health and care to improve the access and quality of services and to make the system more efficient. The NCL STP, also known as North London Partners in Health and Care (NLP), serves approximately 1.5 million people in Barnet, Camden, Enfield, Haringey and Islington.

[20] Eye Health – preventing sight loss in London, London Assembly, November 2017
[21] Eye Health Network for London: Achieving better outcomes, NHS England, June 2015

In June 2017, it published its Sustainability and Transformation Plan which set out how it wants to change the way the health and social care services in north London work, to bring them together to **provide the entire local population with access to the best possible health, care and wellbeing services, and to make north London a place where no-one is left behind**.

NCL STP is committed to being innovative in its approach; focusing on improving the health and wellbeing of its community and delivering the best care not only in London, but nationally. Local people deserve to be supported to live happier, healthier and longer lives, and NCL STP is fully committed to making this vision a reality.

To achieve this, NCL STP has outlined its programme of transformation with four elements:

- **Prevention:** We know that many of the health challenges facing our population arise from preventable conditions. We will increase our efforts on prevention and early intervention to improve health and wellbeing outcomes for our whole population
- **Service transformation:** We know that there are emerging technologies and new and better ways to deliver services. To meet the changing needs of our population we will transform the way that we deliver services
- **Productivity:** We know that there is duplication and waste that can be eliminated by working together. We will focus on identifying areas to drive down unit costs, remove unnecessary costs and achieve efficiencies, including working together across organisations to identify opportunities to deliver better productivity at scale
- **Enablers:** We know that there may be untapped resources that can be put to work to improve our capacity. We will build capacity in digital, workforce, estates and new commissioning and delivery models to enable transformation.

In its planned care workstream to deliver these four elements, NCL STP plans to create a system where patient journeys are as efficient, safe and well managed as possible.

As well as delivering efficiency savings, reducing variation in planned care will improve patient outcomes and experience. In order to deliver this the workstream will adopt the following principles:

- Standardised approach to pathway delivery across CCGs and hospitals
- Senior clinical triage and advice with access to multidisciplinary triage where appropriate
- Majority of outpatients managed within a community or primary care based service
- Community services supervised by senior clinicians
- Diagnostics ordered once and only when clinically necessary – reduce over ordering
- One stop service/co-location to improve patient experience
- Follow-up once, and only when necessary
- Patient centred, safe services
- Payment mechanism based on whole system management and clinical outcomes
- Quality of GP referrals and clinical thresholds improved – protocol driven
- Educational support for primary care through training and development led by senior clinicians

- Provision of health and advice telephone lines for clinicians
- Integrated IT/information portal use of technology to deliver virtual services
- Standardised approach to procedures of limited clinical effectiveness (PoLCEs)
- Standardised approach to consultant to consultant referrals.

Drawing on local and global examples of best practice and building on the evidence, it is planned that pathways will be redesigned, working with local clinicians and patients, responding to local needs and opportunities. A key enabler to the work will be the provision of enhanced advice, based on competency to make sure everyone within the system, including patients, have the right access in order to manage their conditions.

> *"The patient journey needs to be thought through in every way from getting the first referral to attending each appointment, navigating the way to hospital and finding the way when you get there, with as few barriers as possible."*
>
> **Moorfields' patient**

The following opportunities for improvement to planned care pathways will be leveraged:

- Clinical advice and navigation: ensuring competency-based advice and navigation for patients so they are managed in the most optimal way for their condition
- Standardised PoLCE and consultant to consultant policies: ensuring parity of care and reduction in handoffs and unnecessary procedures
- Expert first point of contact: making sure people have access to the right expertise from their first appointment in primary care
- One-stop services: so that people do not need to attend multiple outpatient appointments before their procedure
- Efficient surgical pathways: to ensure maximum use of staff and theatres
- Timely discharge planning: to reduce unnecessary time in hospital.

One of the areas of focus for this is *Group 3: 'Work in train' (neurology, urology and ophthalmology);* services that could be adopted using 'follow the fastest' principle. This would look at to address current clinical pathways to examine how patient and staff experience could be improved to deliver better inpatient and outpatient services across north central London, reducing unwarranted variation in the services residents receive.

The group would look at designing a single point of access for advice and navigation and referral management, standardising thresholds and policy to ensure parity of care provision, and standardising diagnostics thresholds and ordering across north London.

The STP's plan outlines the programmes that commissioners and providers across the system have been working together to define its direction of travel in terms of new delivery models. NCL STP has talked with the leaders of organisations across the system to get their views on the different options for new delivery models, and the broad consensus includes moving over time towards:

- Whole system working with a population rather than individual organisational focus
- A deeper level of provider collaboration, including collaboration between primary care, community services, acute services, mental health services and social care services

- The establishment of a form of ‘new delivery vehicle’ or ‘new delivery system’ to support this provider collaboration
- A transfer over time of some elements of what are currently considered commissioning functions (for example, pathway redesign) into these new delivery vehicles
- A move towards some sort of population-based capitated budget for the new delivery vehicles
- The retention of a strategic commissioning function responsible for holding the delivery vehicles to account, with accountability for outcomes rather than inputs based on principles of commissioning for value.

### NCL estates strategy

The NCL STP narrative also sets out the benefits of the redevelopment of the St Pancras hospital site, including the proposal to house Moorfields City Road site and UCL’s Institute of Ophthalmology together, subject to consultation.

Further work has clarified the STP’s plans, specifically the NCL estates strategy which sets out the emerging priorities for estates as a core enabler to the delivery of the vision for care in north central London. A key focus of the STP’s plans is replacing buildings that are old, expensive to run and not optimised for modern demands, and developing buildings that support patient and clinical needs.

There is still considerable work needed to develop the strategy and implementation plan for care in detail and, as the STP continues to develop plans, this would allow it to design further detail of the estates programme to support these new ways of working.

Across the hospital sites at Moorfields and St Pancras, the STP is beginning to evidence qualitative benefits of working together to deliver estates value and improvement. The sector has, for a number of years, had unresolved estates issues relating to poor mental health inpatient accommodation and potentially saleable and high value estate at the St Pancras hospital site. The two providers are working together on this strategic estates’ project which aligns priorities between both trusts.

### Primary care commissioning

In London, the landscape includes over 30 NHS hospital ophthalmology departments and sites, private ophthalmology providers who offer NHS services, community provider organisations, nearly 900 optical and optometry practices and some 900 providers holding contracts to deliver primary care domiciliary services. In addition, there are borough-based social care services for people with visual impairment, and a range of charitable and voluntary organisations involved in sight loss services.

This is a complex provider landscape in which the commissioners will explore the opportunities and interest for the devolution of optometry commissioning within NCL CCGs as a way of increasing interoperability between hospital and primary care. This will need to be in the context of developing STP planned care pathways and integrated care arrangements that are currently work in progress.

As the demand for services increases, improvement in operating efficiency will be vital. In addition, efficient care pathways that are integrated across hospital, community and primary care settings will become increasingly important.

Commissioners and the trust will work together to develop and pilot pathways which enable more out of hospital care. Proposals for the new facility will be considered in the context of improved opportunities for integration of health with social care and voluntary sector organisations, to ensure that patients receive the best possible holistic care and support, tailored to their needs.

The London Clinical Senate recommended that, to support proposals for better eye health care in NCL, commissioners should explore the feasibility of devolving optometry (general optical services) commissioning to NCL CCGs.

In its response to the Senate, NCL STP commissioners said that they support this proposal in principle through its STP estates strategy, subject to consultation. The estates strategy highlights Oriel and plans for the redevelopment of the St Pancras site as priorities for Wave 4 of the plan. The NCL estates strategy is intended as an iterative document and as such has been discussed and agreed by the NCL STP programme delivery board, NCL estates board and the STP directors' of finance meetings during 2018.

It is the joint ambition of commissioners and providers to develop a facility that is able to meet the growing demand for ophthalmic services, helping support the health system in London and beyond to manage waiting lists and times.

## 3.7 Capacity and demand modelling

Cliniplan was appointed by Moorfields in 2013 to undertake a demand assessment for the NHS outpatient and theatre activity. This analysis was used to inform the clinical capacity requirements for the proposed new facility.

Further modelling exercises are being undertaken for the Outline Business Case and will be consistent with the activity requirements of the local health systems in north central London, as well as wider (London and UK-wide) capacity plans. The aim of further modelling is to ensure that assumptions are tested to ensure that we create the right level of capacity which does not result in supply-led demand but meets the needs of future population and demand projections.

In particular, further modelling will be undertaken in relation to how the new models of care would meet projected demand; once STP plans to link the new models of care to primary and community activity shifts that are anticipated, are completed.

This modelling will also include alignment to future workforce plans, organisational service developments and any efficiency programmes. Workforce modelling will be undertaken once the demand and capacity modelling has been completed in order to understand the co-dependencies and ensure any new models of care are clinically sustainable.

## 3.8. Specialised commissioned services

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts.

Specialised providers deliver cutting-edge care and are a catalyst for innovation, supporting pioneering clinical practice in the NHS. The NHS has a duty to ensure that new treatments are supported by convincing evidence of safety and effectiveness, that they are affordable and offer value for money, and that decisions about them are fair and transparent. Doctors, other healthcare professionals, and patient and public representatives are involved at every stage of this decision-making process.

All of the providers commissioned by NHS England are contracted using the NHS standard contract terms and conditions, are subject to annual review and using the National Tariff Payment System plus associated requirements (where applicable).

## Specialised services at Moorfields Eye Hospital

NHS England commissions the following specialised services from Moorfields Eye Hospital:

### Ocular oncology

Moorfields is a nationally designated centre for ocular oncology. This is a highly specialised service, one of only three in England, covering a wide geographical area of London, the south east and south west (the other services are based in Liverpool and Sheffield).

The service provides expert diagnosis and treatment of ocular tumours, such as intraocular or conjunctival tumours. Ocular tumours are rare and diverse and their presentations can be very complex. Without treatment, these tumours cause loss of vision and despite treatment, some patients will develop metastatic disease.

The service has been commissioned from Moorfields since July 2015 and significant improvements in service delivery and inpatient experience have been achieved during this period. However, the service is affected by the physical environment of the City Road site and patients can experience long waits in clinic, along with a lack of space in waiting areas.

### Specialised ophthalmology for adults

This adult specialised ophthalmology service provides investigation and management of rare and/or complex visual, ocular and ocular adnexal disorders with the aim of optimising vision and preventing avoidable visual disability. It is provided by ophthalmologists trained to fellowship standard in the appropriate subspecialty, provides education and training, and is actively involved with research and innovation.

The service provides diagnostics and care for patients with a range of rare and/or complex conditions:

- Orbital disorders such as thyroid eye disease
- Ocular prostheses
- Lacrimal disorders which require complex surgery
- Mohs surgery
- Stevens-Johnson syndrome
- Corneal disorders
- Keratoplasty, allografts
- Eye banking
- Uveitis.

### Specialised ophthalmology for children

Serious sight loss and visual impairment in childhood is uncommon (around 20,000 at any time). The specialised ophthalmology service for children provides investigation and management of rare and/or complex visual disorders with the aim of optimising vision and preventing avoidable visual disability. The service also aims to maximise function in those children with permanent visual impairment.

The service provides diagnostics and care for children with a range of rare and/ or complex conditions:

- Cataract surgery for children aged under two
- Anophthalmia
- Corneal transplants
- Eye banking
- Vitreoretinal surgery
- Treatment of retinopathy of prematurity (not screening)
- Uveitis
- Ocular genetic disorders
- Neuro-ophthalmology.

## Service specifications

Each of the specialised services is commissioned in accordance with a dedicated service specification which clearly defines the expected standards of care and describes the core service standards. The specifications detail the service model and care pathway and include key requirements for staffing, infrastructure, interdependencies, minimum cohorts of patients etc.

## Monitoring the quality of services

Specialised commissioning quality and transformation managers regularly attend trust clinical quality review meetings. The key quality metrics are reviewed at these meetings:

- Cancer wait times
- Mortality
- Infection prevention and control
- Patient safety
- Patient experience
- Safeguarding.

Performance data from the services is also regularly reviewed. In the case of ocular oncology, this entails monthly cancer wait standards (two weeks, 31 and 61 days) for the service, cancelled operations and wait times in clinic.

Specialised commissioning also operates a quality surveillance programme which requires all providers of specialised services to undertake an annual self-assessment, followed by further review, as appropriate. The self-assessment process provides a quality assurance mechanism for all providers of specialised services that includes critical event recording, measures performance against quality standards and service specifications, and providing an interface to the statutory and regulatory quality functions.

Moorfields is compliant with the national standards for all three of its specialised services.

### Quality Innovation Productivity and Procurement (QIPP) – Improving value

NHS England routinely requires providers to commit to QIPP/Improving value schemes up to a value of 2.75% of the total contract value.

Improving value schemes provide for transformation of services using best practice for the delivery of services. This can be the delivery setting, the use of generic drugs, or one stop clinics. This will include any best practice for the discharge of patients to other setting as suggested by NHS Improvement.

The proposal aims to deliver best practice in the proposed new build hospital whereas the current building has not allowed for changes to the way that the trust can deliver services.

When an Improving value scheme is monitored by the contracting team, the intention is that the impact becomes 'business as usual' in the service delivery in the following year. The proposal aims to use digital technology so we would expect to be able to work with the trust on more schemes that improve the delivery of care to our patients.

### The provider contract and contract management service categories

Within the standard NHS contract there is a requirement to define the service categories the provider delivers. In the case of Moorfields, the trust provides clinical services within the following service categories:

- Acute services
- Cancer services
- Diagnostic, screening and/or pathology services.

### Contract management

NHS England specialised commissioning manages the Moorfields' contract according to the NHS standard contract through monthly contract performance and technical and clinical quality review group meetings.

The meetings are focused on the provider performance, contract compliance and a broad range of clinical quality and patient care centred areas. The meetings are facilitated by Moorfields providing monthly patient level activity and clinical quality information, in addition to regular review of the CQC provider related information. This form of contract management ensures there is a commensurate balance between contract compliance, clinical quality and clinical governance and oversight.

The Moorfields contract is reviewed annually by NHS England (London) and the review routinely includes the finances and contract performance areas. As part of this review there is due consideration made to the activity levels commissioned from the provider. In the last few years Moorfields has been awarded growth within the contract in the order of 3% per annum to reflect the changes in population growth and the growth in demand for ophthalmology services (in respect of the 2018/19 contract year that growth figure was 3.5%). However, the activity growth needs to be considered alongside the London region population growth which is based on 2016 data is in the order of 6%. When Moorfields comes to negotiate the 2019-20 contract, the trust plans to work with Public Health England (PHE) to assess the current growth in ophthalmology services specifically the age profiling.

As part of a detailed service review exercise that NHS England is currently undertaking, there will be due consideration made to specialist ophthalmology services across the region. Any findings will be used to inform the future commissioning strategies, contractual arrangements for the services and all the providers delivering the services.

### Service discussion and development areas

This section includes areas of the contract where there is either a service development in place or discussions are ongoing. There is routinely ongoing dialogue with providers in relation to the contracted services and service developments. These may also be captured in the service development and improvement plans (Schedule 6B) within the provider contract.

- **Adalimumab**[22] is recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids, only if there is:
  - active disease (that is, current inflammation in the eye)
  - inadequate response or intolerance to immunosuppressants, and
  - systemic disease or both eyes are affected (or one eye is affected if the second eye has poor visual acuity) and worsening vision with a high risk of blindness (for example, risk of blindness that is similar to that seen in people with macular oedema)
- **Autologus Serum Eye Drops** may be prescribed for patients who suffer from severe dryness of the eye, and who do not obtain relief from conventional pharmaceutical eye drops. They are prepared from the patient's own blood, which is processed to separate out the serum. The serum is then diluted with saline and dispensed into dropper bottles that are returned to the patient
- **Eye transplants** – there have been discussions with Moorfields concerning the potential development of eye transplants as a future service provision.

A detailed summary of specialised commissioning is included in appendix 10.

### Benefits from the proposed hospital relocation

NHS England considers there are clear advantages in the London region by having a dedicated eye hospital, and one that is co-located with a clinical research function (i.e. University College London). This enables full advantage to be taken of clinical advancements and developments, also shaping the form and structure of services and treatment pathways. The co-location of the hospital and research facility is a benefit in the proposed relocation of Moorfields City Road.

The proposed move of Moorfields City Road hospital services to the St Pancras hospital site would provide specialised commissioning and the provider with the opportunity to consider the approach to the delivery of the clinical services to patients. There are tools and data available, including Getting it Right First Time, which will be used to inform the review. This process could include considerations associated with variances in clinical practice (both with the provider and across a peer review group), maximising the use of innovative or technological advancements (e.g. telemedicine) and future proofing the services in the new site.

[22] https://www.nice.org.uk/guidance/indevelopment/gid-ta10007

# 4. Case for change

There are a number of national, regional and local factors driving the need for change.

- More patients will need treatment for eye conditions in the future, placing increased pressure on space, services and facilities. This requires organisations to be agile, adapting their service models in response to changing clinical and technological advances
- Exemplar organisations have demonstrated opportunities to generate efficiency and financial benefits by tackling unwarranted variation in care across hospital eye services. Delivering significant improvements in operational efficiency requires optimal configuration of physical estate
- The CQC highlighted the impact of the current ageing estate at City Road on patient experience, specifically in relation to privacy and dignity
- Patient feedback from the Friends and Family Test and other sources has also highlighted factors associated with the environment and specifically waiting times in clinics, availability of refreshments, communication, distractions, and waiting temperature/ environment
- The rising incidence of eye disease requires the development of new techniques and technology to diagnose and treat conditions more effectively. The City Road site constrains scientists and clinicians, with ageing facilities and a configuration that hinders rather than facilitates interaction.

Moorfields has the unique ability to combine clinical excellence and patient outcomes with outstanding, internationally recognised research and education. A purpose-built facility that would allow the effective combination of service delivery, teaching and research would enable the trust and IoO to continue to achieve excellence across all three disciplines. A new building will allow a fresh approach that is free from the constraints affecting City Road.

## 4.1. Local policy framework

### Moorfields organisation strategy

This proposal is in line with the trust's 2017-2022 organisation strategy 'Our vision of excellence', which highlights the aim to provide the best care for patients now and in the future. The trust engaged with staff, patients and key partners in refreshing the organisational strategy and agreeing the core belief that 'People's sight matters'. Together, a cohesive and aligned plan was developed setting out the trust's clinical, research and educational aspirations. It describes eight objectives to realise the vision – four are ambitions and four are enablers that represent what is needed within Moorfields to achieve those ambitions. The new five-year strategy was launched in July 2017, with the new purpose of 'working together to discover, develop and deliver the best eye care'.

Figure 8: Summary of 2017-2022 organisation strategy

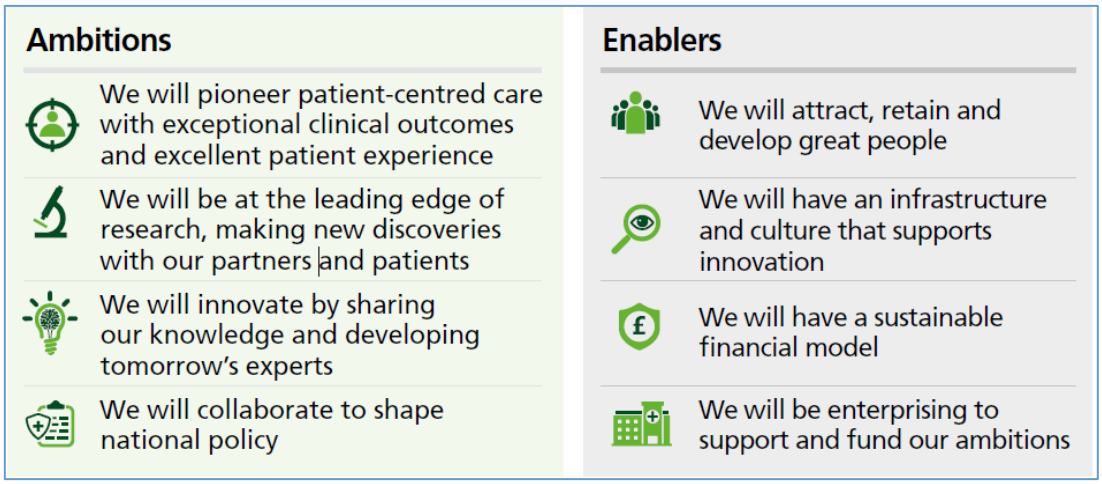



Table 7: A summary of other local policies

| **Moorfields** | |
|---|---|
| **Quality and safety strategy 2017-2020** | The quality strategy sets out Moorfields' ambitions, pledges and practical next steps in delivering outstanding patient care. Moorfields' core belief is 'people's sight matters'. The strategy sets out what quality means at Moorfields, and will support Moorfields' staff to work together to embed a culture of quality, make positive changes and drive behaviours to deliver an outstanding patient experience |
| **Patient participation strategy 2017-2020** | This document drives the strategic direction of patient participation at the trust and has informed patient engagement and involvement for these proposals. The strategy identifies where and how patient participation can help Moorfields meet its strategic aims and improve health outcomes |
| **Focusing on the future: Moorfields nursing strategy 2018-2022** | This document was developed in consultation with nurses through workshops, presentations and questionnaires. Their feedback shaped the strategy's three objectives:<br>• Career: the trust will develop a nursing and technical workforce to deliver world class ophthalmic care<br>• Education: the trust will educate the nursing and technical workforce to deliver the best clinical care and become the nationally recognised provider of ophthalmic nurse and technician education<br>• Culture: the trust will develop the nursing and technical workforce contribution so it becomes integral to the success of the organisation. |
| **Clinical strategy** | The trust's clinical strategy is in development.<br>Please see section 5 – Eye health care model, services and expected benefits. |

| UCL | |
|---|---|
| **UCL strategy 2034** | The principal themes and enablers through which UCL will achieve its vision are: '*Our distinctive approach to research, education and innovation will further inspire our community of staff, students and partners to transform how the world is understood, how knowledge is created and shared and the way that global problems are solved*'. |
| **UCL Faculty of Brain Sciences strategy 2015/2018 (UCL 2015)** | The vision of the faculty is to solve the greatest health and wellbeing problems in the brain sciences, to transform society and reduce the global burden of disease. The key components of the strategy include research activity, a programme of research-embedded education and enterprise underpinned by an academically driven estates strategy and continued development of the Institute of Ophthalmology's relationship with Moorfields. |

## 4.2. Regional policy framework

Services provided by Moorfields are located at sites located across a total of eight STP footprints. Five of these are in the London STP areas. The other STP footprints which include Moorfields sites are Bedfordshire, Luton and Milton Keynes; Kent and Medway; and Hertfordshire and West Essex.

A focus within the NCL STP case for change is modernising estate, with a focus on replacing buildings that are old, expensive to run and not optimised for modern demands; and developing buildings that support patient and clinical needs for the future. Beyond this, the services offered in the proposed new site would be aligned with local commissioner's strategic priorities. The proposal therefore fits within the NCL STP.

In addition to regional developments, the strategic direction of the local health economy and CCG commissioning plans have been considered:

Table 8: Local CCG and STP plans

| | |
|---|---|
| **CCG commissioning plans** | Moorfields' services are commissioned by 109 CCGs across the UK, as well as NHS England specialised commissioning. 14 London and Hertfordshire commissioners hold significant contracts in relation to the City Road site. General commissioning themes include:<br>1) Deliver services that improve quality and clinical effectiveness<br>2) Support patients to receive care in their own homes/community-based settings<br>3) Shift activity away from hospital settings<br>4) Drive down the tariff for services |
| **North central London (NCL) estates devolution pilot** | An umbrella group in north central London working collaboratively towards the aim of producing a joint timeline |

| | |
|---|---|
| | for decision making and estates planning. The Oriel proposals are an anchor scheme for the pilot. |
| **NCL STP plans** | NCL has developed a vision for the transformation of health and care, and health outcomes, for the population of north London based around four fundamental elements:<br><br>1) **Prevention:** many health issues facing the population are a result of preventable conditions, and the wider determinants of health. Increased efforts on secondary prevention and early intervention are essential for improving the eye health and wellbeing of the local population<br>2) **Service transformation:** emerging technologies and better ways to deliver healthcare can help transform the way health care is provided<br>3) **Productivity:** driving down unit costs, reducing duplication and increasing efficiency including working together across health agencies and local authorities to find more efficient ways to deliver health and care<br>4) **Enablers:** building capacity in digital (health and care information exchange and population health management), workforce and estates to enable transformation. |

## 4.3. National policy framework

The trust is seeking to have a positive influence on the national health care system through leading the development of new practice, new technologies and new models of care and has therefore developed its own responses to changing service priorities through work as a national Vanguard site.

Moorfields was awarded Vanguard status in January 2016 as part of NHS England's New Care Models programme. The Moorfields Vanguard team explored whether entering into a networked care partnership could strengthen the longer-term sustainability of single speciality services. The team also explored the opportunities and risks associated with running an extended network of eye services, based on increasing the number of Moorfields sites and widening the trust's geographic reach. This work aimed to benefit patients across the NHS. Among the achievements of the vanguard team was the successful development of a networked care toolkit, which provides recommendations on how to ensure consistency of work at multiple sites, ensure a sustainable workforce, maintain effective partnerships, develop sustainable specialist care and provide a standardised quality of care.

The programme was also the catalyst for the formation of the UK Ophthalmology Alliance, which brings together eye care professionals, patient groups and national ophthalmic bodies across the UK to improve efficiency and pathways, create quality standards, benchmark performance and provide support in areas where performance can be improved. The

Alliance provides a national voice on eye care issues, especially around efficiency and the use of resources.

Table 9: National policies and guidelines that have guided and informed the proposals.

| | |
|---|---|
| **The NHS Long Term Plan (published January 2019)** | The plan's key aims are to make sure everyone gets the best start in life, continue to provide world-class care for major health problems, and support people to age well. Key components of the plan are to bring together different professionals to coordinate care better, make better use of data and digital technology, and make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients. |
| **NHS England Five Year Forward View (FYFV)** | A key component within the FYFV is the increasing emphasis on the effective use of the non-medical workforce. To help deliver this, Health Education England (HEE) is funding and helping to develop a joint Colleges' (the Royal College of Ophthalmologists, the Biotechnical and Society Research Group, College of Optometrists) competency training system. |
| **Sustainability and Transformation Partnerships/ Integrated Care Systems** | To enable the delivery of the Five Year Forward View in 2016, NHS England and NHS Improvement asked 44 local health systems to publish their initial proposals for supporting their local populations. Commissioners, providers and local authorities are encouraged to work collaboratively and to utilise resources in the best interests of the populations they serve. |
| **NHS RightCare NHS England** | NHS RightCare is a national NHS England-supported programme committed to delivering the best care to patients, making the NHS money go as far as possible and improving patient outcomes.<br><br>It encourages local health economies to make the best use of the resources available by tackling under and over use, to understand their performance and tackle unwarranted variation, to focus on population healthcare and areas of greatest priority, and to use tried and tested, evidence-based approaches to making sustainable improvements. |
| **Getting It Right First Time (GIRFT)** | GIRFT is a national programme led by frontline clinicians that is designed to improve the quality of care within the NHS through tackling unwarranted variations in care. GIRFT reviews are being completed on a specialty by specialty basis and Moorfields clinicians have been playing a leading role in the ophthalmology review. Additionally, Moorfields divisional director for Moorfields south division is the joint national GIRFT lead for ophthalmology and recently appointed as the clinical ambassador for GIRFT in London, enabling learning from exemplary practice elsewhere in the UK. |
| **Elective Care High Impact Interventions: Ophthalmology** | In response to rising demand and patient harm arising from delays to follow up care in ophthalmology, NHS England has recommended |

| | |
|---|---|
| | three key High Impact interventions[23] for providers, commissioners and STPs.<br><br>**Action One:** for providers to develop failsafe prioritisation processes and policies to manage the risk of harm to ophthalmology patients.<br><br>**Action Two:** for providers to carry out a prioritisation and clinical risk audit of all existing patients.<br><br>**Action Three:** for CCGs/STPs and integrated care system leaders to complete eye health capacity reviews to understand local demand for eye services and to ensure that capacity meets demand, with appropriate use of resources and risk stratification. |
| **Model Hospital** | Model Hospital is a nationally available tool that provides information to compare the performance of providers on a national basis. It provides data on efficiency, quality and responsiveness enabling clinical and operational teams to identify areas of improvement, some of which have cost saving opportunities.<br><br>It is increasingly being used by NHSI as a tool to monitor provider performance and to drive through improvements at provider level. It was developed to build upon the recommendations contained within the Carter Report (2016) on operational efficiency and productivity in acute hospitals. |
| **Everyone Counts: Planning for Patients 14/15-18/19 (DHSC)** | Provides the basis by which transformational service models are delivered, including: wider primary care provided at scale; a modern model of integrated care, access to the provision of the highest quality of urgent and emergency care, a step change in the productivity of elective care and specialised care concentrated in centres of excellence. |
| **Medicity London Mayor's Office, 2014** | A collaboration between the Mayor of London and the three academic health and science centres to promote life sciences' investment and industry in the London region with the aim of being a world-leading, inter-connected region for life sciences research, development, manufacturing and commercialisation as a stimulus for greater economic growth. |
| **Naylor Review, 2017** | The report examines how the NHS could make the best use of its estate to support the FYFV. It highlights the opportunities available to support sustainability and transformation partnerships (STPs) and optimise the use of NHS land and buildings.<br><br>The government is already acting on some of the recommendations by creating a new NHS property body, making a £325 million capital investment over the next three years to develop local STPs – as announced in the 2017 Budget, and developing an incentive scheme to guarantee that proceeds of sales are available for reinvestment. |

[23] Elective Care High Impact Interventions: Ophthalmology Specification, NHS England, May 2018

## 4.4. Quality of existing estate

Moorfields operates its NHS services from a central hub at City Road, with around 30 network sites across London and the south east. The occupied estate is a mix of freehold and leasehold and varies hugely in age profile, with 45% of the estate (mostly comprising the central hub at City Road) being built pre-1948. Only 31% of the occupied estate was built within the last 20 years.

Parts of the current City Road building are over 125 years old and has been the subject of incremental modifications, refurbishments and upgrading works over time.

Providing clinical services within an eye hospital built to the standards and expectations of Victorian eye care provision impacts the people who access services. For much of the first century of the building's existence, there was limited diagnostic technology with non-medical intervention limited to surgical interventions for long-term inpatients on mixed sex wards.

In the past 25 years, there has been progressive development of non-invasive diagnostic imaging technologies, a shift to high volume local anaesthetic ambulatory (day case) surgery, a plethora of laser modalities, and the development of intravitreal injections to treat previously untreatable retinal conditions.

During this time, the City Road site has been adapted to accommodate the ever-changing developments in treatment and diagnostics while coping with increasing demand. This has to be achieved in a way that is both comfortable for patients while meeting external regulatory requirements.

However, the estate creates an increasing challenge for staff to deliver care efficiently at the highest possible standards, ensuring compliance with statutory requirements and best practice.

To inform its estates strategy, the trust commissioned a six-facet survey in 2008:

Table 10: Summary of the outputs from the six-facet survey

| Facet | Categorisation |
|---|---|
| **Physical condition** | Approximately half of the estate rated below Condition B. B* Sound, operationally safe and exhibits only minor deteriorations |
| **Functional suitability** | One-fifth of accommodation rated as functionally unsuitable. Judgement: C* not satisfactory, major change needed or D* unacceptable in its present condition |
| **Space utilisation** | 95% rated as either fully utilised or overcrowded, with all clinical space being either fully utilised or overcrowded. Judgement: F* Fully used – A satisfactory level of utilisation and/or Overcrowded* overcrowded, overloaded and facilities generally overstretched |

| Facet | Categorisation |
|---|---|
| **Quality** | 33% of the City Road campus rated as Grade C or below. C* Less than acceptable facility requiring capital investment, very poor facility requiring significant capital investment or replacement. Note: Supplementary rating added to C or D to indicate that nothing but a total rebuild or location will suffice (that is improvements are either impractical or too expensive to be tenable) |
| **Statutory requirements (fire and health and safety)** | 39% of space reported to be Grade C or D.<br><br>C* Building with known contravention of one or more standards which falls short of B. |
| **Environmental management** | Graded C overall for energy consumption.<br><br>C* All existing facilities to achieve a target of 55-65 GJ per 100 cubic meters.<br><br>Energy usage/consumption can be ranked using the following criteria: C (66-75 GJ per 100 cubic metres) |

A report in 2010 presented some fundamental issues of compliance with statutory requirements at the City Road site which are currently being addressed through the backlog maintenance programme. In addition, the facility has comparatively high energy usage and costs.

The majority of the heating, ventilation and domestic water system installations have exceeded their life expectancy, and major replacement is required in the medium term to maintain the core hospital function.

Moorfields has a sustainable development management plan which was approved by the trust board in 2012. This policy is led by a carbon management steering group with key aims of reinforcing the link between sustainability and public health, enabling the trust to achieve financial and non-financial benefits associated with sustainable development and reduce the organisation’s carbon footprint.

The physical infrastructure of the City Road site has been adapted multiple times since it was opened over 120 years ago, both to create more clinical capacity and to respond to emerging clinical practice. This has resulted in an environment unsuited to modern healthcare: support columns are located in the centre of the main outpatient corridor which makes this key thoroughfare challenging to navigate for patients and carers who are visually impaired, floor to ceiling heights have been reduced in some areas in order to install modern cabling which makes the environment feel dark and cramped, and the layout of both

outpatient and surgical departments was designed for a very different clinical model with limited diagnostic imaging and long inpatient stays.

Additionally, a significant proportion of the City Road site is not compliant with the spirit of the 2010 Equality Act, specifically in relation to physical access. Due to the age and configuration of the estate, there are many departments which do not have step-free access which creates difficulties both for patients and staff. Adaptations have been made to ensure that patients and staff are still able to access clinical care and all employment opportunities, but these fall short of current best practice.

The trust's 2016 CQC report highlighted issues with the current City Road estate that adversely impact on patient experience. Observations and feedback from the report for the City Road site made specific note of the difficulties that the cramped conditions and service adjacencies created for patients, particularly in outpatients. Specific observations included:

- The environment in the A&E department did not meet the needs of children and young people or protect patient's privacy. There were also problems with the ventilation in the A&E and limited storage space.
- Areas inspected were clean but space in the outpatients' department was limited and there was insufficient seating for the number of patients attending clinics.
- There were delays with patient flow in some services. In surgery there was significant variation in the number of children undergoing surgery on different days of the week. Outpatient clinics often overran and patient waiting times were not monitored.

*"I fully support Moorfields' proposal to relocate our clinical services from City Road to the St Pancras hospital site. Moorfields has been at the forefront of innovation and research within the field of ophthalmology since its inception more than 200 years ago. We continue to strive to deliver the highest standards of clinical care, but our surroundings are now below the standards that we feel patients have the right to expect when accessing health care.*

*"Ophthalmology is a specialty that is evolving quickly in the digital age and, in order to respond to the technological advances that provide major benefits to patient care, we need flexible clinical spaces that can respond to these challenges. Sadly, the infrastructure of our historic building is now limiting our ability to do this effectively. Moving to a new site would also allow us to align clinical and research activities more closely so that we can continue to build on the research collaborations that have played a major role in the hospital's standing as innovator of health care."*

**Louisa Wickham**
**MBBS FRCOphth MD MSc**
**Consultant Ophthalmic Surgeon**

A recommendation was for the trust to look for ways to improve patient privacy in the outpatients' department, accident and emergency department, and day case wards. The trust has taken steps to address this recommendation, but due to the nature of the current building, this would only be able to be properly resolved with a purpose-built facility.

### Richard Desmond Children's Eye Care Centre

Built 11 years ago, the Richard Desmond Children's Eye Centre (RDCEC) was opened in 2007 and is the world's largest specialist centre dedicated to the treatment and research of blinding diseases in children. It combines the clinical experience of Moorfields Eye Hospital with the research base of the adjacent UCL Institute of Ophthalmology to promote the rapid

translation of research findings to better treatments for patients – a truly bench to patient care approach.

The building was purpose-built and combines clinical excellence with a holistic, child friendly and welcoming environment. It houses outpatient consulting rooms, a day care ward and a children's A&E department, alongside research laboratories and overnight accommodation for parents and children.

Moorfields plans to engage with patients and staff who use the Richard Desmond Children's Eye Centre (RDCEC) which was built as a new integrated purpose-built centre, to ensure that it learns and incorporates feedback from their experience of building and using the centre. As part of this, Moorfields is undertaking an evaluation of the building project and will include members of staff, patients, their families and carers; the project evaluation is expected to be completed in spring 2019.

Moorfields is also working with other providers across the NHS, and internationally, who have recent experience of new hospital developments. This is expected to include University College London NHS Foundation Trust (Phase 4 and Phase 5), Guys and St Thomas' NHS Foundation Trust (Guys Cancer Centre), Great Ormond Street Hospital NHS Foundation Trust (The Zayed Centre for Research into Rare Disease in Children), Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital), Singapore National Eye Centre, St Erik Eye Hospital in Sweden and the Royal Victorian Eye and Ear Hospital in Melbourne, Australia.

During 2019, a programme of learning will be established as part of the Oriel strategic planning workstream to incorporate international best practice into the design of efficient future operating models, and effective patient flow through physical environments.

*"From my perspective as a clinician, building a new hospital for Moorfields in central London as the hub of our network is crucial to be able to develop innovative services for all our patients. As a paediatric ophthalmologist, I have had the privilege of working in the Richard Desmond Children's Eye Centre and have been able to experience at first-hand how a hospital designed around modern patient care can enhance our patients' experience as well as clinical care and patient safety. It is no accident that our children's services have been rated as outstanding by the CQC.*

*It is now time for all Moorfields patients to be treated in an environment suitable for their needs and to benefit from new advances in treatments. The new hospital will enable the link with children and adult services to be maintained and for us to provide transitional care for young people. This is an exciting time to be a clinician at Moorfields."*

**Miss Alison Davis, Consultant Paediatric Ophthalmologist**

Commissioners and the trust will work together to ensure that the new facility has sufficient capacity and flexibility in the context of the project's affordability for the health system.

### Future of the City Road site

The trust is also working very closely with Islington Borough Council and development partners to determine the future of the City Road site, should the proposal to move go ahead. No decisions have been made at this stage.

## 4.5. Research and education

### Issues in research

Moorfields and UCL IoO have developed an impressive reputation for world-leading research that has secured prestigious funding such as the award of National Institute for Health Research (NIHR) Biomedical Research Centre status to the joint partnership. Success has often been centred on translational research that has been relatively small scale in terms of the number of patients that could become involved.

Current examples of their world-leading research include the development of gene therapies for inherited eye diseases, a successful phase one trial of stem cell treatment for age-related macular degeneration (part of the London Project to Cure Blindness) and the application of artificial intelligence (AI) to assist decision-making in retinal diagnosis (in partnership with Google DeepMind). This proposal would allow a once-in-a-generation opportunity to provide a flexible, purpose-built, patient-focused environment that would facilitate broadening the scope of research activity.

**The London project to cure blindness**

Set up in 2007, The London Project to Cure Blindness is a partnership between Professor Pete Coffey from UCL and Professor Lyndon da Cruz, retinal surgeon at Moorfields Eye Hospital. The project exists to see if sight loss caused by wet age-related macular degeneration (AMD), the most common cause of sight loss in the UK, can be improved by using a stem cell-based treatment to replace the diseased cells at the back of the patient's affected eye. In March 2018, results from the clinical trial were published and showed that patients involved regained sight after being first to receive retinal tissue engineered from stem cells. It is hoped that this treatment will also help treat dry AMD in the future. It's the first description of a complete engineered tissue that has been successfully used in this way.

"*In the months before the operation my sight was really poor and I couldn't see anything out of my right eye. I was struggling to see things clearly, even when up-close. After the surgery my eyesight improved to the point where I can now read the newspaper and help my wife out with the gardening. It's brilliant what the team has done and I feel so lucky to have been given my sight back*."

**Douglas Waters, 86, from Croydon, London**, one of two people who received the treatment at Moorfields Eye Hospital

The lack of integration between research and service delivery within the current facilities is a barrier to broadening the research portfolio effectively, as well as increasing patient engagement and participation. Currently, fewer than 5% of patients are able to participate in clinical research. Having the physical capability to involve many more patients would have a positive impact on patient outcomes and allow the more rapid progression of innovation in treatment into the mainstream for the benefit of all patients.

### Issues in education

The FYFV highlighted the fact that healthcare depends on people. We can design innovative new care models, but they simply won't become a reality unless there is a workforce with the right numbers, skills, values and behaviours to deliver the models.

It said that, supported by Health Education England, the NHS would address immediate gaps in key areas, putting in place new measures to support employers to retain and develop their existing staff, increase productivity and reduce the waste of skills and money.

In August 2018, North London Partners in Health and Care announced new projects to help attract people to live and to work in north London so as to have the best possible workforce to deliver high quality services to its community. In particular, allowing staff to work flexibility across the partnership organisations without having to repeat inductions and mandatory training, preparing for winter by having the right number of staff in the right places to support the health and care system and, by focusing on primary, community and social care to enable more care to be co-ordinated and delivered closer to home, outside of hospital settings

For Moorfields, as the country's leading provider of ophthalmic education, the trust wants to improve its ability to educate the ophthalmologists, nurses, optometrists and other healthcare professionals of tomorrow. This would improve future patient care both for patients attending Moorfields, and worldwide. Although Moorfields and UCL IoO work together on a number of research and education initiatives, the current facilities are not integrated and are housed in two separate buildings. Current feedback from students and educators is that the quality of lecturing and teaching is of a very high standard, however, the physical facilities are poor.

This is a serious issue looking to the future. If the education facilities cannot be improved, there is a risk of losing students through a lack of capacity, or through a lack of appropriate, modern resources. An improved educational environment would provide a number of significant benefits for students, educators and ultimately patients, through the provision of the very best educational facilities and equipment for future clinicians. Restrictions include:

- Students **don't have direct access to the study infrastructure available at UCL**, such as the library, teaching and social facilities that are available at UCL's main campus. This reduces the quality of the learning experience and leads to some duplication of facilities and resources to counter the physical separation. It is likely that economies of scale could be achieved from establishing a new location adjacent or much closer to UCL's main campus
- There are currently **constraints in providing the best education experience for students**. Classroom spaces are small and not suited to modern teaching, with significant refurbishment unlikely to be possible at the current site due to cost and space restrictions. This space pressure also means students don't have a central 'gathering' space where they could work together and collaborate – which is vital to their learning and development
- Crucially, the **current IoO and Moorfields' education spaces cannot accommodate any expansion**. Courses are always over-subscribed, leading to the potential loss of many good quality students due to a lack of capacity

- **Lecture facilities at present are 'traditional'**, such as tiered lecture theatres or spaces that **do not lend themselves to agile and flexible use**. This style is no longer considered appropriate for modern teaching. Having a space where they are able to apply the most modern teaching methodologies is essential to ensure Moorfields provides students of the future with the very best learning opportunities.

Through the partnership between UCL and Moorfields, students are provided with learning opportunities in a clinical setting. However, due to the Institute and hospital being located in separate buildings and the current lack of flexibility in patient pathways and the clinical environment at Moorfields, this learning is not as effective as it could be.

While new patient pathways would be designed to optimise patient outcomes and experience, there is also an invaluable opportunity to integrate learning opportunities for students in a flexible, modern and purpose-built environment. Current students are the clinicians of tomorrow, and this learning potential in a state-of-the-art clinical environment would provide the very best ophthalmic education.

As new roles are developed, and hospital eye clinicians continue to collaborate and partner across primary and community care, it is also necessary to create opportunities for clinical training to develop and assess clinical competencies and skills. This requires sufficient and appropriate space within clinical environments for primary and community care clinicians to work alongside hospital eye clinicians. The constraints of the City Road site, particularly in terms of capacity, limit the opportunities for such training and assessment at this time.

## 4.6. Workforce challenges

Commissioners' vision is to support north London health and social care organisations to be excellent employers, committed to maintaining the wellbeing of staff whilst also preparing them to deliver the new care models in a range of settings. North London organisations are working together across all health and care settings to support their collaborative efforts to achieve this whilst ensuring that everything contributes to the following aims:

- Improve patient experience and outcomes through improved staff experience and engagement
- Define and adopt new ways of working, including working across health and care settings
- Maximise workforce efficiency and productivity
- Create a reputation where North London is recognised as a great place to work aiding recruitment and retention
- Promote and provide an excellent learning environment
- Develop, implement and embed a systematic approach to leadership development.

Workforce is a concern for NHS trusts across the country and Moorfields is no different. Recruitment and retention of sufficient staff with the right skills and experience is increasingly difficult across the sector. Such pressures could have an impact on the trust's ability to deliver safe and sustainable high-quality care.

The clinical workforce required to respond to future demand, and increased levels of need for services are key factors to ensure that innovative, effective and high-quality care could be delivered. Modern, high-quality and fit-for-purpose facilities could play a crucial role in both

the retention and recruitment of high-quality staff. Recruitment of certain staff groups is becoming increasingly competitive. As the demand for services increases, there is a risk that this may outstrip the availability of an appropriately trained workforce to meet that demand. An ambitious, modern, and dynamic working environment, allied to excellent educational and research facilities, would be an important motivator in attracting the brightest and best in eye care.

The Royal College of Ophthalmologists predicts a shortfall in ophthalmologists over the next 10 years, according to its ophthalmology workforce census conducted in 2016. Preliminary findings from the 2018 NHS workforce census show that 93% of units across the NHS have unfilled consultant posts and significant numbers of new consultants would be required in the short-term (possibly as many as 200) to address this. The most common reason for posts remaining unfilled is a lack of suitable applicants.

Currently, there are 1,306 consultant ophthalmologist posts in the UK.[24] A predicted increase in consultant numbers of at least 326 over the next 10 years would be needed to meet the projected increase in demand. Research undertaken by The Royal College of Ophthalmologists for its *Way Forward Project*[25] looked at the prevalence of disease and population projections and anticipates an increase in demand over the next 10 years of 25% for cataract services, 30% for medical retina services and 22% for glaucoma services. There are currently around 120 consultant ophthalmologists employed at Moorfields. 50% of consultant ophthalmologists in the UK would have undergone part of their training at Moorfields.

There is a global shortage of registered nurses in the UK and London making the recruitment of nurses a challenge for the trust, particularly the recruitment of newly qualified registered nurses. In common with the nursing workforce generally, the skilled nursing workforce at Moorfields has many registered nurses over the age of 55, creating a potential sudden shortfall in the coming years.

The availability of optometrists, particularly in London, is at risk from multiple factors:

- It was estimated in 2015 that there are an estimated 12,099 full-time equivalent (FTE) optometrists in the UK, whereas 12,912 FTE optometrists might be needed to meet the needs of the population, based on current ways of working (e.g. average time per patient consultation)[26]
- The stated career path preferences in the next five years were representative of the profession as a whole (20% retire, 50% want flexible working, 25% want to reduce their working hours)[27]
- From a London perspective, higher salaries elsewhere lead to attrition.

UK clinical academics are reducing in number, with lengthy training and comparatively weaker compensation. Contributors to this situation include:

- UK training pathways are between 1.5 and 2 times the duration of those in the USA

[24] https://www.rcophth.ac.uk/wp-content/uploads/2017/03/RCOphth-Workforce-Census-2016.pdf
[25] The Way Forward: https://www.rcophth.ac.uk/standards-publications-research/the-way-forward/
[26] https://www.college-optometrists.org/the-college/research/research-projects/optical-workforce-survey2.html
[27] As above https://www.college-optometrists.org/the-college/research/research-projects/optical-workforce-survey2.html

- There has been a decrease of between 1 and 3% per year of professors and senior lecturer clinical academics in the UK
- The average salary of a career level academic clinician is now £70-100k in UK. This is 25-50% less than in the USA.

The ability to offer attractive modern integrated facilities plays an important part in the decision process of staff when deciding where to work:

- The integration with research would attract talented clinical academics who are currently attracted to competitor environments where it is easier to conduct research both in the clinical and basic science setting
- An environment that embraces and facilitates new developments in clinical pathways and technological developments would attract staff who would appreciate that they could effect substantial change and improve outcomes for their patients in such an environment
- Staff would choose to work in this improved environment as it offers a better, more focused training experience, improved education facilities and increased access to research opportunities. They would either choose to stay at Moorfields, inspired by the enriching environment of the new hospital, or benefit the wider ophthalmic community when they take on posts elsewhere, propagating the positive practises developed at the proposed new site.

### Staff satisfaction and patient experience and outcomes

NHS Employers published a report in July 2014 looking at international research evidence on the links between staff and patient experience[28]. It concluded that "*overall, there is a substantial amount of recent evidence that the experiences of staff, particularly in the form of support received from supervisors and others, and staff engagement, are associated with the care provided to patients, in the form of patient satisfaction, health outcomes, and ratings of quality of care, as well as staff absenteeism and turnover*".

This has been strongly corroborated by the staff members who were involved in developing the clinical case for change, as they highlighted the link between staff satisfaction and patient experience and outcomes. In their view, a purpose-built working environment, allied to excellent educational and research facilities would improve staff satisfaction, and in turn, patient experience and outcomes.

### Potential impact of leaving the EU

Moorfields took an early decision to reassure EU staff on ways to maintain their right to live and work in the UK by asking for legal guidance from law firm, DAC Beachcroft, to deliver a series of presentations during 2017, along with some brief individual sessions.

In the light of the new EU Settlement Scheme Pilot launch in 2018, the trust advised staff by newsletter in November that the application fee for the scheme would be covered by the trust and again asked DAC Beachcroft to prepare a guidance presentation for staff which would be available on the intranet along with some more personalised email support.

[28] Staff experience and outcomes: what do we know? NHS Employers (July 2014)

# 5. Eye health care model, services and expected benefits

Nationally, it is acknowledged that current demand for ophthalmology services is not being met. The number of patients referred to hospital varies greatly and there is significant unwarranted variation in referral patterns[29]. This contributes to the continued increase in patients requiring hospital eye services.

A compounding effect, future demand is likely to increase in large part due to the ageing population, meaning that more patients will be at risk of losing their sight unless current and future capacity issues are addressed. A combination of pathway transformation and failsafe approaches is required to ensure patients are reviewed and treated safely within agreed timeframes.

## 5.1. North Central London eye health model of care

Ophthalmology is identified in north central London as a clinical speciality where services and care could be provided more efficiently in partnership. This agenda has been accelerated in London by the introduction in 2018/19 of NHS England's *High Impact Intervention for Ophthalmology and Ophthalmology Elective Care*[30], published in January 2019 as part of the national elective care transformation programme. Drawing on guidance from the Royal College of Ophthalmologists[31] (RCOphth) and the frameworks developed by the Clinical Council for Eye Health Commissioning (CCEHC)[32], the high impact intervention has been introduced to support local health economies to prioritise the treatment and care of those patients most at risk of harm from delays to treatment.

To ensure that patients receive assessment, treatment and care in the most appropriate setting, first time, the RCOphth guidance recommends:

- Improving referral processes to remove unwarranted variation
- Improving processes in outpatient clinics, focusing on efficient and safe discharge policies and risk stratification, shared care protocols and booking/rebooking patients for follow up
- Addressing any lack of capacity, optimising the skills and expertise available with multidisciplinary working across primary and secondary care
- Improving data collection and coding, ensuring intended dates for treatment and risk of harm can be recorded and the prime referrer can receive feedback
- Engaging and empowering patients to self-manage, supporting those with co-morbidities.

Commissioners and providers in north central London are working together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, would create a huge benefit for clinical outcomes.

The SAFE framework developed by the CCEHC aims to improve patient flows within a service system and ease any capacity problems within a hospital eye service. These provide the overall architecture for how pathways of care within a service system are organised,

[29] The Way Forward, The Royal College of Ophthalmologists, 2017
[30] Transforming elective care services ophthalmology, NHS England elective care transformation programme, January 2019
[31] Ophthalmology outpatients – safe and efficient processes, The Royal College of Ophthalmologists, February 2018
[32] SAFE - Systems and Assurance Framework for Eye health, The College of Optometrists, 2018

delivered and monitored, based on clinical risk stratification of a patient's condition and the skills and competence of the health care practitioner. This will help to inform the future design of ophthalmology services in NCL.

Established in 2018, the NCL ophthalmology clinical pathway design group is a forum for review, analysis, discussion and pathway design. Its role is to ensure that system-wide clinical governance standards and procedures are in place, that patients have safe access to care, all the while reducing unwarranted variation.

The objectives of the NCL ophthalmology design group are to:

- Drive improvement in eye health outcomes, in line with local, STP and national priorities
- Provide clinical leadership and facilitate wider clinical engagement
- Support commissioners
- Support patient involvement
- Coordinate, and facilitate the strategic and operational activities required to implement the ophthalmology high impact intervention
- Promote innovative use of NHS resources that provides the best outcomes for patients
- Develop failsafe prioritisation processes and policies to manage risk of harm to ophthalmology patients
- Have oversight of clinical risk and prioritisation audits of ophthalmology patients
- Have oversight of any eye health capacity reviews and the subsequent development of transformation plans
- To work closely with eye health educators and training departments to ensure workforce, education and development needs are identified and met.

These objectives will be evaluated through continuous quality improvement audits of clinical evidence, qualitative analysis with clinicians, pathway evaluation, and patient feedback and audits. This is expected to encourage innovation, enhance patient experience, and deliver better clinical outcomes.

The group will work closely with the Oriel programme to ensure opportunities arising from a new purpose-built integrated facility would enable more efficient eye health care pathways and networks across the health and care system in north central London and across the UK.

## 5.2. The vision for eye care in a new integrated facility

To realise the proposal to move from City Road to the St Pancras hospital site, the vision is to bring together clinical care, research and education expertise in one flexible, fully-integrated facility, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators.

Built in partnership with patients, staff and students, this proposed new, integrated facility would enable clinicians and researchers to collaborate more freely, for the benefit of patients and people with sight problems, in an environment where innovation flourishes; inspiring advances to improve people's sight.

A critical requirement is to operate from a more flexible space given the way that patients navigate ophthalmic care pathways across NHS services now and in the future. The pace of innovation and change would continue to be rapid, with the development of more sophisticated technologies, such as artificial intelligence, genomics and new therapies. Patients could have access to facilities that would be more easily adapted to these innovative developments in ways that are not possible at the City Road hospital buildings, some of which are over 120 years old.

For this innovation to flourish, there is a need for flexible, technology-supported, physical infrastructure available to the NCL health system, to London, the UK, and internationally, that will inspire advances to improve people's sight. As such, the strategic objectives of the proposed integrated facility include:

> *"It's always easy to see the things that we shouldn't do. We should be thinking about new and innovative solutions to problems. We need to look at the bigger picture, and then find solutions."*
>
> **Moorfields' patient**

- **Creating the best possible patient experience** by substantially improving the current patient experience, especially the patient journey which can be long and complicated at the City Road site due to limitations of the current estate, which is not suited to the current or future provision of clinical care, research or education
- **Attracting and empowering people** by improving staff satisfaction across the landscape and creating an environment that encourages more efficient use of staff time and provides ways of managing ever increasing workloads so that the high quality of services to patients is maintained
- **Inventing and innovating together to be at the leading edge** by accelerating scientific research and discoveries with educational and research partners in London and more widely, to improve the prevention, diagnosis and treatment of eye disease to meet rising demand, through improved facilities and more interaction between scientists and clinicians
- **Educating people to be the very best** by extending capacity for teaching by providing an environment in which students could flourish
- **Driving efficiency and effectiveness** by enabling improved service efficiency as highlighted in the elective care high impact interventions: ophthalmology specification and for cataract surgery in the GIRFT review[33].

The proposed new facility would have a vital role to play in supporting the development of an integrated culture that strives for excellence in clinical practice, research and education, encouraging a spirit of collaboration between clinicians and researchers to enable greater innovation in delivering care, research and education.

Additionally, Moorfields is committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital health information exchange platform being implemented across north central London providers. Additionally, through the STP digital work stream, Moorfields would encourage other providers to adopt interoperable digital solutions where there are material benefits to patient care.

[33] ] http://gettingitrightfirsttime.co.uk/surgical-specialty/ophthalmology-surgery/

## 5.3. Expected benefits of the new facility

### Integrating eye care across the service system

In line with national and regional policy direction, central to the approach of developing the clinical strategy for Moorfields, is the end-to-end patient care pathway as described in the SAFE framework. The trust has already begun working with commissioners across London to understand the need for eye health care, the current provision of services from a number of care organisations, and how new collaborations and partnership working might address future demand and further care needs.

To develop the trust's clinical strategy, Moorfields has undertaken a review of its four biggest services: glaucoma, cataract, medical retina and urgent and emergency care. Multi-disciplinary colleagues have taken part in a series of workshops to discuss the strengths, challenges and opportunities of current services today, agreeing immediate operational priorities and longer-term strategic options.

As part of the approach, best practice models for ophthalmology and other clinical specialties from across the world were reviewed. Examples of innovative practice were used to challenge and test assumptions about potential future models of care for each subspecialty, including how the trust could develop further integrated pathways across primary, community and social care; continuing the development of services at a system-level.

Each service's strategic ambitions have been identified as follows:

- **The glaucoma service model** would provide a three-tiered approach to care, comprising of virtual clinics, optometrist-led, and consultant-led services. Building on the current high-quality service, Moorfields would provide a standardised glaucoma service across the trust network which focuses complex care at one site, with comprehensive high-volume routine care from a small number of centres across its network, utilising technology and risk stratification to improve patient experience and outcomes. Moorfields would stratify care to ensure the most complex, tertiary services are centred in one place with access to specialist advice, diagnostics and treatment

- **The cataract service** would optimise digital solutions to enhance the patient journey, have robust community pathways pre- and post-surgery, and lead the way for defining and training the best workforce to deliver the service. Moorfields would provide services from a number of high-volume sites strategically located across London to meet patient demand and needs, with new theatres at the new proposed facility at the St Pancras hospital site, allowing significant improvement to the flow of patients in and out of surgery, and resulting in improved productivity, safety and quality of care

- **The medical retina service** model would be delivered through a range of clinical models, appropriate to patient need. The trust would utilise technology and digital innovation to enhance the ability to deliver care across London, implementing tele-ophthalmology to support out-of-hospital monitoring and alternate ways of delivering

care. Moorfields would develop more cohesive hubs of clinical care where specialist resources could be focused and maximise the use of new and enhanced technology

- **Urgent and emergency care** would have standardised clinical protocols across all sites, with consistent access to sub-specialty advice from the site running complex emergency care services. Referral management and digital triage would be implemented to ensure appropriate cases are seen in the emergency department, supporting an improved patient flow and experience. Patients who have no need of immediate emergency care would have access to online and technological support tools to help get them to the right place for assessment and treatment, including access to bookable urgent care or other, community-based options.

Moorfields' ambition to is develop a facility able to meet the growing demand for ophthalmic services, helping to support the health system in London and beyond to manage waiting lists and times. The proposed site could enable improved pathways across care settings:

- Primary care: optometrists would be **better supported in the community** with defined pathways (tele-ophthalmology or co-management) via direct electronic communication and referral advice
- Primary care in north central London: through the **co-design of new pathways** with local patients, GPs and primary care staff.

Work is underway at a system-level to ensure that networks and pathways are being developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, this would create a huge benefit for clinical outcomes.

The aspiration for the proposed new facility at St Pancras would be to continue to innovate and develop treatments and clinical outcomes for patients, with a continued focus on excellent local care provision.

For example, the number of follow-ups at the new site could decrease as:

- Low to moderate risk and stable chronic disease cases (e.g. glaucoma, age-related macular degeneration) could be managed through electronic virtual review of images captured in the community setting and review by consultants at the site (e.g. tele-ophthalmology)
- Patients needing a specific diagnostic test could be managed in partnership with community providers so that they have a one-stop visit for test, interpretation, consultation; returning to community providers, closer to where they live, for any follow-up
- Low risk, stable, successful post-surgical outcome patients could be cared for by their local community and other providers, closer to where they live; this could reduce both the number of follow-up appointments and travel time.

Some of these improvements are already underway elsewhere, for example Moorfields' plan for tele-ophthalmology in Croydon.

- **Phase 1** aims to achieve 30% of medical retina patients seen in digital diagnostic clinics (currently 15% in Croydon), rather than the traditional face-to-face clinician

delivered service, with the diagnostics done on-site in Croydon. The first year has been funded as a proof of concept, facilitated by a digital platform procured from Big Picture Medical (which provides the clinical team with imaging and other test results for review in a significantly faster format, enabling the scaling-up of the tele-ophthalmology clinic model that already exists).

- **Phase 2** aims to expand digital diagnostic clinics to glaucoma and make it available across the trust's network, with a review of what reading centre facilities are needed to facilitate this. The trust will review glaucoma and medical retina services to understand the current variation in use of the existing virtual model and how to scale that up to current Croydon levels.

- **Phases 3 and 4** would lead to the establishment of true collaborative care across primary and secondary care. The trust aims to enable other care providers, including high street optometrists, GPs, and other ophthalmology units, to send diagnostics and clinical information to facilitate a remote opinion, providing truly virtual care to patients the majority of whom will not then need to attend a Moorfields site. The expectation is that up to 50% of medical retina and glaucoma patients would be suitable for this model of care, and could expand to other specialities for adults and children.

### Improved care services within the building

The aim of the proposal is to improve patient care through creating an environment to empower Moorfields' workforce to deliver the best care for patients. The creation of a fit-for-purpose, state-of-the-art facility would underpin the ability of Moorfields to create the best patient experience and driving efficiency and effectiveness.

The constraints of the current estate are a limiting factor to addressing the 2016 CQC report and patient satisfaction surveys.

From the CQC report it was noted that A&E was unsuitable for children and young persons and did not act to protect a patient's privacy, there was also insufficient seating in outpatients, as well as delays with patient flow in some services.

At present it is difficult to address these areas within the current estate. The problems in A&E are due to the space constraint which was also noted not to have enough storage space. In this instance, patient experience would be improved by an A&E department that has the adequate space and facilities to provide patients with the correct level of privacy and storage of confidential documents. This is not possible at City Road without extensive work which brings its own disruption and expense.

Furthermore, the poor structure of current clinical journeys often results in overcrowding in waiting areas which the current estate would struggle to address without significant restructuring with consequence expense and significant disruption to day to day working.

Oriel offers the solution of a facility that solves current space constraints and also will be future proofed going forward. It addresses the issue of poor clinical journeys as the facility will be built with the expert knowledge of what ophthalmology care looks like going forward.

### Improved care journeys

Currently, Moorfields' ability to establish modern, efficient and effective treatments and care is achieved despite the need to compromise in the face of the limitations of the current site. However, these impact the patient experience, for example, many patients must travel to different locations and floors of the hospital for routine investigations during the same clinic visit. This impacts their time spent at the hospital, with delays resulting in longer wait times, leading to overcrowding in waiting areas.

### Case study – patient experience

This is based on the experience of an existing glaucoma patient who attends as an outpatient at Moorfields City Road, and who shared their experience of their glaucoma journey.

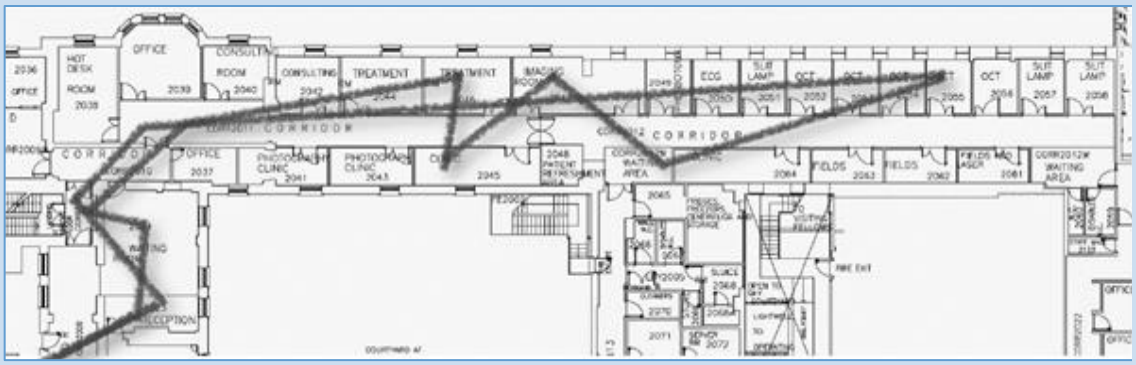
Despite being very complimentary about the care received, the patient had the following observations:

- Visits to clinic can take a long time, sometimes more than two hours, meaning that in extreme cases patients are forced to leave clinic before the assessments are completed to meet work commitments. This can be particularly inconvenient when more frequent clinic visits are needed due to the trialling of new drug combinations

Navigation of the hospital can be complicated. The journey between consulting rooms and pharmacy to collect new medication involves lift journeys between floors and this can be confusing. Some investigations take place in the basement where there are a number of small, very busy clinics that can prove very difficult for older people to navigate successfully.

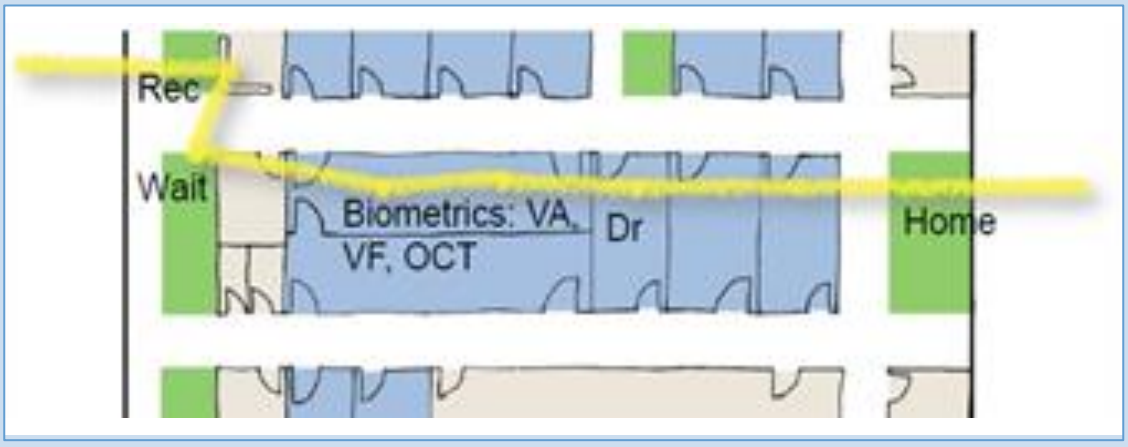
### Glaucoma patient journey through City Road site

An analysis was carried out at Moorfields of a typical patient journey. Glaucoma is a significant service line for Moorfields and, due to an aging population, the number of people with the disease is expected to increase substantially. The current typical patient journey at Moorfields City Road site is shown below.



This journey has been measured at 140 metres long but takes up to three hours. The current estate at City Road has largely dictated this journey due to its inflexibility, the result of which is a lengthened journey, reduced flow and throughput, and a diminished patient experience.

The analysis assessed a care journey for glaucoma patients where estate restrictions and constraints were not imposed. It estimated that the journey could be reduced to just 40 metres and take one hour. This is a significant reduction in the length of time and distance required, which would improve patient flow, greater throughput and better patient experience.




This is just one example of how the trust might be able to improve patient throughput and experience dramatically, and there are similar examples for other sub-specialties. However, it is not structurally possible or economically viable to implement these improvements to patient journeys within the estate constraints available at the City Road site.

The themes of wait times and the environment in waiting areas as key areas of concern for patients, is evidenced through feedback on the friends and family test. This was also reinforced in recent surveys undertaken as part of the pre-engagement activity. A modern, adaptable clinical environment would provide effective clinical journeys, reduce waiting times and meet increasing demand.

The proposed new integrated facility at the St Pancras hospital site would be purpose-built, designed with patients and clinicians, and would offer reduced clinical journey time within the hospital site; in turn, this would mean greater efficiency of care for patients as service demand continues to grow.

Along with streamlined clinical processes, the relocation proposal would offer more accessibility with step-free access and on-site research facilities, leading to better integration of research from bench to patient care.

The limitation of clinical space currently reduces the ability for multi-disciplinary teams to work together or in parallel to see patients. Clinical spaces could be designed to function much more efficiently so that multi-disciplinary teams could deliver care simultaneously rather than needing to 'queue' for the use of clinical space. This could reduce patient waiting and accelerate patient journey times. These proposals offer the solution to the many of the care inefficiencies that are present at City Road.

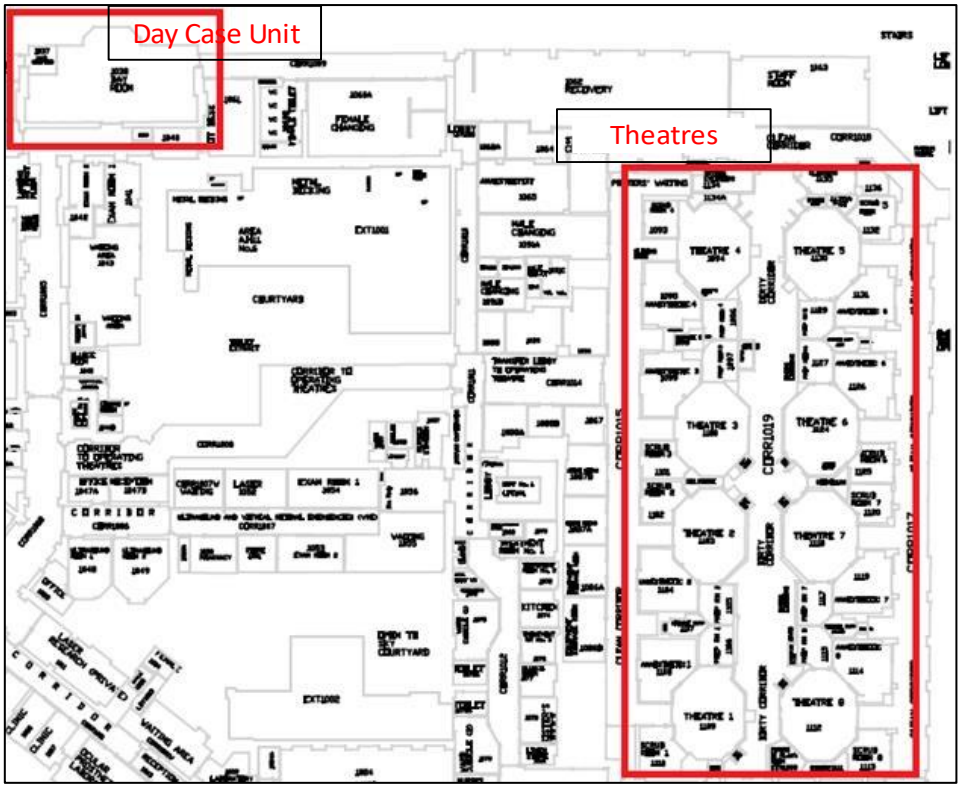
### More efficient care

Get It Right First Time (GIRFT) is a national programme led by frontline clinicians that is designed to improve the quality of care within the NHS by tackling unwarranted variations in that care. The programme's reviews identified exemplar organisations that demonstrate opportunities to generate efficiency and financial benefits by addressing unwarranted variation in care across hospital eye services. A number of themes have emerged from the GIRFT reviews of ophthalmology, including significant opportunities in surgical services, in particular increasing theatre productivity.

The infrastructure constraints also impact upon the trust's ability to provide a streamlined, time efficient ambulatory surgical care service at the City Road site.

The site is still configured with Nightingale wards located some distance from operating theatres, which reduces the number of patients treated in a timely manner. Delivering significant gain in surgical efficiency to maximise capacity is challenging in this physical configuration, with relocation to the proposed purpose-built ambulatory surgical facility the optimal solution.

For example, within **cataract surgery**, GIRFT has indicated the need for risk stratification of theatre lists, the proximity of theatres to the day case unit, the need to optimise the surgical time available, and the ability to achieve at least one surgical case in each 30 minute slot to achieve at least eight cataract patients per four-hour theatre session. This compares with some best in case models in other providers where up to 12 cases per session are achieved.




For glaucoma, age-related macular degeneration and diabetic retinopathy services, GIRFT has highlighted the use of virtual clinics and the need to consider the location of physical clinics. Currently there is variation, with some clinics located in hospital and others in in the community. Given advances and the cost of technology, there is a strong case for hosting such clinics in an easily accessible hospital setting, therefore avoiding the potential duplication of expensive and highly technical equipment required to run such clinics effectively.

The design of a purpose-built facility could incorporate these GIRFT recommendations to ensure an operationally-efficient and leading practice service is delivered. In addition, it is anticipated that the new proposed facility could enable more efficient operating costs. The new building would be built with modern materials deployed using the best construction techniques. This would also facilitate easier cleaning regimes, improving the overall hygiene of the building, minimising infection risk, and improving patient safety.

More efficient operating costs are also particularly relevant given the potential increase in the number of patients accessing secondary care in the future. The ability to treat those patients that need to be in hospital more efficiently would benefit the patient and would facilitate better throughput. Placing a new, modern hospital within a more distributed care network, with the technology to enable and support more dispersed care models, would also contribute positively to overall service system efficiency.

### Improved use of technology

A new site could be a significant enabler to service innovation using new technology (just as the current site is an active inhibitor). There are four main ways in which a new building could help in Moorfields' journey towards becoming a smart hospital:

**Physical IT infrastructure**
A smart hospital needs a high-quality IT infrastructure. This is very difficult to reverse-engineer into an old building and inevitably leads to compromise. A new hospital would allow high-speed intranet to be delivered throughout the building, vital in coping with the vast amount of data necessitated by modern imaging devices, and also the provision of virtual services and telemedicine.

The increasing use of mobile devices (both by patients and hospital staff) to provide care necessitates high signal strength wifi.[34] A modern building enables a 21st century IT infrastructure to be put in place that can cope with, and adapt to, new requirements.

A real-time digital journey requires high speeds and good coverage to:

- Facilitate patient flow through outpatients – real-time hospital journey via mobile device (knowing exactly where you are in the queue so you can get a coffee rather than sit in a crowded waiting room)
- Collect qualitative data via tablets; patient feedback experience – allows the organisation to be responsive (preventing rather than just responding to complaints – waiting time makes up a significant proportion of all complaints)
- Reduce human input errors – explain that patients often require imaging on two or more separate imaging devices.

**Improving the clinician-technology interface**
Clinical work is increasingly reliant on machines and automated investigations. At Moorfields this has allowed innovation in the area of telemedicine and virtual clinics. However, the City Road site does not have good workspaces for clinicians to undertake this kind of work. A new hospital would allow dedicated spaces to be set aside for virtual and telemedicine work, allowing clinicians to communicate with patients while accessing their images and other investigations on a computer. These pods could be placed at higher density than typical clinic rooms. Virtual clinics or highly automated clinics also have different physical requirements compared to a traditional clinic in order to optimise patient flow and maximise throughput. Adapting the hospital's clinical spaces to support automated and virtual clinic work would allow the trust to reach a wider audience and provide new income streams.

- Failsafe requirements of a scaled (central) telemedicine control hub and service could be achieved through a centralised command centre, which could also act as an education hub for multidisciplinary staff involved in the virtual care of patients, e.g. ophthalmic nurses who manage telephone lines for post-operative consults, ophthalmic technicians grading optical coherence tomography (OCT) retinal scans, or ophthalmologists giving second opinion reports or real-time consults

- Space would facilitate communication between staff but allow privacy for grading or telephony
    - Space: requirement for private-pods as well as communal areas
    - Hardware: high definition multi-screen interface, video conference capability
    - Software: patient centred data, fewer clicks, and embedded analytics.

[34] https://digital.nhs.uk/services/nhs-wifi

**Improving the patient-technology interface**

New technologies have the potential to enhance the NHS' ability to provide good care. Innovations in home monitoring, for example, might allow care for some patient groups in the community or in their own homes. This, however, carries the risk of digital exclusion among vulnerable groups.[35] A new building would allow Moorfields to design spaces for patients (analogous to an Apple Genius bar) who need to be assisted to engage with new care models, or who need training to use devices like smartphones or new digital low vision aids.

Modern care also require new ways for patients to interact with the hospital – via kiosks and smart stations which themselves place architectural requirements on the new build. New models of care might also mean a patient only needs to come to Moorfields for a single scan with the rest of their care performed in the community. This would best be supported by drop-in clinics that allow this missing test to be performed and reviewed at a later time by a clinician.

A new building can be tailored to new modes of service delivery in the way that a Victorian building cannot:

- Group consultations with multidisciplinary involvement, plus patient-led care requires space for teaching, group work, personal consult pods. Holding regular sessions is the key to their success; there is limited success if sessions are held as a one-off or infrequently. Group consultations allow patients access to services and helps them to build a community. Current examples: online patient groups, though providing partial support, have little to no input from health professionals
- Self-monitoring, like telemedicine, requires a robust failsafe process and could be managed via central control hub. But it requires space for sessions (Moorfields Club Lounge).

*"Oriel will provide the infrastructure that enables Moorfields to evolve into a 'smart hospital', utilising the latest technologies to provide better care for patients, and to provide that care in the community or the patient's own home. The new building will provide hub for inter-disciplinary innovation, bringing new technologies quickly and safely into practice, and providing patients with a place they can come to learn and engage with new ways to improve their care."*

**Peter Thomas PhD FRCOphth**

**Director of Digital Innovation, Moorfields Eye Hospital**

**Consultant Paediatric Ophthalmologist**

**Researcher, NIHR Biomedical Research Facility at Moorfields.**

**Visiting Academic, Vision lab, Department of Psychology, University of Cambridge**

**Encouraging interdisciplinary work**

Moorfields has areas of excellence in informatics, but this is relatively poorly joined-up. Making use of a new technology requires close cooperation between many teams including research, information governance, IT, patient groups, digitally-involved clinicians, and project managers. At present, these are scattered over multiple buildings. A digital hub in the new hospital would foster such an environment. It could also allow Moorfields to act as a hub to encourage cooperation between neighbouring trusts as envisaged by NCL's strategy. A dedicated digital space would allow Moorfields to transition new technologies into practice, demonstrate new innovations to other organisations, and open up new commercial opportunities to support the trust financially.

[35] https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is

Benefits of this could include:

- Encouraging a start-up culture
  - Provide space for networking events for professionals outside healthcare
- Holding drop-in educational events
  - Open events: encourages communication between optometrists and ophthalmologists
  - Webinar style: open our regular teaching sessions to registered users online.

### Improved research and development

There is evidence to show that organisations which are more research active deliver better clinical outcomes for patients. Being able to integrate research with service delivery would have a major benefit for clinical outcomes.

The transition of research to front line clinical care is critical. These proposals create the ability for the world class research undertaken at UCL to transition from bench to patient care, meaning that cutting edge techniques and ways of working can be utilised quickly.

Developing a new integrated eye care, education and research centre facility in Camden could create an unrivalled global hub for world-leading eye health, encompassing patient experience, clinical practice, biomedical research, clinical trials and innovative treatments, public impact and commercial collaboration.

The new proposed facility could allow this potential to be realised. At present, the location and layout of the City Road hospital acts as a barrier for patients becoming engaged in clinical research with fewer than 5% of patients able to be involved. Having the physical capability to involve many more patients would have a positive impact on patient outcomes and allow the more rapid progression of innovation into mainstream treatment for the benefit of all patients.

> "*The development of a new state of the art combined facility would allow Moorfields and its partner UCL Institute of Ophthalmology to develop and deliver the innovations of the future needed to save sight and change the lives of people in London, Britain and around the world. We face an unprecedented increase in the incidence of eye disease and demand for treatments, and this new facility would enable us to develop the new diagnostic and treatment pathways from artificial intelligence to new molecular treatments to deal with these challenges.*"
>
> **Professor Sir Peng Tee Khaw PhD FRCS FRCP FRCOphth FRCPath FRSB FCOptom Hon DSc FARVO FMedSci**
>
> **Director, NIHR Biomedical Research Centre Moorfields Eye Hospital and UCL Institute of Ophthalmology**
>
> **Research and Development Moorfields Eye Hospital**
>
> **Eyes and Vision Programme, UCL Partners Academic Health Science Centre**
>
> **Emeritus NIHR Senior Investigator**

### Integration, not just co-location

Integration is key for the success of such a joint facility. Research activities by UCL IoO and Moorfields are not undertaken in isolation. Through better integration they could enhance research capabilities and strengthen impacts and outcomes.

A key driver of moving to an integrated building would be the realisation and implementation of the bench-to-patient concept (translational medicine). This concept requires close collaboration between clinicians and scientists across Moorfields and UCL IoO, enabling

clinical observations to inform research studies. These, in turn, would be expected to result in new treatments and further clinical discoveries.

**Research expertise (UCL)**
UCL is a world top 10-ranked research university with a reputation for cross-disciplinary working. In addition to its world-class Institute of Ophthalmology, expertise in simulation and imaging (including AI), brain science, bioengineering, gene therapy, product design and more could be used to push the boundaries of eye science. UCL has an unrivalled breadth and depth of research expertise.

**Domestic service/global reach**
The proposed new facility would be a flagship for the NHS, delivering new patient pathways and sharing information with NHS sites and partners, and accepting patient referrals from across the UK. The new facility would also be outward-looking, developing pioneering approaches to the diagnosis, consultation and treatment of eye diseases in low and middle income countries across the world, embracing new technologies in telecommunications and imaging – and despatching Moorfields alumni around the world.

**Clinical expertise (Moorfields)**
The Moorfields name is internationally renowned, attracting world-class clinical talent to London to work with the NHS patient base, and to work collaboratively with academic (UCL) and commercial partners. Moorfields' consultants have the opportunity to combine their clinical practice with research and innovation to enrich the patient experience.

### Improved clinical education

A new joint eye care, research and education facility could support a significant increase in the number of students as well as improved student experience, not only at Moorfields, but across London. It is clear that there would be a need for an increase in the number of qualified and well-trained staff in all disciplines in the future, given the trends in likely demand for eye services. Expansion in capacity is vital if the supply of trained staff in the future is to be maintained.

This positive impact is also reflected in education with the ability of students to put learning into practise using best technology and modern equipment. Improvements in research and education will create further opportunities to improve patient outcomes.

As new roles are developed, and hospital eye clinicians continue to collaborate and partner across primary and community care, it is also necessary to create opportunities for clinical training to develop and assess clinical competencies and skills. A new, bespoke facility would provide space in which primary and community care clinicians could work alongside hospital eye clinicians to develop new clinical knowledge and skills, in particular subspecialty expertise.

### Improved staff experience and satisfaction

The excellent workforce at Moorfields facilitates the ability of the trust to give the best patient experience and continue to be a world leader in ophthalmology. Attracting and retaining motivated well-trained staff is a necessity.

With current clinical journeys extended by the estate structure, resulting in overcrowding waiting rooms, staff can feel demoralised that they cannot make necessary improvements.

Modern, well designed facilities contribute towards high staff satisfaction, and the proposal to move the hospital from 120 year-old buildings in City Road to a modern, purpose-built facility on the St Pancras site would negate the need for the current experience of workarounds, with the ageing and constraining infrastructure that staff currently face and have to overcome.

### Better recruitment and retention

Modern, attractive facilities, together with the world-class reputation for leading-edge care, would also create a strong attraction for the talent Moorfields needs as it looks to progress into the future. A new purpose-built facility and continued cutting edge education would help attract and retain the best staff. The integration with research facilities would also attract clinical academics who would benefit from the bench-to-patient flow into clinical practice the new facility offers.

Rising patient demand, and the desire to manage patients in non-hospital settings, offers opportunities for non-medical staff such as nurses, allied health professionals (AHPs) and optometrists to play different and expanded roles in patient care. Enhanced roles would allow more efficient use of staff time and provide ways of managing workloads in ways that maintain the high quality of services to patients. The proposed new site could facilitate the development of new ways of working through a flexible environment that would change and accommodate new roles and treatments.

## 5.4. Impacts on and benefits for patients

### Improved patient experience

The NHS is committed to delivering patient-centred care with excellent patient experience across London and more widely. The proposed new centre could increase the number of patients who highly rate their experience as a result of having their treatment at Moorfields in well-designed, modern facilities.

Offering the best possible patient experience is a priority for the trust, and it undertakes a range of ongoing patient engagement activities to understand what patients think and feel when they come to Moorfields. Through the collection and analysis of patient feedback, common themes have been identified.

**Themes for improvement** identified in the July 2018 Friends and Family Test at Moorfields, City Road, where patients were 'Not at all likely' or 'Unlikely' to recommend Moorfields include:

- Long waiting times
- A lack of space in the waiting areas
- A need for better communications around the wait times.

> *"Flexibility and functionality are the key words. Functionality must be beyond question"*
>
> **Moorfields' patient**

While there are many actions that Moorfields is currently taking to respond to patient feedback, the constraints of the physical environment at the City Road site limits the trust's ability to address all concerns raised. In particular, the impact of the physical environment on waiting times, pathway flow through the clinic, and travel to and within the hospital.

Specifically, the move to a new site could enable a number of improvements, such as:

- Reduced waiting times and handovers between clinical department and services, for instance in the interactions between A&E and outpatient and inpatient services, with clear signposting and protocols between different clinical areas
- Better systems in place for monitoring waits along the whole pathway including ‘intelligent’ building technology which follows patient movements throughout the building
- Other more advanced technologies within the building could help with easier navigation for all, particularly for the sight-impaired
- Improved clinical adjacencies to maximise patient flows
- All clinic spaces would be designed specifically to suit the needs of our sight-impaired community and could enable easier movement of patients, carers, visitors and staff, also reduce the risk of slips, trips and falls
- Seating could be designed specifically with the sight impairment needs of patients in mind.
- Improved lighting – there is an absence of natural light throughout all communal areas of the City Road site. It is well established that lighting conditions affect visual function in nearly all chronic ophthalmic conditions. The only exception to this is within the Richard Desmond Children’s Eye Centre (RDCEC) adjoining the City Road site, which was purpose-built 11 years ago.

Other benefits of a bespoke designed facility could be:

- Noise reduction
- Improved proximity to staff
- Decentralised patient monitoring
- Maximising the impact of the clinical environment to relax patients, carers and staff: temperature and other atmospheric controls could maintain comfort-controlled air temperatures and humidity, minimising patient discomfort
- Providing positive opportunities to occupy patients while they wait, for example patient information, internet access and television or films
- Enabling social support from families and staff
- Providing a sense of control.

In combination these could significantly improve the quality of the patient experience, enhancing staff satisfaction, recruitment and retention leading to improvements in patient care.

### Case Study – Patient experience

This case study is based on the experience of a current external diseases' patient at Moorfields, City Road. This patient has been visiting City Road roughly once a year since 1986 and is sight impaired. This patient shared their experience of travelling to and around Moorfields as both a patient and a volunteer with Friends of Moorfields.

**Travel and access**

The patient takes the bus from Holloway to City Road and the journey takes around 45 minutes. The patient is used to the journey and thinks the green line etched in the pavement and flooring from Old Street station to the hospital is very useful, helping patients navigate from the station and stick to the pavement safely.

**Layout and signage**

The patient finds the entrance clear, bright and suitably close to public transport. However, the patient expressed concerns over the layout of the hospital and signage. Despite visiting Moorfields for over 30 years this patient still gets confused over the layout. This patient also meets a lot of new patients as a volunteer who find the layout especially challenging. This is made more difficult by services being spread out across the hospital through narrow corridors and small rooms, as well as very small signs that are difficult for those with visual impairments to read.

**Waiting experience**

For this patient there are two hours on average between arriving at Moorfields for an appointment and leaving. The waiting experience is variable depending on congestion. The external diseases clinic on a Wednesday afternoon is usually very busy; at their last appointment the patient had to stand for 10 minutes before they found a seat. The patient attributed this to size and layout of the building no longer being sufficient to meet growing demand for services.

## Children and young people's services

Moorfields and commissioners are confident that the trust provides a safe and effective surgical service to children and young people which fully complies with best practice. It believes the model of care for children and young people requiring elective surgery is appropriate both now and in the future. Feedback from patients, family and their carers regarding the services at RDCEC has been consistently positive.

The CQC completed a comprehensive inspection of the trust, including children and young people's services, in May 2016. In its inspection report (published 6 January 2017) it rated children and young people's services at City Road as 'good' overall with the domains of safe, effective, responsive and well-led rated "good" and the domain of caring rated as "outstanding".

Robust clinical protocols are used to risk stratify patients to ensure only low risk anaesthesia and surgery takes place at the City Road site. Children assessed as ASA1 or ASA2 are operated on at the City Road site. Children assessed as ASA3 and above are operated on at Great Ormond Street Hospital. During pre-assessment any potential concerns regarding children are flagged by pre-assessment nursing staff, triggering a review by the paediatric consultant anaesthetist pre-assessment lead or her deputy. Any borderline cases will be discussed with other paediatric anaesthetic consultants at Moorfields so there is consensus view. If a patient is deemed unsuitable then this is discussed with the surgeon and the usual outcome is that the surgery is undertaken at GOSH.

Clinical teams at Moorfields and GOSH have worked closely together over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. The combined paediatric ophthalmology consultant on-call rota between Moorfields and GOSH provides consultant paediatric ophthalmology opinion 24 hours a day, seven days a week. It is the only unit in the UK to offer this service, meaning non-paediatric ophthalmology consultants caring for children and young people in London and the UK often call for advice out of hours. GOSH provides specialist ophthalmology care to children and young people who have multiple comorbidities. They also provide all surgery requiring an overnight stay and out-of-hours emergency surgery facilities.

The Paediatric Anaesthetic Trainees Research Network (PATRN) surveyed 63 hospitals to establish national rates of unplanned admissions following paediatric day case surgery (across all surgical specialties). The audit established a median unplanned admission rate of 3.9% (range 1.2% to 16.5%) per annum following paediatric day case surgery. Moorfields does not have paediatric overnight inpatient beds, hence the equivalent metric is transfer after surgery. The trust's 2018 audit of unplanned transfer of paediatric patients following surgery identified a 0.09% transfer rate (one case in 1,150). The previous transfer rates were 0% for 2017 and 0% for 2016. This data represents evidence demonstrating the safety of the trust's pre-assessment triaging of paediatric patients prior to surgery at City Road.

In response to the issues raised by the London Clinical Senate, the trust is commissioning an independent review of its plan for future provision of children and young people's surgery at the proposed new site. This review includes input from the Royal College of Paediatrics and Child Health and the Royal College of Anaesthetists. The trust will share the outcome of the review with its commissioners to inform development of its future models of care. This review will be completed by autumn 2019.

### Additional patient experience benefits from a new building

**Improved access to counselling services and patient support groups**
The new proposed centre could offer more dedicated space for the provision of counselling services, and envisage closer partnership working with third sector organisations who provide support for patients and their carers.

**Access to other care and support services**
The proposed move to the St Pancras hospital site is expected to provide easier access to important voluntary sector supporting organisations – for example the Royal National Institute of Blind People, and the Guide Dogs London Mobility Team, both based in St Pancras; a 15-minute walk from the new site. Another positive impact for the local population, who may have relevant care and support needs requiring either a full adult social

care assessment for their needs or for carers' assessments, is that there will be easy access to the local authority from the proposed new site.

### Impact on travelling time and distances

As a specialist centre of excellence, the City Road site provides comprehensive general and specialist outpatient, diagnostic and surgical services for the local population and for those from further afield who require more specialist treatments not available elsewhere.

Previous engagement with Moorfields' patients shows that transport accessibility to the new proposed site is of high importance. Moorfields commissioned an independent analysis of patient travel times using patient postcode data for 435,000 patients that attended trust sites during 2017/18. The analysis focused on the impact of moving the City Road services to the preferred St Pancras hospital site.

Key findings from the analysis are:

- The average time for all patients (including those coming in for specialised treatment) who currently travel to City Road is 56 minutes. This would increase by approximately three minutes if the hospital moves from City Road to the St Pancras hospital site. This needs to be considered in the context of the much higher quality of public transport provision at Kings Cross/St Pancras when compared to City Road. In the latter there are issues of no step-free access via the underground, having to negotiate the complex Old Street roundabout, and no patient drop-off area in the immediate vicinity

- Given the relatively higher density of housing in the City Road area compared with around the St Pancras hospital site, a greater number of patients live within a relatively short (less than 40 minutes) travel time of City Road (approximately 144,000) than the St Pancras hospital site (approximately 100,600) but overall less than 1.5% of patients will see their travel time increase by more than 20 minutes

- Patients likely to experience the longest increase in travel times are those that live within the immediate south or east of the City Road site. The small additional increase in travel time will be offset by shorter waiting times and journey times when on site.

### Accessibility of the proposed new facility site

Accessibility to Moorfields City Road is an issue for patients with visual impairment and mobility issues, as the nearest underground station does not have step-free access. Patients who visit Moorfields by bus from the north of Old Street must cross City Road, one of the busiest roads in the area, in order to access the hospital.

The proposed site at the St Pancras hospital site is served by one of the major train stations in London, Kings Cross and St Pancras, with a step-free underground line and train station (unlike Old Street station). The relocation would create a more effective service for users in terms of accessibility.

A consistent theme in patient and public engagement throughout the development of the proposals has been the accessibility of the St Pancras hospital site from local transport

hubs, specifically that the walking route is more complex than the current path from Old Street tube station to the City Road site.

The commissioners and trust recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras. Moorfields will engage with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as it progresses designs for the new site. There are a number of principal routes to and from the site, each of which will need to be explored further as part of an integrated design access statement, to form a key component of future planning proposals.

Developing a patient access strategy will form a key input for the outline business case (OBC) submission; Moorfields is appointing professional resource to support them with this task. It is the intention to carry out a review of all potential patient routes to and from the new facility as part of the design process, starting in January 2019.

Moorfields is also engaging more formally with external stakeholders such as TfL, Network Rail and the London Borough of Camden so that a final agreed patient, staff and public access strategy can be completed as part of the final business case submission and formal planning application to the local authority.

## 5.5 Public sector equality duty

The equality impact assessment (EIA) process is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or vulnerable people or groups. This ensures the NHS pays ‘due regard’ to the matters covered by Public Sector Equality Duty.

The EIA for the proposals to move Moorfields from its site at City Road to the St Pancras hospital site is being conducted in two parts, with the initial (desktop research) phase completed for this PCBC, prior to consultation, and a second stage to be completed following the consultation itself.

The initial phase EIA, conducted in January 2019, focused on:

- How the services might impact on protected and vulnerable groups in the community
- How the CCGs and providers should ensure equality and fairness in terms of access to these services, and appropriate provision for all patients based on their clinical, personal, cultural and religious needs
- How the CCGs would work together with local providers and patients and carers to ensure a high quality of services that all patients can experience.

The majority of vulnerable or protected groups identified as part of the EIA have been judged as achieving greater equality, improved outcomes or increased accessibility through the proposal:

- Both inpatient and community developments are expected to provide improved disabled access for service users, staff and visitors
- For many other groups, the purpose-built facilities would offer an improvement in therapeutic environment, access to outdoor space and care delivered closer to home.

The following areas were identified for further analysis and inclusion in the communications and engagement plans in the forthcoming months. They will be considered by the trust's membership council.

| | **Recommendation** |
|---|---|
| **Demographic pressures**<br><br>While demographic factors such as gender and ethnicity are important, age is the single most common risk factor for the major chronic eye conditions in adults. In addition, systemic diseases such as diabetes, hypertension, cardio-vascular disease (all of which are also related to increasing age), and their risk factors (e.g. obesity and smoking) are additional risk factors for poor eye health. | Look at the projected population increases together for age and ethnicity and to consider whether there is any disproportionate impact for ethnic minorities experiencing ophthalmic or related conditions. Given that there will be an increase in ethnic diversity within the later age groups as time moves forward.<br><br>Further detailed analysis of the service user demographic is needed in terms of paediatrics and A&E attendances (across ethnicity, disability, age)? Is that proportionately reflected in the population? |
| **Ethnicity**<br><br>Distribution of ethnicity for those attending City Road and other Moorfields' sites has a significant proportion of unknown (19% City Road, 20% rest of Moorfields). | Ensure there is work being undertaken to reduce this as much as practicable so that there is an accurate understanding of the difference between population demographic and service user demographic. |
| **Gender** | Further analysis of the gender split of the population. Service users (separately for paediatrics and A&E patients); is there a difference, is any difference supported by clinical expectations? |
| **Geography**<br><br>Services provided by the trust are included in eight STP footprints | Check whether this footprint changes the demographic profile for the expected/potential service user proportions. |
| **Consultation process**<br><br>A draft questionnaire, FAQ and consultation document would be drafted. Once drafted, these documents would be reviewed and approved by the consultation steering group | Consider the principles of the Accessible Information Standard as well as including effective diversity monitoring.<br><br>Within the consultation plan, include specific activity to ensure people from all protected characteristics are engaged in the process, including those where impact has been specifically identified and those where it is thought to have no impact (therefore providing evidence to the assumption of 'no impact'). |
| **Stakeholder engagement**<br><br>Approximately 80 people signed up to the trust's patient reference group; with 35 people attending the first meeting. This | To ensure the patient reference group is still functioning effectively, feeding into this work, and continues throughout the programme. |

| | Recommendation |
|---|---|
| group was given background to the project, then worked in seven sub-groups on patient priorities including accessibility, waiting environment, A&E signage, external landscaping, social space, and waiting times. All feedback from the activities was collated and feedback to the project team. This group no longer meets and the Oriel Advisory Group has been formed instead. | Undertake a review of the diversity profile of the respondents of community engagement activities to date to check whether there are any specific gaps in terms of protected characteristics that need to be addressed.<br><br>The trust is required by statute to have Equality Objectives (currently set to 2020), aligning these to support the on-going work with diverse community/service users on these future changes would be beneficial.<br><br>Additionally, to maintaining a joined-up approach especially for public (whether service user or not) on what the future changes mean overall (big picture) and in detail for their potential experience of the services. |
| **Programme management** | Ensure the programme management arrangements include the ability to continually review equality analysis and therefore evidence Due Regard to the Equalities Act 2010 by including equality analysis as a regular agenda item to be discussed throughout the programme. |
| **Transport and access** | Analyse utilisation of the King's Cross/St Pancras/Euston transport hub compared to that of current public transport in relation to City Road, in terms of how busy it gets throughout the day and therefore how easy it is to navigate for those with impairments. |

# 6. Governance

## 6.1. Roles and responsibilities for the public consultation

### The lead commissioner

NHS Camden CCG, on behalf of NHS Islington CCG as lead commissioner, working with NHS England specialised commissioning. Decision-making will be through a commissioner-led Committee in Common.

### Commissioners

The 14 CCGs in London and Hertfordshire who commission over £2m activity per annum at Moorfields (listed in appendix 2.6), alongside NHS England specialised commissioning, lead the consultation into the proposed move of Moorfields hospital from City Road to the St Pancras hospital site.

### NHS England specialised commissioning

NHS specialised commissioning is responsible for the commissioning of tertiary services and is consulting on the same documents – PCBC and clinical case for change – as the single largest commissioner of services representing all specialised commissioning regions. It has been agreed that there should be one consultation process rather than a separate consultation for specialised services.

### NHS England

NHS England is providing the statutory assurances and support to all elements of the proposal, working actively with the Moorfields' consultation programme board to ensure that the process meets statutory requirements.

### NHS Improvement

NHS Improvement is providing the required assurances and support to the project, ensuring that the process followed meets statutory requirements, and providing challenge to the Moorfields' consultation programme board.

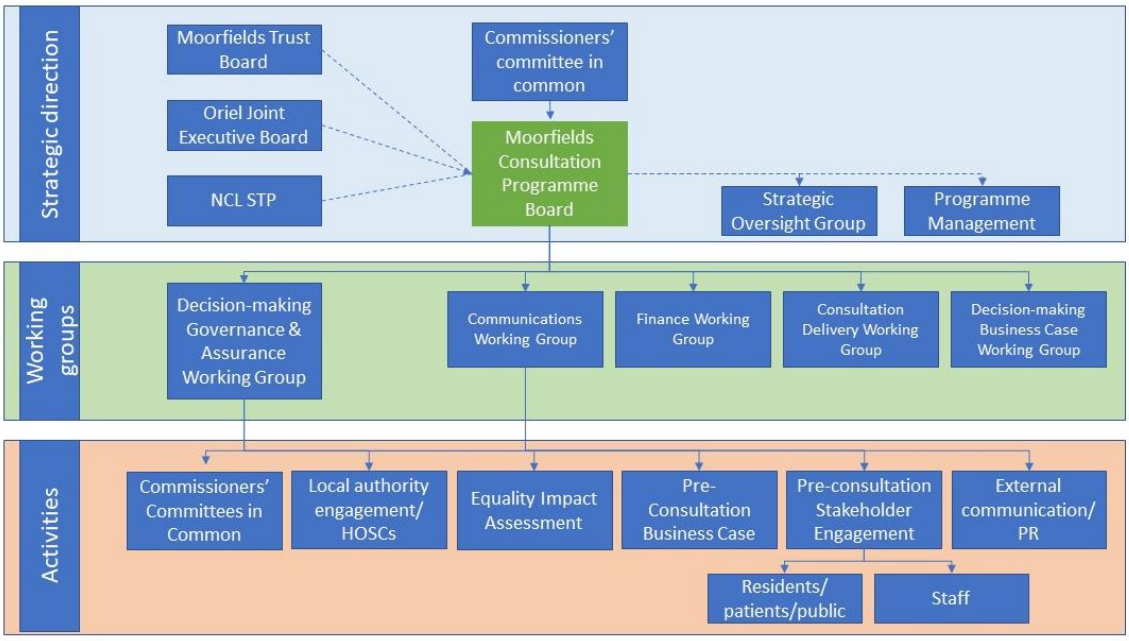
### Oriel Partners: Moorfields Eye Hospital, UCL and Moorfields Eye Charity

Moorfields Eye Hospital, UCL and Moorfields Eye Charity are partners in leading this proposal which will see services provided at Moorfields City Road moved to a new purpose build facility at the St Pancras hospital site.

The Oriel joint executive board has agreed that all its decision-making and oversight relating to the public consultation will sit with the Moorfields Eye Hospital NHS Foundation Trust board.

## 6.2. Governance structure

A governance structure to lead the engagement and consultation process is in place which is led by the commissioners. Reporting to the CCG governing bodies' Committee in Common, the Moorfields consultation programme board has been established to lead the process.



### Consultation programme board

The Moorfields consultation programme board is chaired by Sarah Mansuralli, chief operating officer, NHS Camden CCG, on behalf of NHS Islington CCG as lead commissioner. Members include senior clinical and managerial leadership from commissioners, Moorfields and NHS England specialised commissioning, as well as representation from patients, the voluntary sector, optometrists, NHS England and NHS Improvement.


It has been set-up to oversee the development of the preparations ahead of the planned public consultation, such as this document, the pre-consultation business case, and its objectives of the consultation programme board are to:

- Lead the delivery of the Moorfields consultation including pre-consultation, consultation to the approval of the decision-making business case
- Provide strategic direction and senior oversight to the Moorfields consultation programme
- Lead and champion the Moorfields consultation
- Make key decisions and manage high level risks and risks escalated.

### Committee in Common of CCGs' governing bodies and NHS England

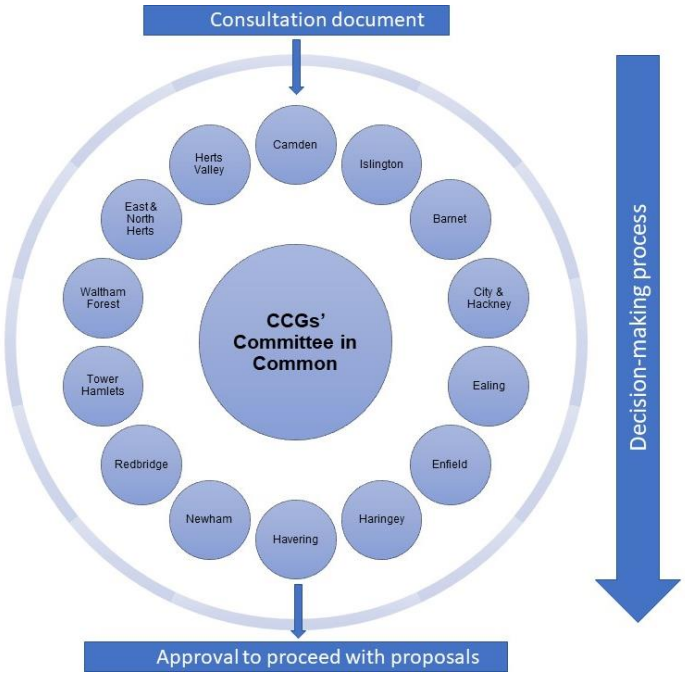
In order to proceed to public consultation, the process requires approval from a Committee in Common of CCGs' governing bodies. The CCGs' governing bodies will review the proposed consultation document, consultation methodology (including the equality impact assessment), financial modelling and consider the report and recommendations from the London Clinical Senate.

In determining the process for NHS CCGs to consider proposals for a City Road site move, legal advice has been sought on the decision-making process. A full governing body of all 14 CCGs in London and Hertfordshire that commission over £2m activity per annum from Moorfields would be too large and unwieldy to conduct an effective decision-making meeting. Each CCG will delegate the decision-making function to a small committee, and

these will meet in common. This will minimise associated risks with decision-making, such as:

- Ensuring that all decision-makers have access to the same information, both in terms of documentation and any verbal presentations prior to making their decisions
- Sequencing decisions in such a way that all decision-makers are able to make decisions with an open mind.

This Committee in Common will review the material and evidence for the proposed site move and discuss the proposal to consult prior to launch with local authority scrutiny committees, in line with national legislation and guidance.




Concurrently, NHS England specialised commissioning will make a decision on the consultation document at its Delivery Executive.

### Oriel joint executive board

There is also a governance structure in place between Moorfields, UCL and Moorfields Eye Charity to progress implementation of the proposed move from City Road to the St Pancras hospital site, subject to consultation.

The Oriel joint executive board is accountable for delivery of that programme, co-chaired by the UCL Institute of Ophthalmology director and Moorfields' director of strategy and business development. The board has representation from Moorfields Eye Hospital, UCL and Moorfields Eye Charity. The board is authorised to create, disband or change governance arrangements, workstreams or subcommittees to deliver the project.

The co-chair of the Oriel joint executive board, Moorfields' director of strategy and business development, sits on the Moorfields consultation programme board. The Oriel joint executive board has agreed that all decision-making and oversight relating to the public consultation will sit with the Moorfields Eye Hospital NHS Foundation Trust board.

# 7. Strong public and patient engagement

This section describes how public and patient engagement is influencing the developing business case and plans for consultation.

**Relevant background documents (Appendix 2)**

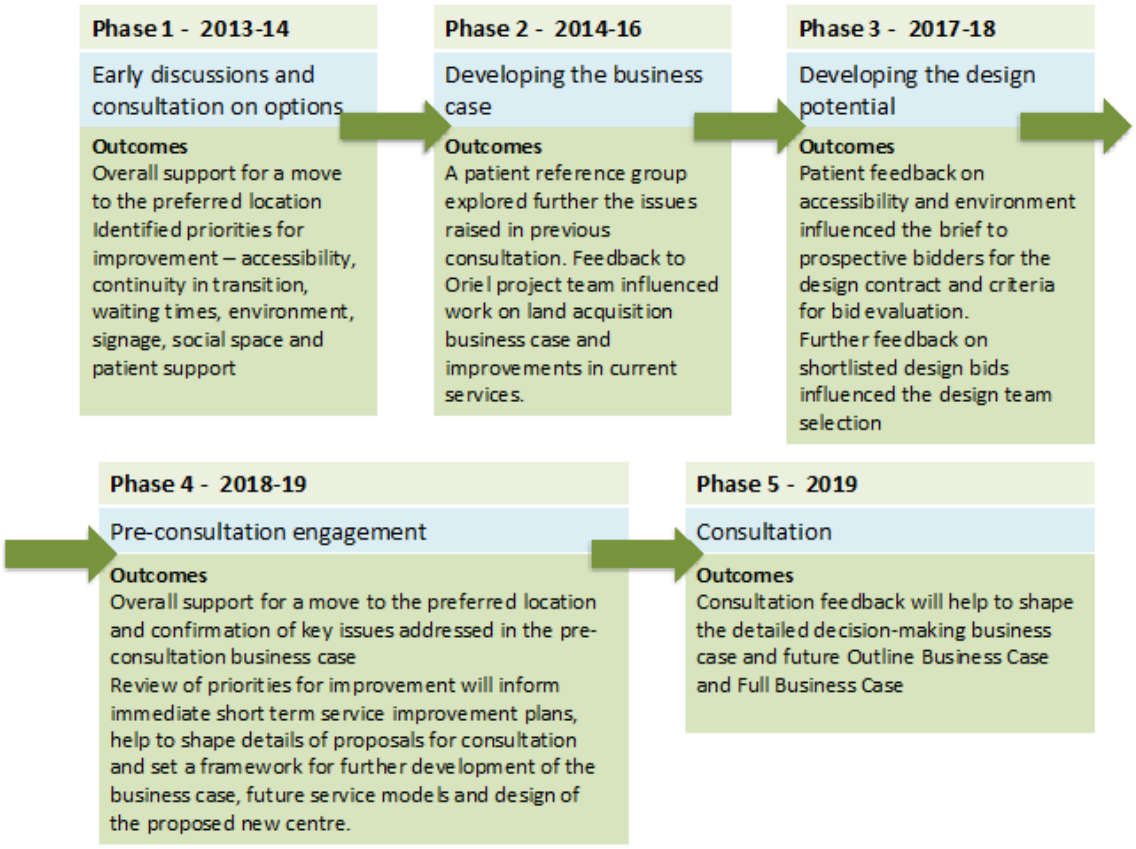
| | |
|---|---|
| A2.1 | Strategy and action plan for communications, involvement and consultation |
| A2.2 | Views and feedback in phase 4 (Stage 1) |
| A2.3 | Protocol for joint action in communications and engagement |
| A2.4 | Engagement log – October 2018 – June 2019 |
| A2.5 | Future upcoming events |
| A2.6 | Summary engagement activity 2013-18 |

## 7.1. Overview

Public and patient engagement has informed the planning process from its earliest stages in 2013 and will continue through consultation during 2019 into future planning phases, construction, transition and the next era of service delivery.

There has been a consistent pattern in themes of feedback which has influenced the current business case and the potential design of the proposed new centre.

Between 2013 and 2019 there were five phases of engagement as summarised in the diagram below:



In each phase, there is a repeating pattern of feedback:

### Most participants in discussions are supportive of the proposed move

Those who engage in discussion about a proposed move of City Road services to a new centre in the St Pancras area indicate their support when asked. For example, around 88% of written responses indicated support in the 2013/4 consultation outcome and around 83% of discussion group participants indicated support during the most recent discussions held during December 2018 and January 2019.

**Examples of comments from recent discussion groups**

*"A new centre for Moorfields is essential."*

*"This development offers a clean sheet where we can work on new means of access."*

*"It is possible to create 'healing environments'. Moorfields could lead the way."*

### Accessibility is the top priority for patients and carers

During the consultation period of 2013/14, people were asked to comment on and rank nine criteria for deciding the future site of a proposed new centre. Accessibility was ranked highest. In later involvement phases, further surveys and patient forums repeatedly attracted the greater number of comments on issues concerned with access, highlighting the particular needs of people with visual impairment.

**Examples of comments from recent discussion groups**

*"People need accessibility that is empowering. We need to access services easily, in a way that builds confidence and independence."*

*"The patient journey needs to be thought through in every way from getting the first referral to attending each appointment, navigating the way to hospital and finding the way when you get there, with as few barriers as possible."*

*"This is a chance to develop best practice for eye hospitals. We should be the leading model of accessibility and need to consult patients all the way along to make that happen.*

The Oriel patient reference group explored these issues in further detail in 2014, which helped to inform the design brief for prospective bidders. Pre-consultation engagement in 2018/1 (through a public survey, eight patient and public drop-in sessions and 10 discussion groups) again highlighted access as the main concern. The in-depth insights and ideas from the discussion groups will be considered in the next stage of development with the design team.

### Moorfields is considered a centre of excellence in eye care, but patient experience needs significant improvement

Patient and carer feedback from a range of channels over the last five years, including service user groups on service improvement, the Friends and Family Test and feedback from trust members show strongly positive views about clinical care, but persistent challenges to the quality of patients' experience when visiting the hospital at City Road.

Common themes include long waiting times (often in uncomfortable environments), a perceived lack of system efficiency and the need for better communication in outpatients.

A public survey in December 2018 showed that respondents rated the quality of care at Moorfields nine out of a possible score of 10, while waiting areas were rated 5.9 out of 10 and communications whilst waiting 4.7 out of 10.

*"Moorfields is a centre of excellence but it is not excellent at everything."*

Discussion groups explored these issues and their impact on people in greater depth, and the trust continues to inform patients and the public on any actions being taken to continue to improve services at the City Road site.

Participants in discussion groups in January 2019 were asked for a one-word answer that came to mind when they thought about Moorfields. Each of the seven groups gave a similar response to these:

| | |
|---|---|
| Excellence; First; Specialist; Expert; Expertise; World-Famous; Well-Known; Reputation; Precise; Global; Caring; Friendly; Ophthalmologist; Renowned; Community | Traumatic; Cluttered; Waiting rooms; Long waiting |


## 7.2. Legal context

Under section 242 of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012, NHS trusts and CCGs have a legal duty to make arrangements for individuals to whom the services are being or may be provided, to be involved throughout the process.

The principle of section 242 of the consolidated NHS Act 2006 is that, by law, NHS commissioners and trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services. While section 242 has far-reaching implications, it is at heart about embedding good decision-making practice by ensuring that service users' points of view are taken into account when planning or changing services.

Section 242(1B) of the National Health Service Act 2006 as amended by the Local Government & Public Involvement in Health Act 2007, states that:

*Each relevant English body must make arrangements as respects health services for which it is responsible, which secure that users of those services, whether directly or through*

*representatives, are involved (whether by being consulted or provided with information, or in other ways) in:*

*(a) The planning of the provision of services*
*(b) The development and consideration of proposals for changes in the way services are provided*
*(c) Decisions to be made by that body affecting the operation of those services*

*Subsections (b) and (c) need only be observed if the proposals would have an impact on:*

(a) *The manner in which the services are delivered to users of those services; or*
(b) *The range of health services available to those users.*

In order to meet these legislative requirements, public involvement must be an integral part of service change process. Engagement should be early and continue throughout the process using a broad range of engagement activities.

All public consultations should adhere to the Gunning principles, which are:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account.

## 7.3. Pre-consultation engagement on the case for change

### Phase 1 (2013-2014) – Early discussions and consultation on options

Moorfields, Moorfields Eye Charity and UCL completed a range of engagement activities with both the public and staff groups during 2013. The key findings from these preliminary activities were used to shape the options for a future eye care centre. From these early discussions there was support for relocation and strong support for integrated scientific research and clinical care.

Following an options appraisal, there was a 12-week period of focused engagement and consultation in late 2013 to early 2014, which asked for views on a proposed move of City Road services to a new eye centre to be built in a preferred location in the Kings Cross/Euston area. The consultation set out details of the options, including an option to refurbish the current City Road site. People were also asked to rank and comment on a list of decision-making criteria.

A document in both hard copy and available online via the trust website received 62 written responses, while seven public drop-in sessions reached some 300 participants face-to-face. Discussions took place with the joint health overview and scrutiny committees in north central London, outer north east London and inner north east London. Stakeholders consulted also included CCGs in London and Hertfordshire, Healthwatch bodies in London and Hertfordshire, Islington and Camden Councils, local MPs, RNIB and other voluntary sector organisations, trust staff and governors.

A particular issue was raised relating to the future use of the City Road site, given its heritage and local standing. Whilst there was no reported concern relating to the relocation

of services from City Road, how the building would be used in the future is of considerable interest for the local population.

88% of respondents supported the preferred option. The results of this consultation listed the following as the highest-ranking criteria for a final decision:

- Accessibility
- Continuity of clinical service delivery during construction works
- Future flexibility.

### Phase 2 (2014-2016) – Developing the business case

Building on the outcome of the 2014 consultation exercise, approximately 80 people joined a Patient Reference Group for the Oriel project to explore in further detail the outcomes of consultation. The group provided feedback to the project team on accessibility, waiting times and waiting areas, A&E signage, external landscaping and social space, which helped to inform the land acquisition business case.

While work continued on the land acquisition business case, service user representatives at Moorfields were able to influence service improvements through surveys, focus groups and patient and carer forums. The trust's membership council, representing some 20,000 staff and public members, and the trust board approved the land acquisition business case in March 2014 and approved a refreshed version in July 2017.

Engagement with stakeholders including Islington and Camden Councils, local MPs, RNIB and other voluntary sector organisations, trust staff and governors continued throughout this period.

### Phase 3 (2017-2018) – Developing the design potential

Working together with public and patient representatives, the Oriel project team took further action in 2017/18 to build on previous feedback and strengthen public and patient engagement. During this phase, the project team used the trust's various communications channels, patient forums and events to inform and involve people in the continuing planning process, including the following:

- Drafting an engagement pledge with the patient and carers' forum and the trust's membership council to agree future involvement in planning a proposed new centre
- Listening to staff, patient and public views during a review and refresh of the trust's five-year strategy
- Agreeing with the membership council and commissioners a public and patient participation strategy for Oriel that makes an explicit commitment to involving people in the design of the proposed new centre from planning to construction
- Re-engaging with public representatives such as the voluntary sector, local MPs and borough councillors.

Feedback during 2017/18 helped to inform the design brief to select the architectural design team, in particular the core belief and vision for the proposed new centre and the first of five objectives for the design to create the best possible patient experience. Following the shortlisting of bids, residents and patients were invited to have a say on the preliminary designs that were submitted as part of the design competition, and these views helped to inform the evaluation process.

Public and patient views in this phase continued to emphasise the importance of accessibility and shorter waiting times. For example, a workshop at the trust's annual general meeting (AGM) in July 2018 discussed the following responses to three key questions:

*What do you love about City Road and would like to see in the new facility?*

- Central location, proximity to the station, accessibility
- Clinical expertise and level of service
- Heritage and history of the site
- Friendly and professional staff.

*What would you like to change about City Road?*

- Increased efficiency, reduced waiting times and less crowded
- Improved facilities (building layout and size, waiting area, toilets, parking)
- Better accessibility and signage from transport hubs.

*What is most important to you when visiting City Road?*

- Getting the best care and service
- Friendly, professional and welcoming staff.

### *Phase 4 (2018-2019) – Pre-consultation engagement*

Public and patient engagement in phases 1, 2 and 3 mainly involved people using the services of Moorfields and those who are already involved with the trust as members, volunteers and patient representatives. While this is a substantial community, involving over 20,000 people, and a key target audience, it is important to reach the wider population of potential service users and to explore in more depth the challenging aspects of the proposed move for public and patients.

| **Aim** | **Evidence** |
|---|---|
| To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and issues considered in proposals for consultation | • Stakeholder analysis prior to consultation<br>• Engagement log<br>• Consultation documents |
| To expand the range of people and groups involved, including action to reach minority and protected groups | • Report on outcomes of engagement<br>• Engagement log |
| To ensure sufficient information is made available during consultation for intelligent consideration and response | • Background information available as well as main consultation document – to include outcomes of pre-consultation engagement |

## Outline action plan leading to consultation

| Phase 4 (stage 1) – Dec 18 to Jan 2019 | Phase 4 (stage 2) – Q4 2018/19 | Phase 5 (stage 1) – Q1/2 2019/20 | Phase 5 (stage 2) – Q2/3 2019/20 |
|---|---|---|---|
| **Shaping the plan** | **Wider involvement** | **Consultation** | **Decision-making** |
| Drop-in events, surveys, focus groups – input on proposals and involvement plan<br><br>Discussions with scrutiny | Website, workshops, meetings with target groups, online feedback, social media, plan for consultation<br><br>Continuing discussions with scrutiny | Consultation document and background information published via website<br><br>Support materials available in a range of formats<br><br>Online feedback, programme of meetings and discussion events | Analyse feedback and publish outcome<br><br>Engage with scrutiny committees<br><br>Final reports and decisions taken in public |
| **Influences PCBC, design planning** | **Influences consultation design planning, OBC** | **Influences decisions, design planning, OBC** | **Influences commissioning plans, design planning, OBC** |

## Engagement completed in phase 4 (stage 1)

| Action | Indicative number of people engaged |
|---|---|
| Three online surveys during November and December 2018 to review themes from previous engagement, including:<br><br>• Travel and arrivals<br>• Waiting and care<br>• Patient priorities | 351 online responses<br><br>189 online responses<br><br>147 online responses |
| Fourth survey to gain perspectives on the proposed move, opened during December 2018 until February 2019 | Results due to be reported in March 2019 |
| Eight drop-in engagement events in clinics in the following locations: | 206 participants in total |

| Action | Indicative number of people engaged |
|---|---|
| • Moorfields Eye Hospital in City Road<br>• Mile End Hospital, Tower Hamlets<br>• St Ann's Hospital, Haringey<br>• Barking Hospital<br>• Darent Valley Hospital, Kent<br>• Richard Desmond Centre – children, young people and families | |
| 10 discussion groups, including:<br>• London Visual Impairment Forum<br>• Focus group hosted by London Vision<br>• Moorfields Patient and Carer Forum<br>• Tower Hamlets CCG patient participation group<br>• City and Hackney CCG patient participation group<br>• Five open discussion groups – including participants from across London, Hertfordshire, Essex, Kent and east Midlands. | • 38 participants<br>• 11 participants<br>• 14 participants<br>• 5 participants<br>• 19 participants<br>• 66 participants |

Over 1,000 people have given their views in phase 4 (stage 1), including people of varying ages, interests and backgrounds, as well as people living with mental health problems, learning disabilities, physical disabilities and sensory impairment. The open discussion groups attracted mainly residents and patients, but also included optometrists, social care professionals and sight care experts from the voluntary sector.

Further details are available in appendices 2.2 and 2.5.

### Key themes of feedback to date

Respondents mainly indicate support for the proposed move of City Road services to a new-build centre on land currently occupied by St Pancras Hospital, but subject to seeing more detailed proposals. It was clear from discussions in group sessions so far that people would wish to feel reassured through consultation about the potential benefits for patients and the journey to services at the proposed new centre.

**Example of responses to the overall proposal**

Following deliberative discussions in the five open group sessions, people were asked to say whether they agreed, disagreed or felt uncertain about the proposed move.

- 55 people said they agreed with the proposed move
- 10 people felt uncertain at this stage
- One person said that they disagreed with the proposed move.

Accessibility remains the most frequently mentioned priority in feedback from public and patients. The transport and arrivals survey attracted the greater number of survey respondents, for example, and issues concerning access dominated each of the ten discussion groups.

This pre-consultation business case addresses many aspects of the issue, including a travel analysis to assess the impact of moving City Road services to the preferred St Pancras site. Working from the pre-consultation engagement feedback, the consultation document and background information will be drafted to ensure comprehensive coverage of both the potential improvements in accessibility offered by the proposed move and the potential challenges to overcome.

**Common themes from feedback in phase 4 (stage1)**

- Wayfinding to reach the proposed new centre and within the facility itself, including planning in partnership with local authorities and voluntary sector.
- Public transport and partnership work with Transport for London and other transport agencies.
- Improving the patient experience, both within the care of a proposed new service and in terms of more holistic support for people living with sight loss and other challenges to health and wellbeing.
- Detailed consideration of physical design and environmental issues within the proposed new centre – to create a world-class model facility and an empowering place for people with sight loss.
- Taking the opportunities offered by the proposed move to improve service efficiency – including strategic service change towards integrated care to improve prevention, diagnosis, treatment and ongoing support.
- Taking the opportunities offered by the proposed move to promote research and innovation.

**Maximising the opportunities presented by a proposed new centre**

Listening to feedback so far, the overall impression is that people have a strong faith in Moorfields' ability to provide clinical excellence, but that the patient experience does not always live up to the same high standards.

People feel strongly that the proposed move to a new centre must help deliver a major improvement, not just in the physical aspects of the patient experience but in the whole culture of eye care – a real opportunity to be world class in all aspects of care for patients.

> *"Raise the profile of research and make this accessible to patients"*
>
> **Moorfields' patient**

For further information, see appendix 2.2 for a summary of feedback from phase 4 pre-consultation engagement.

**Continuing impact of public and patient feedback on proposals and plans**

The eight drop-in engagement events and 10 discussion groups delivered a wealth of suggestions and ideas for detailed improvements in care, access and patient experience.

Some ideas put forward in the recent discussion groups could be taken forward with agreed actions in the short-term and some will be made possible by the proposed new centre.

**During phase 4 and prior to consultation, the Oriel project team will give detailed consideration to this feedback and produce a response with actions where appropriate.**

Some points repeat what has been said in previous engagement and have already influenced the proposals presented in this pre-consultation business case; for example, in the ambitions set for the new centre as described in the case for change.

Consistent themes have influenced thinking in terms of the need for streamlined patient pathways in hospital and improvements on the typical patient journey e.g. a reduction in actual length of the journey and time involved.

The case for change also highlights how the development of a new centre supports developing care pathways and a strategic shift to care in primary and community sectors. Patient and public feedback on this issue will continue to help find the best ways for implementation, including essential communications and relationship building to bring about a change in mind-set for both patients and professionals.

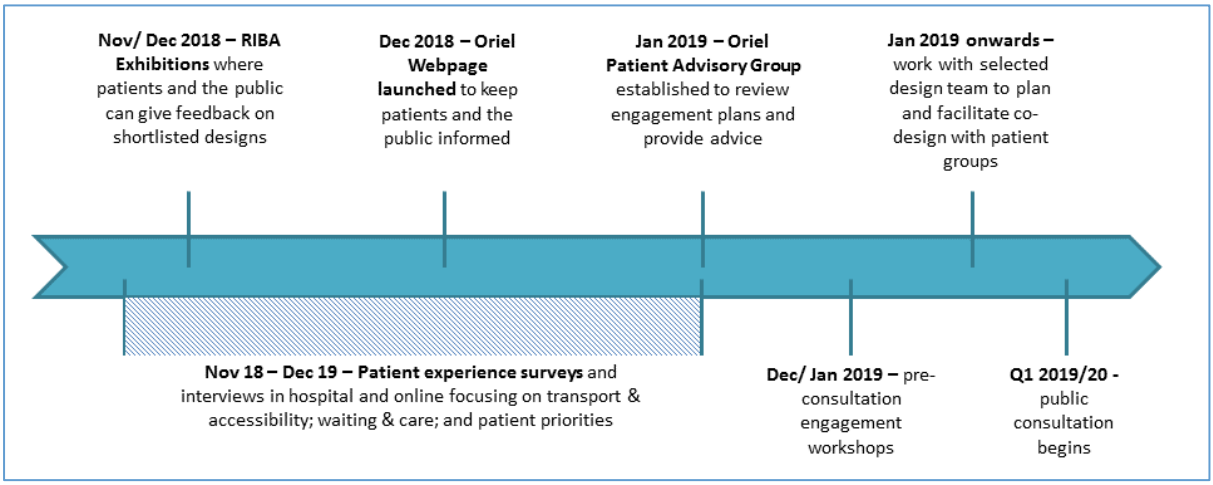
In terms of providing more holistic patient support, plans for the new centre already include dedicated space for partnership work with the voluntary sector to develop counseling, support and patient information. The involvement and consultation process itself will also help to promote awareness of and relationships with a range of support organisations.

The case for change includes potential benefits from integrating research and frontline care, including the possibility of more patients being able to participate in clinical trials. Feedback about patient education and learning about eye diseases and latest treatments is also being gathered.

A new Oriel Advisory Group (OAG) was established at the end of January 2019 to advise on and help coordinate involvement and consultation. The OAG includes public and patient representatives from commissioning communities as well as Moorfields' service users and carers. The OAG will help to select representatives of public and patients to work closely with the new building design team to ensure that public and patient feedback informs the design brief and continuing development.

## 7.4. Next steps for involvement and consultation

Figure 9 – Patient engagement timeline




### Overall aim for involvement and consultation

To implement best practice involvement and consultation to influence and support plans in 2019, and to embed sustainable involvement for future implementation.

**Five specific aims:**

| Aim | Evidence |
|---|---|
| Continue to improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions. | Stakeholder analysis<br>Engagement log<br>Consultation documents |
| Continue to expand the range of people and groups involved, including action to reach minority and protected groups * | Outcomes report shows evidence of influence on plans. |
| Continue to ensure sufficient information is made available during consultation for intelligent consideration and response. | Background information available as well as main consultation document – to include outcomes of pre-consultation engagement. |
| To improve public awareness and confidence in change. | Survey results and feedback |
| To build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation. | Established involvement mechanisms and updated strategy and action plan |

***** This strategy links to a separate workstream to assess the equality impact of proposed change and will support delivery of our public sector equality duty.

**Principles**

1. All partners will work together to ensure openness and transparency in decision-making
2. We will endeavour to provide sufficient information for people to make informed choices and input to the process
3. Although we will present developed proposals, we will keep an open mind during consultation
4. We will maximise the opportunities for co-production
5. We will allow adequate time for consideration and response. This includes timely information and responses to communications needs.

Further details on the communications and involvement protocol are available in appendix A2.3

### *Key actions to complete during phase 4 (Stage 2) pre-consultation engagement*

**Raising awareness and delivery of information and updates**

- Launch of dedicated Oriel website and social media channels with information on proposals and consultation plan
- Launch of consultation briefing and regular updates via audio podcast and written formats.

**Analysis of stakeholder interests and plan for consultation**

- Completion of list of stakeholder interests and methods of involvement
- Ongoing meeting of the Oriel Advisory Group and joint review of plan for consultation
- Assignment of public and patient representatives to work with the new building design team and other workstreams
- Agreement with relevant local authorities on joint scrutiny process.

**Final compilation and analysis of feedback from pre-consultation engagement**

- Completion of current online survey of responses to the proposed move
- Completion of wider programme of drop-in events, discussion groups and meetings with target and protected groups
- Final outcome report from pre-consultation engagement, with responses from the programme partners to show how feedback is influencing proposals and plans.

### Upcoming events

A high-level action plan for future engagement and involvement events is available in Appendix A2.1.

### *Phase 5 consultation plan*

The period of consultation would run for 12 weeks to ensure sufficient time and opportunities for meaningful discussions.

**What would we be consulting on?**

The proposal is to build a new integrated centre for eye care, research and education on the St Pancras hospital site in Camden. All services currently provided on the City Road site in Islington would transfer to the new centre under these proposals, subject to consultation.

The proposed change could affect all patients and future patients of the Moorfields Eye Hospital on City Road – around 740,000 people a year. A significant proportion of these are from the north central London population of Barnet, Camden, Enfield, Haringey, Islington, but people also travel to Moorfields from all over the UK, especially from London and the home counties for services commissioned by NHS England specialised commissioning.

The immediate and obvious potential impact could be changes to travel arrangements and access to future services. However, a brand-new purpose-built centre has the potential to improve eye care, patient experience, environment and efficiency, which could involve changes to care pathways and the way people use the service.

The proposed move has been the subject of public discussions for several years. There have been previous phases of engagement and consultation to agree options. Now the focus is on developing the details of the proposal, the business case and the design of the proposed new centre, so that commissioners can take a decision to commission the proposed new service and providers can plan its implementation.

Patients are at the centre of these decisions and plans. To get this right, we need to listen to views from diverse audiences – people who have used the service, people with a variety of needs, community representatives and all partners in health and social care.

We would be consulting people on:

- How they view the proposal and the way in which it might affect them
- What matters to patients and families and how this could influence decisions, designs and plans
- The wider implications of the proposed change – its impact on healthcare, social care, environmental issues and London's infrastructure.

Future decision-making and plans will be informed by feedback on these issues and our engagement and consultation processes will build sustainable relationships for continuing involvement in planning for the next five years and beyond.

Table 11: Main activities of consultation phase

| | |
|---|---|
| **Published information** | • A widely published consultation document, with other versions and formats to ensure accessibility for people with visual impairment<br>• Widely published shorter and easy-read versions<br>• An online feedback questionnaire (printed and audio versions also available)<br>• Associated presentation materials and support information, such as material for newsletters, blogs, and social networking. |
| **Promotion and awareness-raising** | • A supporting publicity campaign, including engagement and special features with local and national media |

| | |
|---|---|
| | • A distribution cascade, using all outlets offered by partner organisations<br>• Social networking to signpost to the main websites of all partners, alongside a suite of materials, such as podcasts, presentations, and background information e.g. reports from previous engagement |
| **Face to face discussion** | • A programme of open public workshops, events and meetings to reach diverse audiences, and involving a range of techniques<br>• Range of survey and discussion techniques though collaboration with HealthWatch and voluntary organisations e.g. drop-ins, podcasts and discussions with diverse and protected groups<br>• A programme of consultation meetings for staff and stakeholders |
| **Outcomes analysis** | • Coordinated handling of feedback, enquiries, FOI requests and preparation for analysis by independent evaluation.<br>• A final report on the outcome of consultation will be prepared and presented to the Committee in Common.<br>• In preparing the outcome report for final consideration there will be a series of assurance checks by:<br>  • People's Advisory Group<br>  • Joint health overview and scrutiny<br>The programme executive and programme board, with input from regulators |

More detail on the consultation plan is in appendix 2.

## 7.5. Governance and assurance for involvement and consultation

Camden CCG is leading the consultation process on behalf of the 109 CCGs who commission services from Moorfields, working through the 14 CCGs in London and Hertfordshire who commission over £2m activity per annum, and in partnership with NHS England specialised commissioning, which commissions specialised services from Moorfields for patients across England.

Collaboration to involve all groups of people who may be affected by the proposed change is enabled through a communications working group with a membership of communications leads from the main commissioners (with contracts over £2 million) and the Oriel partners.

The communications working group is delivering the strategy and action plan for involvement and consultation. Within the programme governance structure, the communications working group reports to the programme director and consultation programme board.

A core team of communications leads from the CCGs, NHS England and the Oriel partners manages delivery of the involvement and consultation strategy and action plan.

Additionally, The Consultation Institute, a well-established not-for-profit best practice institute promoting high quality public and stakeholder consultation, has been commissioned to review the consultation programme. The recommendations of this review (expected in April 2019) will be considered by the consultation steering group and an implementation plan to

address any areas identified will be enacted. Oversight of this will be through the consultation steering group.

The communications working group relies on a number of key relationships to support delivery, which include:

- CCG and trust patient reference groups
- Healthwatch organisations
- NHS England and NHS Improvement communications and involvement teams
- Local authority scrutiny committees
- Voluntary sector agencies and advocates, notably: RNIB, The Pocklington Trust, London Vision and the Macular Society.

The previous patient reference group set up within the trust has been replaced by the Oriel Advisory Group to provide coordinated connections and advice from a wider range of representatives. The Oriel Advisory Group membership is drawn from CCG communities as well as Moorfields' service users to support the communications working group with advice and challenge on involvement and consultation.

## 7.6. Moorfields staff engagement

### Overview

Engagement with staff working across the Moorfields' network has informed the development of the trust's plans and will continue into future planning phases, construction, transition and the next era of service delivery. This engagement has included people formally employed by the trust, as well as colleagues working with Moorfields and employed by partner organisations: UCL, the Friends of Moorfields and Moorfields Eye Charity.

Staff engagement is inclusive of all professional groups and has included medical, nursing, optometry, orthoptist, pharmacy, scientific, technical and administrative colleagues. Development of all clinical aspects of the proposals, including the clinical case and subspecialty strategies, has been clinically-led.

The pattern of Moorfields' staff engagement between 2013 and 2018 has broadly mirrored that of patient and public engagement.

### Phase 1 (2013-2014) – Early discussions and consultation on options

The trust appointed Cliniplan in November 2012 to provide a review of the trust's services with a view to formulating a brief for a potential new facility. As part of their review, Cliniplan engaged with many members of staff at the hospital and UCL Institute of Ophthalmology, both at City Road and other network sites. The engagement process was largely conducted in one-to-one meetings covering as far as possible a comprehensive vertical and horizontal cross-section of the organisation. This included most members of the trust board and clinical directors, the senior management team and a range of nursing, clinical support and non-clinical support staff.

As part of this process a drop-in session was also held in the City Road third-floor restaurant providing trust staff the opportunity to talk about the proposals. Nearly 100 staff spoke with the project team and a record was kept of their aspirations and concerns for the new building.

In March 2013, a series of user groups was established to start developing operational policies for each functional area of any new facility. Membership of these user groups was intended to provide a representative cross section of staff including clinicians and administrative teams. The user groups reported to a design steering group which was chaired by a consultant ophthalmologist. During 2013, the project team also worked with groups of staff across Moorfields and UCL to discuss what an ideal journey/experience within their department/areas of work might look like.

This work was overseen by the Oriel Project Board which was chaired by the trust's director of strategy and included membership of clinical directors, senior nurses, general managers and the director of research and development.

### Phase 2 (2014-2016) – Developing the business case

The staff user groups continued to meet during this period and developed clear proposals on how services could be improved in a new environment.

Senior members of medical, nursing and managerial staff continued to be involved in overseeing the project via the Oriel Project Board. This continued to meet monthly during 2014 to 2016, providing staff with an update on progress in developing the land acquisition business case.

During 2016 the Trust engaged staff in refreshing its organisational strategy.

### Phase 3 (2017-2018) – Developing the design potential

Following the publication of the organisation's refreshed strategy in July 2017, staff continued to be involved in the development of the project through the trust management board, attended by divisional directors, divisional managers and the director of research and development.

In early 2018, the trust management board agreed that individual subspecialty clinical strategies were required to establish a clear consensus amongst clinical staff on the implications of medical and technological advances, as well as the demographic, commissioning and competitive context, on future models of care.

McKinsey & Company was appointed to lead this work across the four largest volume subspecialties: glaucoma, medical retina, cataract and urgent and emergency care. For each subspecialty a series of three workshops was scheduled over a period of five months. A wide range of staff was invited to attend these workshops including medical, nursing, optometrist, technical, administrative and managerial teams. Representation was sought from across the Moorfields' network. Each subspecialty strategy was led by the appointed service director, who is a consultant ophthalmologist within the subspecialty.

Engagement with staff around this project is a fundamental part of Moorfields' workforce programme.

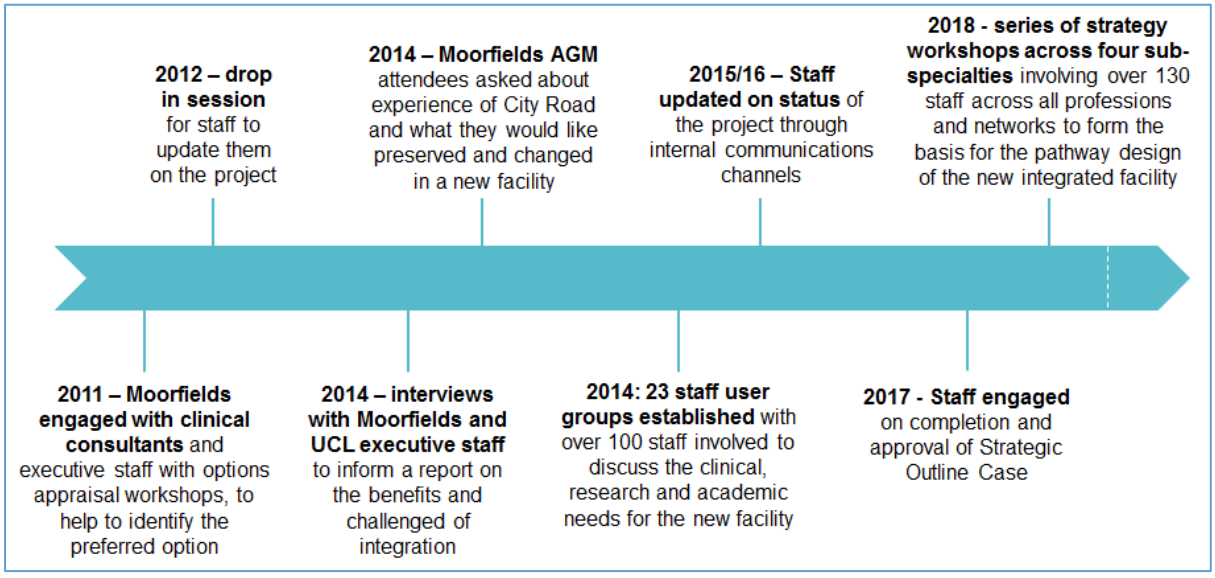
**Case study:**

Experience-based co-design at Moorfields Eye Centre, Ealing Hospital

Towards the end of 2017, a multi-disciplinary team of staff from Moorfields Eye Centre at Ealing Hospital, including admin, nursing and medical staff participated in a day's training in how to use and apply the tools of experience-based design. Posters and leaflets were displayed to recruit patients and carers and explain the process. Staff and patients were then interviewed separately and asked a range of questions about their experiences. Staff priorities included improving the staff and waiting rooms, reducing waiting times and keeping patients better informed. For patients, key themes identified were the kindness and efficiency of staff, clinical outcomes, waiting times and communication within the clinic.

These interviews were recorded and edited into two 15-minute films. A working lunch was held for both groups to meet each other, watch the films and discuss the main themes. Following the discussion a vote took place to identify three priorities for the

Figure 10: Staff engagement timeline – 2011-2018




Staff engagement is one of four key programmes within the Moorfields workforce strategy. Engagement with Oriel is a fundamental part of this programme, specifically to ensure that the outcomes that it needs to deliver are built into the associated workplans over the duration of the project. Strategically the process will develop through the following phases in the short medium and longer term

1. Building on existing engagement, involving staff in mapping the 'as-is' and 'to-be' phases of the proposal
2. Involving staff in the design of the high-level operating model between the partners

3. Having a staff reference group established for the detailed design phase and implementation planning
4. Formal consultation with staff as needed at different redesign and relocation phases
5. Evaluation and review process against specified goals and outcomes.

### Current engagement

Moorfields staff engagement approach is being developed around five evidence-based principles of engagement.

1. Developing **leadership and management** that understands, is involved with and committed to the design principles of Oriel. Regular leadership briefings, workshops and opportunities to contribute to the organisational design and development process will be vital to ensure that all staff understand how the ambitions of Oriel affect them and how they can contribute

2. Enabling **involvement in decision-making**, staff are involved with decisions that affect them at work and included in co-design through professional and specialty workstreams supplemented by regular team briefing and discussion

3. **Supporting personal development and training planning** with clear training needs analysis derived from proposed new ways of working and new models of care. Moorfields is improving the quality of appraisals, personal development planning and access to development for all teams and professions underpinned by a clear workforce planning process

4. **Ensuring every role counts,** through clear role and process design, organisational design and structure which embed the design and partnership principles of Oriel

5. **Promoting a healthy and safe working environment** through the design of the building based on evidence from other, similar projects.

### Methodologies we plan to ensure engagement as workforce changes

Moorfields' approach to service redesign and configuration is one of co-creation, and enabling staff to be involved with the decisions that affect them at work. This was embedded in the approach to the sub-speciality workshops undertaken in 2018.

Moorfields is investing in developing quality and service improvement methodologies and building organisational development capability to deliver the engagement and transformation programme to support Oriel.

The engagement plans for staff will develop over the life of the project.

# 8. Options development and appraisal

A thorough options development and appraisal process has been undertaken before arriving at the preferred option of moving services from City Road to the St Pancras hospital site. Throughout this process the Secretary of State's four tests were closely considered (see section 10).

## 8.1. Context

There has long been recognition that the Moorfields City Road site was ageing and presenting increasing operational challenges for both Moorfields Eye Hospital and UCL. In response to this, Oriel was established with the partners working collaboratively to develop a vision for the future of world-leading eye care, and research that will benefit patients and the wider society.

While Oriel is focused on optimising the provision of services from the City Road site, Moorfields is also working to develop a strategy for its network sites across London. This pre-consultation business case focuses only on the services currently provided from the City Road site and assumes no significant shift of activity between sites in the network as a result of the proposed relocation.

The partners agreed four critical success factors which align to the aspiration to retain and develop the Moorfields Eye Hospital and UCL collaboration to benefit patients. These are:

1. Improved patient care and patient access to ophthalmic clinical care and research
2. Provision of a facility enabling maximum integration between the partners in the delivery of excellent research, education and clinical care
3. This facility to be located in close proximity to MedCity, the Francis Crick Institute and other UCL departments
4. An expansion of capacity for research and education.

These four elements of Oriel's vision formed the basis of assessment criteria against which to appraise the longlisted options.

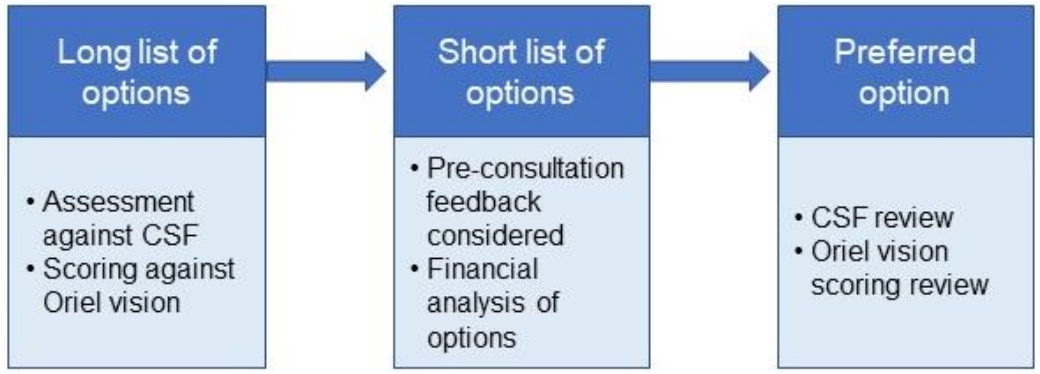
Table 12: Assessment criteria for appraisal

| Criteria | Definition |
|---|---|
| **Care** | To deliver an improved clinical service resulting in improved patient outcomes, consistently excellent patient experience, and maximised clinical efficiencies |
| | To recruit and retain the best-in-class clinicians |
| | To make world-leading research breakthroughs and translate those breakthroughs into patient benefits quickly and globally |
| | To increase the rate of new discoveries |
| | To enhance and expand research capacity, using the resultant findings to inform education programme and new clinical pathways |

| | |
|---|---|
| **Research** | To increase and retain the position as the best-in-class in ophthalmic research |
| | To develop additional clinical trials covering all phases of research |
| | To recruit and retain the best-in-class investigators |
| **Education** | To enhance and expand teaching capacity, including e-learning |
| | To educate and retain eye specialists and researchers in order that they can use their knowledge nationally and internationally |
| | To develop a comprehensive educational portfolio based on a full multi-disciplinary approach |
| **Vision** | **Definition** |
| **Efficiency** | To retain in a central London centre a critical mass of case mix, ethnic background and activity to support a sustainable business in both clinical and economic terms |
| | To make the patient journey more efficient, contributing to an improve patient experience |
| | To create new partnerships and opportunities to translate knowledge faster and on a larger scale to benefit more people |
| | To reduce the time taken to translate research breakthroughs into treatments and diagnostics for patients |
| **Flexibility** | To provide a flexible space to rapidly accommodate changes to research and clinical practice and provision |
| | To introduce technology which will support the capture and dissemination of data and clinical experience, allowing treatments to be tailored for individual patients |
| **Diversity** | To facilitate increased number or partnerships with pharmaceutical companies |
| | To facilitate the expansion of the MP service provision |
| | To secure income through Moorfields Ventures (e.g. Open Eyes) |
| | Develop the UCL IoO and Moorfields' brands in order to consolidate the organisations and leverage further opportunities |

Working with the partners, the Oriel team established an options appraisal framework, which saw the initial longlist of options progress through a process which considered feasibility, critical success factors and Oriel vision criteria.

Figure 11: Options appraisal process




## 8.2. Longlist of options

In deliberating the options available to meet the vision of Oriel, the partners considered a comprehensive list of alternatives to the current estate and service configuration constraints. These longlisted options were ratified by the Oriel Project Board on 29 January 2013.

Table 13: Longlist of options

| Option No. | Option | Description |
|---|---|---|
| **Option 0** | Do nothing | • No reconfiguration works to either IoO or Moorfields City Road site<br>• Backlog maintenance works completed to ensure critical standards are met at Moorfields City Road campus at a cost of £27.9m and additional investment of £2.5m per year thereafter<br>• Backlog maintenance works to IoO (as agreed with UCL) |
| **Option 1a** | Develop land between Moorfields and UCL IoO at the City Road site | • 35,000m$^2$ new build: footplate 1.250m$^2$ for new build; 28 floors<br>• Main entrance located at Clayton Street<br>• Links to existing UCL IoO facility |
| **Option 1b** | As Option 1a with the retention of the Richard Desmond Children's Eye Centre | • 30,500m$^2$ new build; footplate new build 1,205m$^2$; 25 floors<br>• Existing RDCEC facility to be used to UCL IoO growth<br>• Main entrance off Clayton Street |
| **Option 2a** | Easternmost end of the current site bordering City Road, retaining the current UCL IoO | • 2,450m$^2$ footplate for new build; 9 floors; 29,500m$^2$ new build<br>• Decant requirements during construction works<br>• Some development opportunities |

| Option No. | Option | Description |
|---|---|---|
| **Option 2b** | Easternmost end of the current hospital site bordering City Road, incorporating UCL IoO | • 2,450m$^2$ footplate for new build; 16 floors; 43,000m$^2$ new build<br>• Off-site decant options required for both Moorfields Eye Hospital and UCL IoO<br>• Residual land area post development for onward development sale |
| **Option 2c*** | Low level combination of new build Moorfields and connected to refurbished UCL IoO, City Road site | • Phased new build and refurbishment development<br>• 6 floors maximum; 2,450m$^2$ footplate<br>• Off-site decant required<br>• No development opportunities |
| **Option 3** | Southernmost side of the City Road hospital bordering Peerless Street | • 29,500m$^2$ new build; 1,300m$^2$ footplate; 20 floors<br>• Development opportunities<br>• Off-site decant requirements |
| **Option 4** | Do minimum: part new build and part refurbishment, City Road | • 16,000m$^2$ new build; New build 19,000m$^2$; 1,000m$^2$ footplate<br>• Some decant requirements<br>• Refurbish main Moorfields block<br>• Development opportunities on balance of site |
| Option 5 | Off-site relocation and re-provision of Moorfields and UCL IoO | • Minimum footplate 3,500m2, ideally 5,000m2; 8-12 floors, 43,000m2 new build<br>• Allow disposal of freehold interests on City Road site |

* The Oriel project team considered that option 2c was not viable as a construction option, therefore it was discounted at the longlist stage and not scored.

### Options appraisal: longlist to shortlist

The options appraisal panel was convened in January 2013 for the qualitative appraisal of the longlisted options. Benefits criteria were developed which reflected the project vision and objectives. These qualitative benefits criteria were ranked and weighted in accordance with their relative importance to each other. The benefits criteria, ranking and weighting were ratified by the Oriel Project Board on 29 January 2013.

The options appraisal panel then scored each longlisted option through a range of 0= very poor and 10= excellent. The Oriel Project Board considered that option 2c was not viable as a construction option, therefore it was discounted at longlist stage and not scored. The results of this scoring are set out in table 14.

Table 14: Longlist qualitative options appraisal

| Benefits Criteria | | Weight | Raw Scores | | | | | | | | Weighted Scores | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1a | 1b | 2a | 2b | 3 | 4 | 5 | 0 | 1a | 1b | 2a | 2b | 3 | 4 | 5 |
| 1 | Care | 20 | 0 | 3 | 3 | 6 | 6 | 3 | 3 | 9 | 0 | 60 | 60 | 120 | 120 | 60 | 60 | 180 |
| 2 | Research | 20 | 0 | 4 | 4 | 1 | 7 | 2 | 4 | 10 | 0 | 80 | 80 | 20 | 140 | 40 | 80 | 200 |
| 3 | Education | 15 | 0 | 8 | 8 | 6 | 8 | 6 | 8 | 10 | 0 | 120 | 120 | 90 | 120 | 90 | 120 | 150 |
| 4 | Efficiency | 15 | 1 | 1 | 1 | 6 | 7 | 1 | 5 | 10 | 15 | 15 | 15 | 90 | 105 | 15 | 75 | 150 |
| 5 | Flexibility | 10 | 0 | 3 | 3 | 7 | 8 | 2 | 3 | 9 | 0 | 30 | 30 | 70 | 80 | 20 | 30 | 90 |
| 6 | Sustainability | 10 | 0 | 5 | 5 | 8 | 8 | 5 | 5 | 9 | 0 | 50 | 50 | 80 | 80 | 50 | 50 | 90 |
| 7 | Deliverability | 10 | 6 | 7 | 5 | 2 | 2 | 2 | 1 | 10 | 60 | 70 | 50 | 20 | 20 | 20 | 10 | 100 |
| | | | | | | | | | | | | | | | | | | |
| | TOTAL | 100 | 7 | 31 | 29 | 36 | 46 | 21 | 29 | 67 | 75 | 425 | 405 | 490 | 665 | 295 | 425 | 960 |
| | RANK | | | | | | | | | | 8 | 4= | 6 | 3 | 2 | 7 | 4= | 1 |

The qualitative options appraisal shows that option 5 – off-site relocation scored most strongly in both raw and weighted scoring. The second scored option is 2b – redevelop part of the City Road site. The final shortlisted option is the do nothing option which acts as a benchmark – option 0.

To test the robustness of the weighting and scoring, a number of sensitivity analyses were also applied, including:

- All benefit criteria changed to equal weighting
- The weightings for all benefit criteria were inverted
- Zero scores for each benefit criterion were applied in turn
- Scores of 10 were applied to each benefit criterion in turn.

None of the sensitivities that were applied changed the ranking of the site options, therefore the outputs are considered robust.

### Option 5: site locations

The Oriel team agreed a series of criteria for any new potential site for option 5. The methodology used was:

- **Review of strategic areas** – An initial review of strategic areas within central London in terms of transport interchanges and accessibility, relevant planning policy, and existing opportunity, regeneration or strategic areas
- **Search for potential sites** – A list of potential sites created in line with findings from the strategic area review, and the key criteria
- **Appraisal of potential sites** – assessed in terms of their ability to satisfy development criteria.

A location search was undertaken during December 2012 and January 2013, and a list of areas on which to focus the site search was derived from the Greater London Authority and local authority strategic and opportunity areas. The schedule of potential sites within each of the strategic development areas was compiled from a variety of sources, including site visits, commercial property listings and local authority strategic sites and allocated land.

Identified sites were assessed for suitability according to the following agreed criteria:

- Approximate plot area and potential number of storeys
- Planning status and details of any relevant known planning applications, development or ownership
- Approximate timescale for acquisition
- Relevant local authority planning designations
- Relevant planning constraints
- Assessment of transport accessibility
- Approximate dimensions and shape of site
- TFL indications of the accessibility of the nearest station.

Following this appraisal in 2013, two sites were identified in the King's Cross/St Pancras areas; the St Pancras hospital site, and Site T2, in King's Cross Central (Canal Reach). These sites were subject to a formal appraisal against agreed criteria and switching point and sensitivity analyses were applied.

Subsequently, Site T2 in King's Cross Central was discounted as an option as discussions with its owner concluded that the site was being offered on commercial terms which would not be acceptable to the Oriel partners and the shape of the plot of land was not optimal for the proposed development.

In the time between the approval of the land purchase business case in March 2014, and approval of the refreshed land acquisition business case in June 2017, the project team continued to identify other potential sites. One site that was considered was the Eastman Dental Hospital, Gray's Inn Road, Camden (part of UCL Hospitals NHS Foundation Trust). The Eastman Dental Hospital facility is a Grade II listed building, comprising around 25% of the site. The overall site sits within the Bloomsbury conservation area. Services delivered from the Eastman Dental Hospital are due to relocate to a new building on Huntley Street, Camden, in autumn 2019.

Due to the listed building status it was considered likely that the area for any development would be to the east of the site, and the mass of any development would be limited by the impact of the setting of the listed hospital to the west, the conservation area and the open space to the south. The Parliament Hill to St. Paul's Cathedral viewing line also runs through the site, so any development would be limited to 40.3 metres above ground level. It was therefore assessed that, due to the heritage issues, likely planning issues, and site development constraints, this site was not a viable alternative to the St Pancras hospital site.

The original location appraisal also identified potential sites in Stratford, east London. A number of challenges and limitations of relocating to Stratford were identified, including that the lack of proximity to the London research hub and MedCity would not be achieved by developing an integrated facility in Stratford, and the fact that a number of patients would have further to travel to Stratford than to the St Pancras hospital site. Therefore, following discussion at the Oriel Project Board, subsequently endorsed by the Trust Board, it was considered that these factors significantly prohibited delivery of key aspects of Oriel's vision. As a result, it was decided that Stratford should not be pursued as an option for relocation from the City Road site.

This left the preferred location or option 5 as the St Pancras hospital site; a summary of its key features is in the table 15.

Table 15: Summary of key features of St Pancras hospital site (as at January 2013)

| Site details | St Pancras hospital site |
|---|---|
| **Location details** | Camden and Islington NHS Foundation Trust, 4 St Pancras Way, London NW1 0PE |
| **Current use** | Various health services, residential institution (health) and administrative offices |
| **Designations** | Identified in Submission Draft Site Allocations document (LB Camden, early 2012)<br><br>Open space, St Pancras Gardens |
| **Site constraints** | Conservation area; open space at St Pancras Gardens; Greater London heritage record point; nearby statutory listed buildings and monuments |
| **Current ownership** | Camden and Islington NHS Foundation Trust, 4 St Pancras Way, London NW1 0PE |
| **Nearest station** | King's Cross/St Pancras |
| **Accessibility of nearest station** | Good step-free access<br><br>Good mobility access<br><br>Main interchanges have good step-free and mobility access |
| **Distance from nearest station** | 0.6 miles |
| **Size of available plot** | 21,800 $m^2$ (6-8 storeys) |
| **Proposed tenure** | Freehold |

### Options appraisal: quantitative options appraisal of shortlist

The options appraisal undertaken in January 2013 addressed the fundamental issue of whether Moorfields and the IoO should remain at the City Road site and redevelop the site, or whether it would more beneficial to relocate to a new site.

The qualitative scoring was ratified at the Oriel project board on 29 January 2013. The qualitative options appraisal process and shortlisted options were subsequently endorsed by the Oriel Project Board on 7 March 2013 and Moorfields' trust board on 21 March 2013.

An economic appraisal of the whole life costs and benefits of the shortlisted options was undertaken, in accordance with the HM Treasury Green Book. Oriel appointed cost advisors Currie & Brown to set out the capital cost for each shortlisted assumption based on the latest

project assumptions at that time. This was used, along with the trust's long-term financial model, to produce a discounted cash flow for each option over the whole life of the new building (50 years) assuming a discount rate of 3.5%. This allows the shortlisted options to be compared on a like-for-like basis. The discounted cash flow analysis is summarised in the following table. See appendix 4 for more detail on the underlying assumptions.

Table 16: Discounted cash flow summary of shortlisted options

| Summary discounted cash flow<br>£m | Option 0<br>Do Nothing | Option 2b<br>City Road | Option 5<br>Relocate |
|---|---|---|---|
| **Cash outflow** | | | |
| Capital build costs | - | (446.3) | (281.6) |
| Non recurrent project costs | - | (13.2) | (18.3) |
| Backlog maintenance | (127.1) | - | - |
| Lifecycle costs | (65.5) | (46.0) | (47.6) |
| Medical equipment | (58.3) | (49.1) | (59.6) |
| PDC dividend and interest | (112.8) | (442.4) | (206.4) |
| | (363.6) | (996.9) | (613.6) |
| **Cash inflow** | | | |
| **Funding** | - | 45.2 | 222.7 |
| Surplus from operations and fundi | (654.9) | 893.4 | 1,249.4 |
| | (654.9) | 938.6 | 1,472.0 |
| **Net cash flow** | **(1,018.5)** | **(58.4)** | **858.5** |
| **Net discounted cash flow** | **(369.0)** | **(229.2)** | **319.4** |

The quantitative options appraisal demonstrates that options 0 and 2b result in a net cash outflow for the trust, whereas option 5 yields a net positive cash flow for the trust.

Cost per benefit point analysis is used to combine the qualitative and quantitative options appraisal. The table below shows net cost or saving for each option per benefit point. This demonstrates that option 5 is the only option which delivers value for money to the public sector as it results in a net cash saving per benefit point.

Table 17: Cost per benefit point analysis

| Cost per benefit point analysis | Option 0<br>Do Nothing | Option 2b<br>City Road | Option 5<br>Relocate |
|---|---|---|---|
| Weighted benefits score | 75 | 665 | 960 |
| Net discounted cash flow (£m) | (369.0) | (229.2) | 319.4 |
| Net discounted cash flow per benefit point/£m | (4.9) | (0.3) | 0.3 |
| **Ranking** | **3** | **2** | **1** |

## 8.3. Preferred option

The combination of qualitative and quantitative options appraisal demonstrated that option 5, to relocate Moorfields' City Road services and the IoO to the St Pancras hospital site, was ranked highest.

The conclusion of the options appraisal was:

- Option 5: Relocate Moorfields Eye Hospital and UCL IoO to the St Pancras hospital site was evaluated as the highest ranking option
- Option 2b: a variant of the "stay" options which would see the City Road site redeveloped, was the second highest ranking option
- Option 0: do nothing was the benchmark option.

This demonstrated that Option 5 was the preferred option and the outcome of the options appraisal was ratified through the Oriel governance structure in 2013. The outcome of the 2013/14 decision-making was reviewed by the trust board in 2017 as part of the refreshed land acquisition business case. To date, the Oriel project team considers there have been no significant changes that would alter the decision, and therefore the outcomes from the options appraisal process remain valid. A refresh of the options appraisal would be conducted for the OBC to validate the preferred option.

## 8.4. Benefits of the preferred option

The non-financial benefits of the preferred option have been discussed and validated with project partners. This work utilised data from project partners and publicly available sources and demonstrated a range of key non-financial benefits.

Figure 12: Benefits of the preferred option

| |
|---|
| **Improved clinical outcomes** |
| Co-location of active scientific research and clinical care would improve clinical outcomes through decreasing the time between research and active treatment. |
| **Increased research activity** |
| Removing current estate constraints and increasing integration between research and clinical care would provide the opportunity to increase clinical research activity. |
| **Reduction in $CO^2$ emissions** |
| Moving to a new purpose-built facility would condense the partner organisations footprint and see services located in a modern energy efficient building. |
| **Increased staff satisfaction** |
| Staff engagement indicates that moving to a new purpose-built facility would increase the level of staff satisfaction. |
| **Increased patient satisfaction** |

| |
|---|
| Preliminary engagement exercises demonstrate that reducing patients' journey inside the hospital, while providing a time-efficient patient pathway would increase patient satisfaction. |
| **Reduced patient time wasted** |
| A new environment would reduce wasting patients' and staff time through proximity of services within the new hospital building and increased efficiency due to removing estate constraints. |
| **Improved clinical education** |
| A purpose-built facility would improve the clinical education experience, removing space constraints and increase clinical education activities. |

# 9. Finance case

## 9.1. Introduction

The financial case describes the impact of the preferred option, to relocate to the St Pancras hospital site, on the financial position of Moorfields over the next 10 years, i.e. the design and construction period followed by the first few years of occupation of the new building. This demonstrates that the preferred option is financially sustainable for Moorfields.

It also describes how the preferred option is projected to impact the revenue position of the CCG commissioners and NHS specialised commissioning.

## 9.2. Basis of preparation

The financial projections presented in this document were first prepared for the SOC and then updated for the STP wave 4 capital bid in July 2018 to reflect a later construction start date of 2023, subject to consultation. This start date is considered a worse case scenario as all parties are working to bring that date forward. The capital cost can therefore be considered a maximum or worse case, as bringing the construction start date forward will reduce the impact of cost inflation.

## 9.3. CCGs' financial impact

Moorfields' services are commissioned by 109 CCGs across the UK and by NHS England specialised commissioning. Around 14 commissioners hold significant contracts (>£2m) that account for around 50% of clinical income at City Road. General themes include:

- Delivering services that improve quality and clinical effectiveness
- Supporting patients to receive care in their own homes/community-based settings
- Shifting activity away from hospital settings
- Promoting efficient delivery of healthcare services.

The financial modelling completed by the trust for the SOC assumes that total NHS income continues to grow at 3% per year once services move to the proposed new site at St Pancras hospital. This would be in line with historical income growth seen at the trust; despite external demand for ophthalmology services expected to increase at significantly greater rates due, in part, to an ageing population.

These proposals would allow the trust to constrain income growth to the 3% historically seen due to changes in the model of care that would increase the operational efficiency of the estate. A more flexible and integrated facility would optimise patient pathways and allow patients to be seen and treated more quickly and efficiently. The revised model of care would drive cost efficiencies and maximise value in terms of the quality of care and patient experience received at Moorfields, with more people able to be treated more quickly in a modern and accessible location, thus contributing to commissioner QIPP programmes.

During the development of the OBC and FBC, more detailed work will be done to understand the cost implications of redesigning patient pathways, and it is expected that the new proposed facility would allow significant cost efficiencies to be realised.

NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. Moorfields has also held several meetings to brief all GP members of the 14 CCGs, who have then had an opportunity to provide feedback on the preferred option. NHS Islington CCG, as lead commissioner for the trust, provided a letter of support for the strategic outline case in June 2017. As part of the public consultation exercise, NCL CCGs are expected to provide a letter of quality assurance for the proposals, setting out how they are assured the underlying activity assumptions are consistent with their own projections and under the wider STP expectations.

## 9.4. Capital cost of preferred option

In order to determine the capital cost of the preferred option, activity projections were used to scope the size of the building required.

Cliniplan was appointed in 2013 to undertake a demand assessment for NHS outpatient and theatre activity at City Road. This analysis was used to inform the clinical capacity requirements for the new facility. A demand assessment was completed in early 2017 that demonstrated no material change to a previous assessment undertaken in 2013.

From this work, Cliniplan worked with BMJ Architects Ltd to develop schedules of accommodation for both Moorfields and UCL IoO showing total accommodation requirement of 51,425m$^2$ (of which 31,473m$^2$ relates to Moorfields). Cost advisors Currie & Brown have produced a capital cost estimate for the preferred option based on this work, as set out in table 18. The assumptions supporting each line are also described.

Table 18: Analysis of capital cost of preferred option

| Capital cost breakdown £m | Option 5 Relocate |
|---|---|
| Land purchase | 30.0 |
| Construction | 145.6 |
| Fees | 21.8 |
| Non-works | 1.3 |
| Equipment | 15.9 |
| Planning contingency | 29.3 |
| Inflation | 50.0 |
| Optimism bias | 50.1 |
| **Total cost** | **344.0** |

**Land purchase** – this is based on the Option Agreement that Moorfields Eye Hospital NHS Foundation Trust entered into in February 2019 with Camden and Islington NHS Foundation Trust. This will give Moorfields the option to acquire up to two acres of land at St Pancras Hospital, 4 St Pancras Way, London, NW1 0PE.

The Option Agreement has been executed by both parties and consent in principle has been given by the Secretary of State. The Option Agreement will be completed following the approval at a meeting of C&I's Governors on 12 February 2019.

The option will run until 31 December 2023 or, if earlier, six months after C&I has confirmed that it can give vacant possession of the option property. The Agreement gives Moorfields an option to acquire the property; there is no obligation on Moorfields to do so. Therefore, the control rests with Moorfields.

**Construction** – normal construction costs have been produced based on industry standards by Currie & Brown. Individual circumstances of this build and the site have been factored into the capital cost where appropriate, including demolition, decontamination, basement construction, premium for high rise construction, and sustainability and environmental measures.

**Fees** – an overall allowance of 15% of the construction costs is included as a reasonable estimate based on the size and complexity of the building and multi stakeholder nature of the project.

**Non-works costs** – a provision to cater for costs specific to the site and build associated with the option.

**Equipment** – the cost of equipping the new building has been estimated by an initial review of equipment requirements for a new hospital site.

**Planning contingency** – at this early stage of capital cost development it is normal to include a level of contingency to reflect risk. Currie & Brown have advised that, for this option, a figure of 12.5% is reasonable.

**Inflation** – all costs are stated at Q2 2017 prices and then adjusted for inflation assuming a start on-site date of 2023. This is considered to be the worst case scenario, and all partners

are actively working to bring this date forward. Therefore, this capital cost is a worst case scenario, and is expected to decrease.

**Optimism bias** – HM Treasury advises that public sector capital projects should include a level of optimism bias in the early stages, assessed at 19%. As the project progresses. This figure will decrease as cost certainty increases, in line with HM Treasury guidance.

The capital cost is based on a design for the hospital assuming services continue to be delivered as they currently are at the City Road site. However, designing a new building provides an opportunity for transformation to redesign patient pathways and the model of care for delivering services radically. Work is currently underway in preparation for the outline business case to project activity and confirm the space requirement.

## 9.5. Sources of funding

The capital cost of these proposals (Moorfields' share £344m) is assumed to be funded from a combination of sources:

**Sales proceeds from the sale of the City Road site (jointly owned and occupied by Moorfields and IoO)** – the partners are working with advisors to maximise the value from this site. All of the proceeds from the sale will be invested in the new facility at the St Pancras hospital site. It is currently expected that the site will be sold to a developer for commercial development, however this is subject to consultation and dependent on planning permission granted by the London Borough of Islington.

**STP capital funding from the DHSC** – In December 2018, Moorfields was successful in its bid for DHSC capital funding to support these proposals, subject to consultation. The bid was assessed by NHS England against value for money and return on investment criteria. The financial figures and assumptions presented in this PCBC are consistent with the STP capital funding bid.

**Philanthropy** – Moorfields Eye Charity and UCL have committed to raise funds for part of the capital cost for these proposals. Both organisations have significant experience in fundraising for high profile capital investments

**Moorfields internal cash resources** – Moorfields has committed to invest part of its future capital funding into these proposals, with cash generated by trading. A key driver is profit generated from growth in its private patients' business, both in the UK and United Arab Emirates.

The risk of all these sources of funds is being monitored by the Oriel Project Board to ensure appropriate mitigations are identified so that the capital cost of Oriel is affordable for all partners.

## 9.6. Financial projections

The financial projections set out the impact of the preferred option on the financial position of Moorfields. Appendix 4 sets out the financial projections for the two shortlisted options, the underpinning assumptions, and describes the significant differences to the preferred option.

Moorfields' financial model provides the year-by-year equivalent of the high-level financial statements in the form of projected:

- Statement of comprehensive income (income and expenditure)
- Statement of financial position (balance sheet)
- Statement of cash flow.

The following tables show the actual financial statements from three historical years, the current year financial plan, and financial projections to 2028/29, the first full year of operation of the new building.

### Table 19: Statement of comprehensive income

| Statement of Comprehensive Net Income | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| £m | Actual | Actual | Actual | Plan | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection |
| Gross employee benefits | (109.0) | (113.7) | (116.8) | (117.5) | (119.9) | (122.4) | (125.2) | (127.6) | (130.1) | (132.9) | (135.8) | (138.8) | (141.3) | (144.4) |
| Other operating costs | (80.2) | (86.5) | (86.2) | (87.5) | (90.1) | (92.7) | (95.2) | (97.3) | (99.5) | (102.0) | (104.7) | (107.4) | (109.6) | (112.5) |
| Revenue from patient care activities | 159.2 | 165.6 | 164.9 | 169.1 | 172.7 | 176.5 | 180.3 | 181.5 | 182.7 | 183.9 | 185.1 | 186.3 | 192.8 | 198.8 |
| Other operating revenue | 49.6 | 58.6 | 57.0 | 50.4 | 52.3 | 54.3 | 56.5 | 58.7 | 61.1 | 63.6 | 66.3 | 106.6 | 72.1 | 75.2 |
| **Operating surplus/(deficit)** | **19.6** | **23.9** | **18.8** | **14.4** | **15.1** | **15.7** | **16.4** | **15.4** | **14.3** | **12.6** | **10.9** | **46.7** | **14.0** | **17.1** |
| Other gains and losses | (10.2) | (19.3) | (11.4) | (8.9) | (7.9) | (7.0) | (6.6) | (6.1) | (5.8) | (5.5) | (11.3) | 38.0 | (12.3) | (8.0) |
| Finance costs | (1.3) | (1.3) | (1.2) | (1.1) | (1.1) | (1.0) | (0.9) | (0.9) | (0.8) | (0.8) | (5.7) | (5.7) | (4.4) | (0.6) |
| Surplus/(deficit) for the financial year | 8.2 | 3.3 | 6.2 | 4.4 | 6.2 | 7.7 | 8.9 | 8.3 | 7.6 | 6.3 | (6.1) | 79.0 | (2.7) | 8.5 |
| Dividends payable on public dividend capital (PDC) | (1.0) | (0.7) | (0.5) | (0.7) | (1.1) | (1.4) | (1.6) | (2.3) | (2.9) | (3.8) | (4.9) | (3.8) | (5.1) | (7.5) |
| **Retained surplus/(deficit)** | **7.2** | **2.6** | **5.7** | **3.7** | **5.0** | **6.3** | **7.2** | **6.0** | **4.7** | **2.5** | **(11.0)** | **75.2** | **(7.8)** | **1.0** |
| CIP (£m) | 4.5 | 6.2 | 6.8 | 7.8 | 6.7 | 6.8 | 7.1 | 4.0 | 4.0 | 4.1 | 4.1 | 4.0 | 9.3 | 7.6 |
| CIP (% total income) | 2.1% | 2.8% | 3.1% | 3.6% | 3.0% | 2.9% | 3.0% | 1.7% | 1.6% | 1.7% | 1.6% | 1.4% | 3.5% | 2.8% |

*Note: The latest planned outturn for FY2018/19 is a surplus of £6m.*

Moorfields projects a surplus in all years except 2025/26 and 2027/28. The deficit is due to a reduction in cost improvement programme (CIP) delivery as the City Road estate constrains delivery of CIPs, and one-off transitional costs of the move are incurred. These one-off transitional costs are expected to be funded from Moorfields' internal cash reserves. Appendix 6 shows a bridge from 2018/19 surplus to 2028/29 deficit describing the key drivers of projections.

Operating surplus declines from 2023/24 as CIP delivery reduces from 3% of total income to 1.4% of total income, due to City Road estate constraints. Operating surplus is boosted in 2026/27 by one-off income from a charitable donation towards the capital cost. From 2028/29 the operating surplus is projected to increase as greater CIP delivery is achieved in the new facility (3.5% of total income), and the financial benefits of Oriel are realised.

Finance costs increase from 2025/26 due to the interest charged on a short-term loan (as agreed by DHSC) required to bridge the gap between receipt of sales proceeds and payment to contractors. A bridging loan requirement of £143m is projected at an expected annual interest rate of 3.5%. This equates to an interest charge of £13.7m over a period of just under three years.

Public dividend capital (PDC) is expected to increase during the forecast period due to increased payments on PDC received to fund the capital cost of the project, and due to increase in fixed assets relating to the building. Table 20 shows the projected PDC balance, and the calculated average net relevant assets from which the PDC dividend charge is derived.

### Table 20: PDC dividend working

| PDC workings | 31 March 2020 | 31 March 2021 | 31 March 2022 | 31 March 2023 | 31 March 2024 | 31 March 2025 | 31 March 2026 | 31 March 2027 | 31 March 2028 | 31 March 2029 |
|---|---|---|---|---|---|---|---|---|---|---|
| £m | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection |
| PDC balance | 34.0 | 39.9 | 45.2 | 78.5 | 78.5 | 132.0 | 137.1 | 137.1 | 137.1 | 137.1 |
| Average net relevant assets | 32.4 | 40.9 | 46.4 | 66.2 | 82.5 | 109.3 | 138.6 | 108.3 | 146.8 | 215.2 |
| PDC dividend payable | 1.1 | 1.4 | 1.6 | 2.3 | 2.9 | 3.8 | 4.9 | 3.8 | 5.1 | 7.5 |

### Table 21: Statement of financial position (balance sheet)

| Statement of Financial Position £m | 31 March 2016 Actual | 31 March 2017 Actual | 31 March 2018 Actual | 31 March 2019 Plan | 31 March 2020 Projection | 31 March 2021 Projection | 31 March 2022 Projection | 31 March 2023 Projection | 31 March 2024 Projection | 31 March 2025 Projection | 31 March 2026 Projection | 31 March 2027 Projection | 31 March 2028 Projection | 31 March 2029 Projection |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Non current assets | 98.2 | 88.4 | 88.9 | 99.0 | 107.6 | 111.5 | 114.3 | 146.6 | 158.9 | 212.0 | 355.6 | 302.8 | 298.3 | 291.5 |
| Current assets | 21.6 | 27.9 | 27.0 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 | 23.7 |
| Cash | 29.6 | 39.0 | 42.5 | 37.4 | 41.2 | 49.6 | 59.4 | 67.2 | 76.8 | 80.5 | 71.8 | 181.6 | 33.9 | 39.8 |
| Total current assets | 51.2 | 66.9 | 69.5 | 61.1 | 64.9 | 73.3 | 83.1 | 90.9 | 100.5 | 104.2 | 95.5 | 205.3 | 57.6 | 63.5 |
| Current liabilities | (37.6) | (43.4) | (39.8) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) | (43.4) |
| Loans due less than one year | (1.8) | (1.8) | (1.8) | (2.0) | (2.0) | (2.0) | (2.0) | (2.0) | (2.0) | (2.0) | (2.0) | (144.7) | (2.0) | (2.0) |
| Total current liabilities | (39.4) | (45.2) | (41.7) | (45.4) | (45.4) | (45.4) | (45.4) | (45.4) | (45.4) | (45.4) | (45.4) | (188.1) | (45.4) | (45.4) |
| Total assets less current liabilities | 110.0 | 110.1 | 116.7 | 114.6 | 127.1 | 139.3 | 152.0 | 192.1 | 214.0 | 270.7 | 405.7 | 320.0 | 310.4 | 309.6 |
| Non current liabilities | (42.0) | (40.3) | (39.2) | (36.4) | (34.6) | (32.8) | (31.0) | (29.1) | (43.7) | (41.9) | (182.7) | (21.8) | (20.0) | (18.2) |
| **Total assets employed** | **67.9** | **69.8** | **77.5** | **78.2** | **92.5** | **106.6** | **121.0** | **162.9** | **170.3** | **228.8** | **223.0** | **298.2** | **290.4** | **291.4** |

Total assets employed are projected to increase from March 2021 as the capital cost of Oriel is recognised in the balance sheet.

### Table 22: Statement of cash flow

| Statement of Cash Flow £m | 2015/16 Actual | 2016/17 Actual | 2017/18 Actual | 2018/19 Plan | 2019/20 Projection | 2020/21 Projection | 2021/22 Projection | 2022/23 Projection | 2023/24 Projection | 2024/25 Projection | 2025/26 Projection | 2026/27 Projection | 2027/28 Projection | 2028/29 Projection |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Operating surplus/(deficit) | 19.6 | 23.9 | 18.8 | 14.4 | 15.1 | 15.7 | 16.4 | 15.4 | 14.3 | 12.6 | 10.9 | 46.7 | 14.0 | 17.1 |
| Working capital movement | 9.2 | (2.3) | (3.5) | - | - | - | - | - | - | - | - | - | - | - |
| Oriel project costs | - | - | - | - | - | - | - | - | - | - | (3.7) | (10.7) | (3.9) | - |
| Operating cash flow | 28.9 | 21.6 | 15.3 | 14.4 | 15.1 | 15.7 | 16.4 | 15.4 | 14.3 | 12.6 | 7.3 | 36.0 | 10.1 | 17.1 |
| Capital expenditure | (8.9) | (8.4) | (8.8) | (15.9) | (14.5) | (9.0) | (7.6) | (35.8) | (15.6) | (56.1) | (151.3) | (62.5) | (3.9) | (1.3) |
| Oriel external funding | - | - | - | - | 7.1 | 5.9 | 5.3 | 33.3 | 16.4 | 53.5 | 147.8 | 147.5 | (142.6) | - |
| Investing cash flow | 19.9 | 13.2 | 6.5 | (1.5) | 7.7 | 12.6 | 14.1 | 12.8 | 15.0 | 10.1 | 3.7 | 121.0 | (136.4) | 15.8 |
| PDC repaid | (6.1) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Loan repayment | (1.8) | (1.8) | (1.6) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) | (1.8) |
| Interest paid | (1.2) | (1.2) | (1.1) | (1.0) | (1.0) | (0.9) | (0.9) | (0.8) | (0.8) | (0.7) | (5.7) | (5.6) | (4.3) | (0.5) |
| PDC dividend paid | (1.0) | (0.8) | (0.3) | (0.7) | (1.1) | (1.4) | (1.6) | (2.3) | (2.9) | (3.8) | (4.9) | (3.8) | (5.1) | (7.5) |
| Net cash flow | 9.8 | 9.4 | 3.5 | (5.1) | 3.7 | 8.4 | 9.8 | 7.8 | 9.5 | 3.7 | (8.6) | 109.8 | (147.7) | 5.9 |
| Opening cash | 19.8 | 29.6 | 39.0 | 42.5 | 37.4 | 41.2 | 49.6 | 59.4 | 67.2 | 76.8 | 80.5 | 71.8 | 181.6 | 33.9 |
| **Closing cash** | **29.6** | **39.0** | **42.5** | **37.4** | **41.2** | **49.6** | **59.4** | **67.2** | **76.8** | **80.5** | **71.8** | **181.6** | **33.9** | **39.8** |

The cash projections demonstrate that Moorfields has sufficient cash for the duration of the project.

Cash is projected to increase up to 2026/27 due to growth in operating cash flow and receipt of Oriel external funding.

## 9.7. Impact on financial risk rating

NHSI (as Moorfields' regulator) measures the financial risk to a foundation trust using the finance and use of resources risk rating. The rating ranges from one – the lowest level of financial risk, to four – the highest level of financial risk. A rating indicating serious risk does not necessarily represent a breach of provider licence; it reflects the degree of financial concern and frequency of monitoring by regulators. Table 22 shows the projected use of resources risk rating for the preferred option.

### Table 22: Use of resources risk rating projection

| Risk rating | 2019/20 Projection | 2020/21 Projection | 2021/22 Projection | 2022/23 Projection | 2023/24 Projection | 2024/25 Projection | 2025/26 Projection | 2026/27 Projection | 2027/28 Projection | 2028/29 Projection |
|---|---|---|---|---|---|---|---|---|---|---|
| Use of resources risk rating | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 3 | 2 |

The financial risk rating is projected at 1 until 2024/25, representing the lowest level of financial risk. It is then forecast to move to a 3 due to the impact of the non-recurrent costs relating to the move of services from City Road to the proposed site at the St Pancras hospital site (double running and transition costs). The financial risk rating is then projected to return to 3 in 2027/28 as the benefits of operating services from the new building result in greater efficiency. Although the rating falls to a 2 in 2028/29, it is projected to return to a 1 from the following year.

## 9.8. Sensitivities

Sensitivity analysis is used to understand the impact of known and unknown risks on the financial viability of a capital investment. The following sensitivities were run on the financial model, to reflect the key risks identified in the risk register. The outcome of the analysis has helped to identify mitigating actions.

**Sensitivity 1** – Proceeds from the sale of City Road are 10% lower than in the base case. In this scenario, cash available to fund capital is lower and therefore Moorfields cash is used to plug the capital funding shortfall. There is no impact on the financial risk rating and cash remains positive in the forecast period

**Sensitivity 2** – Proceeds from the sale of City Road are 20% lower than in the base case. In this scenario, cash available to fund capital is lower and therefore Moorfields cash is used to plug the capital funding shortfall. The financial risk rating remains at a 3 for two additional years as there is less cash available to service debt.

**Sensitivity 3** – Commercial income growth is 2 percentage points lower per annum than in the base case. In this scenario, operating cash is lower due to lower profits generated by the private business. The financial risk rating remains at a 3 for a year longer than in the base case.

**Sensitivity 4** – Commercial income growth is 4 percentage points lower per annum than in the base case. In this scenario, operating cash is lower due to lower profits generated by the private business. Cash is projected to become negative from 2027/28 which will result in a working capital loan requirement to maintain liquidity. The financial risk rating starts to deteriorate one year earlier (2023/24) than in the base case.

**Sensitivity 5** – Proceeds from the sale of City Road are 10% lower and commercial income growth is 2 percentage points lower per annum than in the base case. In this scenario, cash is projected to become negative from 2027/28 which will result in a working capital loan requirement to maintain liquidity. The financial risk rating remains at a 3 for two years longer than in the base case.

This analysis shows the greatest financial risk to Moorfields is if commercial income growth is not in line with projections. This will result in a shortfall in cash generation, and a requirement for external funding sources to maintain liquidity. The OBC will include further detailed sensitivity analysis and a description of mitigations in place to manage risks to an acceptable level.

## 9.9. Value for money

Value for money analysis is used to assess the net impact on the public purse of investing public money. It considers the ratio of incremental benefits (to society) to incremental costs (to society) of the preferred option. The incremental cost is the difference between the preferred option and the baseline option which in this case is option 0 – do minimum.

This analysis was conducted using the value for money template developed by NHS England to help support assessment of the wave 4 capital bids. This demonstrates the preferred option has a positive value for money ratio of 2.7. The analysis takes the discounted incremental capital and revenue costs of the preferred option and compares them to incremental benefits of the preferred option. See appendix 5 for more detail.

The benefits of the preferred option are either cash releasing (those which result in a cash inflow to the trust, such as the proceeds from the sale of the City Road site and the additional CIP savings that would be delivered in the preferred option), or non-cash releasing (quantified using econometric analysis of benefits to society of the preferred option). These benefits were developed from a series of workshops with partners, facilitated by EY, to agree the benefits to society of the preferred option. The key benefit is from improved patient experience and the benefits to education and research, leading to better outcomes and increased quality of life of patients with preventable sight loss.

The payback period of the capital investment has been calculated as 11 years.

All the metrics described indicate the proposed investment provides the public sector with value for money.

### 9.10. Conclusions

Financial modelling for Moorfields demonstrates the capital investment for the project is affordable and the long-term financial position of the trust is sustainable. The financial assumptions that underpin the financial case are considered realistic and achievable. Analysis also indicates the investment provides value for money for the public purse. The risks to the investment have been appropriately tested using sensitivity analysis, and appropriate mitigations have been identified to manage the risks.

The capital investment is considered to be affordable for commissioners as it assumes annual activity growth of 3% which is consistent with historic growth levels at Moorfields. This is well below the expected increase in demand for ophthalmology services among the population. The revised model of care will reduce the unit cost of providing these services, thus contributing to commissioner QIPP programmes.

## 10. The Secretary of State's four tests

NHS England, in "*Planning and delivering service changes for service users*" guidance, published in December 2013, outlined good practice for commissioners on the development of proposals for major service changes and reconfigurations.

Building on this, the 2014/15 mandate from the Secretary of State to NHS England, outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.

Reconfiguration proposals must meet the four tests before they can proceed. These tests are designed to demonstrate that there has been a consistent approach to managing change, and therefore build confidence within the service, and with service users and the public.

From 1 April 2017, NHS England introduced a new (fifth) test to evaluate the impact of proposals that include a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

## 10.1. Test 1: Strong public and patient engagement

This test evaluates how service users and the public are involved in the development of the proposals to relocate all services at Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology on Bath Street to a new, integrated eye care, research and education facility at a preferred site at St Pancras hospital.

Robust and strategic stakeholder engagement has been undertaken since 2013/14, as described in section 7, and a further focus on patient and public engagement has recently been strengthened, with a focus on professional communications and involvement resources, and an intensive period of wider patient and public involvement to inform the PCBC; the detail of which is outlined in the Oriel stakeholder communications strategy in appendix A2.1. Strengthening patient engagement for the project was a priority in 2018 and continues into 2019 and beyond.

A summary of most recent activities includes:

- Launch of RIBA-led design competition – this announcement allowed the trust to reach out to patients, staff, governors, local GPs and optometrists (through CCG contacts) and the press with a targeted project announcement and update
- AGM briefing in July 2018 – soft relaunch of stakeholder engagement and discussed with members, governors and patients about Oriel
- The building of a comprehensive stakeholder map to ensure a wide range of people is reached, in different ways according to their diverse interests and needs. This links to the equality impact assessment and specialist involvement work for protected groups
- The engagement of patients, local residents and community representatives to gather a range of views to inform this PCBC, which included four surveys to examine and extrapolate major themes, seven interactive drop-in sessions to gather views from patients, staff and visitors to Moorfields Eye Hospital and clinics across London, and 10 focus group sessions across north central London, which enabled deliberative discussions around issues that are important to patients and local people.

A log of engagement and involvement activities is detailed in appendix A2.2 Further engagement (outlined in section 7.4) is planned using the communications channels of all health and social care partners involved, to include proactive and specific connections with vulnerable and seldom-heard groups.

Digital methods, including a dedicated website and social media channels will support face to face discussions, further focus groups and survey work.

During this stage, the major planning themes will be explored in greater depth, and will inform the next stage of consultation and developing business case; as well as feeding back to the relevant strategic and service workstreams, planning teams and the architectural design team.

Patients, residents and other stakeholders will be recruited to continue working with the programme's workstreams, and this will include patient advisory work on transport, access and design. The people's advisory group will provide a central coordinating steer, acting as a "critical friend" and co-producer for the involvement and consultation programme.

## 10.2. Test 2: Consistency with current and prospective need for patient choice

This test illustrates whether any proposed redevelopment would maintain the availability of service user choice.

In London, the landscape includes over 30 NHS hospital ophthalmology departments and sites, private ophthalmology providers who offer NHS services, community provider organisations, nearly 900 optical and optometry practices, and another 900 providers holding contracts to deliver primary care domiciliary services. In addition, there are borough-based social care services for people with visual impairment, and a range of charity and voluntary organisations involved in sight loss services.[36]

As it stands, there would be no change to the choice of providers to patients and residents looking to access eye health care services in London. Commissioners and providers continue to work together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services; how clinicians and staff would deliver eye care services; and how, by integrating research with service delivery, this would create a huge benefit for clinical outcomes. Moorfields has existing relationships with other providers of eye care across London, which will continue following the proposed relocation of the City Road site.

Additionally, access to the current care pathways would remain the same, with the existing full range of services continuing to be delivered from a new site, including the transfer of emergency surgery and ophthalmic A&E care. Based on the current proposals to relocate the hospital from City Road to the St Pancras hospital site, there would be no change to district hubs, local surgical centres and community-based outpatient clinics, although these are being revisited as part of NCL STP's plans for the future of ophthalmology services across London.

Patient choice would be improved from a quality perspective as the proposed streamlined, modern and fit-for-purpose estate footprint would allow a more efficient patient journey time through the hospital and provide a higher quality experience for patients.

Additionally, a new fit-for-purpose, integrated eye care centre would create bespoke, ergonomically-designed patient pathways to improve flow, embrace new technologies and enhance and support patient and visitor experience, privacy and dignity. The centre will adopt an inclusive design approach tailored to users with visual impairment and other disabilities – embracing best practice in telehealth, sensory and accessibility provision.

## 10.3. Test 3: A clear clinical evidence base

This test is to demonstrate sufficient clinical evidence and clarity on the case for change (outlined in section 4).

The independent verification of the clinical case for change has been gained through submission for consideration by the London Clinical Senate, engagement with a range of clinicians, and using reports from the CQC reports.

[36] Eye Health Network for London: Achieving better outcomes, NHS England, June 2015

### London Clinical Senate: clinical reference panel

The London Clinical Senate's clinical review of Moorfields proposal to move to the St Pancras Hospital site, and to create an integrated eye care, education and research facility there, is conducted as part of NHS England's assurance process for a major service change.

In Planning, assuring and delivering service change for patients[37], NHS England is required to assure itself that a proposal for a major service change or reconfiguration satisfies all of the four tests.

The role of the Clinical Senate is to establish if a proposal meets the third test, i.e. that it has a clear, clinical evidence base. This is done this by conducting a clinical review of a draft of the pre-consultation business case and other materials.

In conducting the review, the Clinical Senate examined a draft of the PCBC to establish if it:

- Has a clear articulation of patient and quality benefits
- Fits with national best practice and is clinical sustainable
- Contains an options appraisal which includes a consideration of a network approach, cooperation and collaboration with other sites and/or organisations.

The Senate's review of a draft PCBC enables a commissioner to revise its business case and integrate the Senate's recommendations into the final version of the PCBC.

### London Clinical Senate review panel meeting

The London Clinical Senate held a panel in November 2018 to undertake a clinical review of Moorfields Eye Hospital's proposal to relocate services from the City Road site to the St Pancras Hospital site.

Specifically, the clinical review panel sought to establish:

1) That the proposed clinical models for the services to be provided on the St Pancras hospital site, when Moorfields Eye Hospital's City Road services propose to move there in 2025/26, have a clear, clinical evidence base (where this exists)
2) Whether the proposals for the new integrated eye care, education, and research facility:
    - Will enable improvements in the clinical care of patients
    - Are informed by best practice
    - Align with national policy and are supported by STP plans and commissioning intentions
3) Whether the proposed clinical models, clinical workforce, and clinical digital strategy are sufficient to meet the growth in demand for ophthalmology and eye health services and can reduce the number of patients whose eye disorder could have been avoided
4) Whether the proposed clinical models for the new eye care centre meets the needs of NHS commissioners, including specialised commissioners

[37] "Planning, assuring and delivering service change for patients," (NHS England, March 2018,

5) Whether Oriel and the move to the St Pancras hospital site enhances opportunities for education, research and the adoption of innovation
6) That the commissioners and the trust have considered the effect on patient and carers of the proposed move to the St Pancras hospital site
7) Whether the trust's proposed clinical model for services at the new eye care centre is both clinically safe and has the potential to improve the safety of care when compared to the current clinical model.

The Review Panel's advice is based upon:

- Its consideration of the documentation provided
- The presentations and discussion with clinicians, patients, commissioners, and manger during the Review Panel hearing on 29 November
- The multi-disciplinary panel members' knowledge and experience.

Following the Review Panel, the London Clinical Senate submitted a report on its findings to the CCGs in which it confirmed that it found "**that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.**"

The Senate had the following recommendations about the proposal. They are that the final version of the PCBC:

- Takes a whole systems approach to the commissioning and provision of ophthalmology and eye health care
- Contains more information on the trust's and commissioners' current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.
- Contains a description of what the model for eye health care will be both at the new facility and in north central London and how these clinical models will meet the expected increase in demand for ophthalmology and eye care services. This should include a commitment to inter-operability
- Has more information and descriptions of the risks or patient safety challenges faced by the trust and commissioners and how the move to the new facility will eliminate or mitigate those risks, particularly regarding paediatric surgery and anaesthetics
- Has more detail on the specifics of their digital and research and development strategies
- Contains better modelling of the demand for ophthalmic and eye health care including population health data and how the proposed models of care will meet that demand
- Has more information on the likely workforce at the new facility and their co-dependencies and how that workforce will ensure the proposal is clinically sustainable.

Feedback and responses to these recommendations has been addressed throughout the PCBC; in particular in section 2, which outlines the links with other hospitals for specialist paediatric support, section 5 – Eye health care models, services and benefits, and section 7 – Strong public and patient engagement.

The report by the London Clinical Senate will be published by commissioners, once formal consultation on the proposal is underway.

### Clinical input

A wide range of clinicians has been engaged throughout the process to ensure proposals have patient outcomes central to plans. There has been broad and varied communication with a range of clinical staff.

In preparing for the consultation, clinical leads from Camden CCG, NHSE specialised commissioning, and Moorfields have been supporting the proposal to relocate, subject to consultation, in the following ways:

- Contributing to shaping the clinical case for change as part of this PCBC
- Being a critical friend to the draft case for change
- Supporting the PCBC in passing local governance processes
- Presenting the case for the consultation at the Clinical Senate review
- Contributing to responses to any clinical queries around the PCBC
- Involvement in patient/public engagement – listening, participating, and feeding back on plans.

*"One of the most important things about Moorfields is that patients and staff understand we are always striving to provide excellent and compassionate care to the highest possible level. It is frustrating as a doctor that the current building is starting to really limit our ability to do that and creating inefficiencies in getting patients assessed and treated rapidly and in a suitable environment. I support Project Oriel because I believe staff and patients deserve an excellent environment to allow us to deliver the outstanding care that we are capable of, and which will facilitate our ability to get research and teaching embedded in everyday care to ensure patients get cutting edge treatments delivered by the best trained and supported staff."*

**Melanie Hingorani, FRCOphth**

**Consultant Ophthalmologist, Moorfields Eye Hospital**

**Chair, UK Ophthalmology Alliance**

**Chair of Professional Standards, The Royal College of Ophthalmologists**

### CQC Report

The CQC inspected Moorfields in May 2016. The report highlighted issues with the current City Road estate that adversely impact on patient experience. Observations and feedback from the report for the City Road site made specific note of the difficulties that the cramped conditions and service adjacencies created for patients, particularly in outpatients. Specific observations included:

- The environment in the A&E department did not meet the needs of children and young people or protect patient's privacy. There were also problems with the ventilation in the A&E and limited storage space for patient records
- Areas inspected were clean but space in the outpatient department was limited and there was insufficient seating for the number of patients attending clinics
- There were delays with patient flow in some services. In surgery there was significant variation in the number of children undergoing surgery on different days of the week. Outpatient clinics often overran and patient waiting times were not monitored.

A recommendation was for the organisation to look for ways to improve patient privacy in the outpatient department, accident and emergency department and day case wards. Steps have been taken to address this recommendation, but face increased challenges due to the nature of the current building.

In the overall ratings for the City Road site, the CQC rated services for children and young people as 'outstanding' for caring and noted that "*Children and young people benefited from a multi-disciplinary approach to care within a purpose-built setting*".

### 10.4. Test 4: Support for proposals from clinical commissioners

This test is to provide assurance that the proposals have the approval of local commissioners.

Moorfields' services are commissioned by CCGs across the UK and NHS England specialised commissioning. 14 CCG commissioners hold significant contracts. NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. NHS England specialised commissioners are the single largest commissioner of services at the trust.

NHS Camden CCG, on behalf of NHS Islington CCG as lead commissioner, is representing commissioners across the country in this development, working with NHS England specialised commissioning.

Moorfields have also held several meetings to brief all GP members of the 14 CCGs, where they have had an opportunity to provide feedback on the preferred option. Formal and informal presentations and discussions have taken place at several CCG Governing Body meetings, both public and private.

Commissioners have supported this business case, in principle and subject to consultation, through the North London Partners in Health and Care Estates Strategy, a key component of NCL's sustainability and transformation plan. The estates strategy highlights Oriel and plans for the redevelopment of the St Pancras hospital site as priorities for Wave 4 of the plan. The NCL estates strategy is intended as an iterative document and as such has been discussed and agreed by NCL STP programme delivery board, NCL estates board and the STP directors of finance meetings during 2018.

The work of the consultation programme board has been shared within the governance structures of both the regional and national specialised commissioning teams, with the London specialised commissioning team acting as the lead commissioner to cascade the Oriel plans shared by the NCL STP in May 2018.

## 11. Decision-making and next steps

After the consultation closes, the responses received from members of the public and organisations will be independently analysed and a report upon the data received prepared for the consultation programme board.

The consultation programme board will then consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process.

These will then be summarised in the decision-making business case to assist CCGs, through the committee in common, in their decision-making on endorsement of the proposals. Specialised commissioners will use regional and national governance in their decision-making.

The outcomes of the consultation will also be presented to local authority scrutiny to scrutinise that the consultation process has been completed satisfactorily.

On approval of the decision-making business case, the trust will proceed in developing its outline business case. Feedback provided during the consultation process will be used to inform the trust's proposals and next steps. The trust will implement the proposal, having factored in considerations from the consultation process.

NHS Improvement requires Moorfields to submit a strategic outline case, outline business case and final business case for approval for capital investment proposals of this value.

At this stage, it is not possible to fully detail the timescales in which decisions will be taken and when subsequent implementation could take place. This is due to a number of factors, including:

- The quantity and detail of consultation responses received, and timescales required to analyse those responses
- The consideration of consultation responses by the consultation programme board and subsequent update of analysis and evaluation as required
- The development of a decision-making business case (DMBC) and confirmation by the consultation programme board
- CCGs' committee in common, as the decision-makers, need to consider the consultation responses through the DMBC and make the decision about whether the proposals should be approved.

However, to give an indicative timeline, the programme expects the following milestones for this process. These may be subject to change.

- Formal public consultation – Q1/2 2019 (12 weeks).
- External analysis of consultation responses – Q2/3 2019
- The Moorfields consultation programme board will consider the responses to the consultation and amend the DMBC accordingly – Q2/3 2019
- CCG' committee in common consider the final business case document – Q2/3 2019
- Outcomes of the consultation presented to local authority scrutiny – Q3/4
- Final business case preparation – Q3/4 2019.

## List of abbreviations

| | |
|---|---|
| A&E | Accident and Emergency department |
| AGM | Annual General Meeting |
| AHP | Allied Health Professional |
| AHSC | Academic Health Science Centre |
| AMD | Age-related Macular Degeneration |
| BAME | Black and Minority Ethnic |
| BRC | Biomedical Research Centre |
| CCEHC | Clinical Council for Eye Health Commissioning |
| CCGs | Clinical Commissioning Groups |
| CEO | Chief Executive Officer |
| C&I | Camden and Islington NHS Mental Health Trust |
| CIP | Cost improvement programme |
| CQC | Care Quality Commission |
| CQRG | Clinical Quality Review Group |
| CYP | Children and young people |
| DHSC | Department of Health and Social Care |
| DMBC | Decision-making business case |
| DQI | Design Quality Indicator |
| DR | Diabetic retinopathy |
| EBITDA | Earnings before interest, tax, depreciation and amortization |
| EIA | Equalities Impact Assessment |
| EU | European Union |
| EY | Ernst & Young |
| FAQ | Frequently Asked Questions |
| FBC | Final Business Case |
| FTE | Full-time equivalent |
| FYFV | Fiver Year Forward View |
| GIRFT | Getting It Right First Time |
| GOSH | Great Ormond Street Hospital NHS Foundation Trust |
| GP | General practitioner |
| HDU | High Dependency Unit |
| HEE | Health Education England |
| (J)HOSC | (Joint) Health Overview and Scrutiny Committee |
| ICU | Intensive care unit |
| I&E | Income and expenditure |
| IoO | Institute of Ophthalmology |
| ITU | Intensive Therapy Unit |
| JAMA | Journal of the American Medical Association |
| LOC | Local Optical COmmittee |
| MEC | Moorfields Eye Charity |
| MRI | Magnetic resonance imaging |
| NCL | North central London |
| NHS | National Health Service |
| NHSE | NHS England |
| NHSI | NHS Improvement |
| NICE | National Institute for Clinical Excellence |
| NIHR | National Institute for Health Research |
| NLP | North London Partners in Health and Care |
| OAG | Oriel Advisory Group |
| OBC | Outline business case |

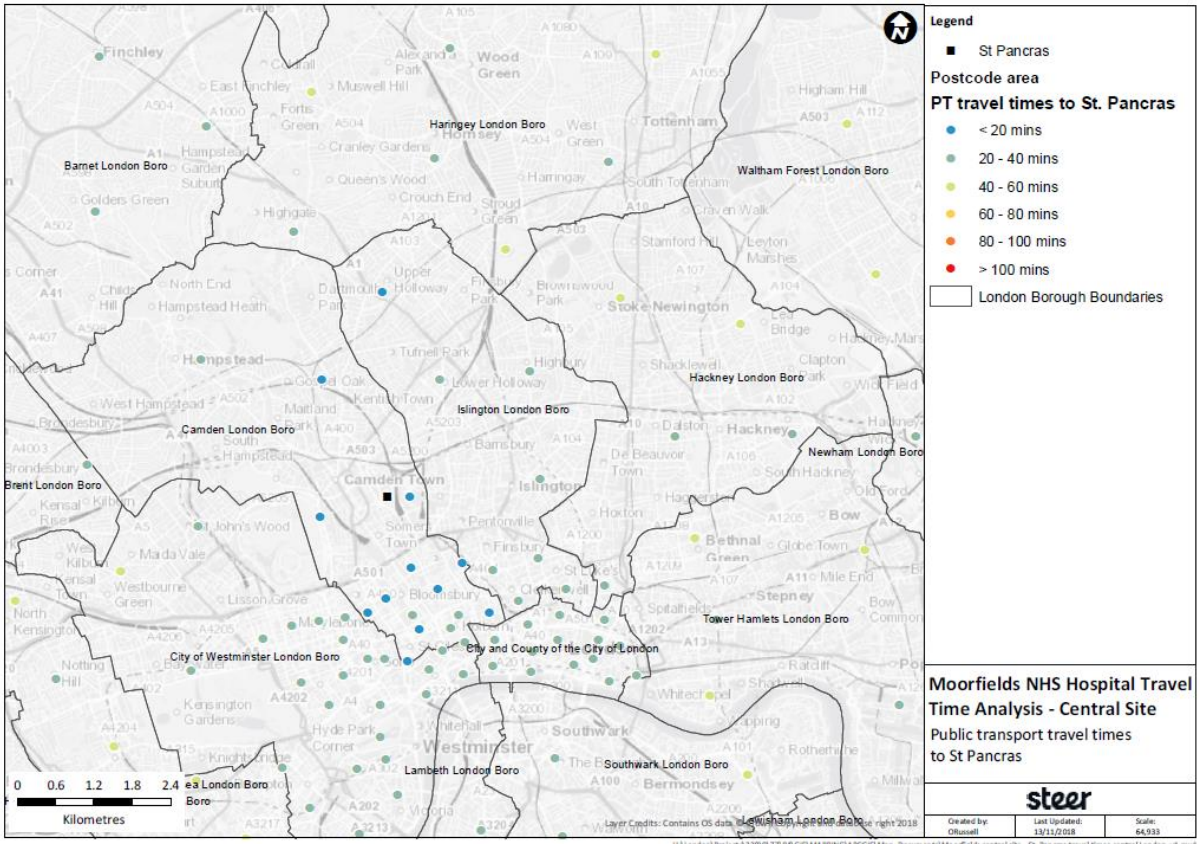
| | |
|---|---|
| OCT | Optical coherence tomography |
| OHT | Ocular hypertension |
| ONS | Office for National Statistics |
| PATRN | Paediatric Anaesthetic Trainees Research Network |
| PCBC | Pre-Consultation Business Case |
| PDC | Public dividend capital |
| PHE | Public Health England |
| PMO | Programme management office |
| POD | Point of delivery |
| PoLCE | Procedure of limited clinical effectiveness |
| Q | Quarter (meaning financial year quarter: Q1 is April-June, Q2 July-September etc) |
| QIPP | Quality Innovation Productivity and Procurement – Improving Value |
| QSIS | Quality Surveillance Information System |
| QSP | Quality Surveillance Programme |
| QST | Quality Surveillance Team |
| RCOphth | Royal College of Ophthalmology |
| RDCEC | Richard Desmond Children's Eye Centre |
| REF | Research excellence framework |
| RIBA | Royal Institute of British Architects |
| RNIB | Royal National Institute for the Blind |
| ROP | Retinopathy of prematurity |
| SAFE framework | System assurance for eye health |
| SDIP | Service development improvement plan |
| SLA | Service level agreement |
| SLMS | School of Life and Medical Sciences (UCL) |
| SOC | Strategic outline case |
| SPEC | St Pancras Eye Clinic |
| STs | Speciality training colleagues |
| STF | Sustainability and transformation fund |
| STP | Sustainability and transformation partnership/plan |
| UAE | United Arab Emirates |
| UCL | University College London |
| UCLH | University College London Hospital |
| UCL IoO | University College London Institute of Ophthalmology |
| WAEH | World Association of Eye Hospitals |
| YTD | Year to date |

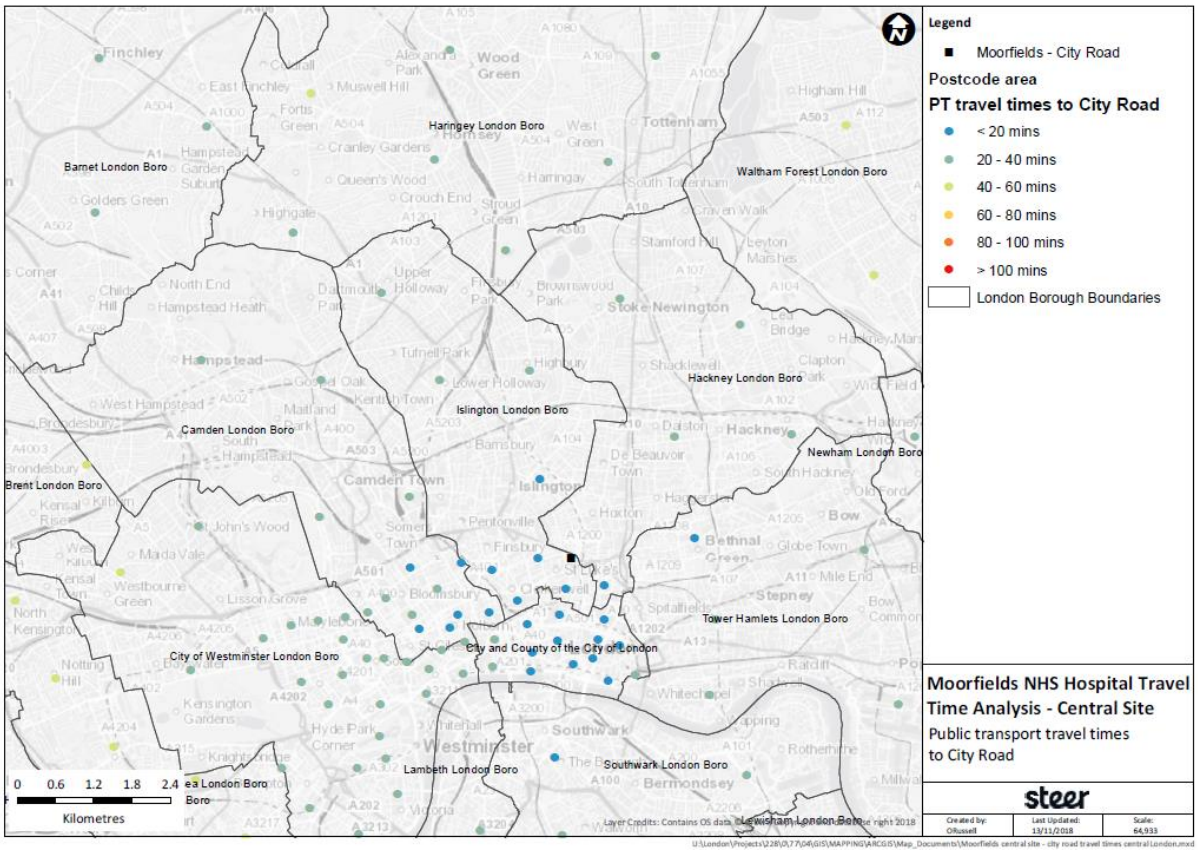
## Appendix 1: Moorfields travel time analysis

Moorfields is a centre of excellence and a diverse group of patients visit the City Road site. The site provides comprehensive general and specialist outpatient, diagnostic and surgical services for the local population and for those from further afield who require more specialist treatments not available elsewhere.

These maps show the distribution of patients by postcode, categorised by number of patients that travel to the City Road site. If patients travel directly from home to City Road:

- 6% of patients would spend approximately 20 minutes travelling
- 28% would spend 20-40 minutes travelling
- 32% would spend 40-60 minutes travelling
- 21% spend 60-80 minutes travelling.






Additionally, travel time for Hertfordshire patients would not be materially affected if the travel time analysis is correct and welcome the parking capacity on the St Pancras site.

## Appendix 2: Strong public and patient engagement

This section provides further detail on the public and patient engagement undertaken to date and plans for future engagement and involvement. This plan is in the process of review and is subject to change.

Page 172

Oriel
Creating the centre for advancing eye health

NHS

# Strategy and action plan
## for communications, involvement and consultation

Communications Working Group
DRAFT V5
as at 8 February 2019

Moorfields Eye Charity

Moorfields Eye Hospital NHS Foundation Trust

UCL INSTITUTE OF OPHTHALMOLOGY

# Purpose

This strategy and action plan provides the framework for collaboration between all partners with a duty to involve people in proposed service change.

In this version, the focus is on listening and learning prior to consultation, with an outline plan for further consultation and continuing involvement.

| Contents | Page |
|---|---|
| Purpose | 2 |
| Owners and proposed review dates | 3 |
| Summary | 4 |
| Background | 5-7 |
| Aims and principles | 8-10 |
| Reaching our audiences | 11-12 |
| Delivery methods | 13-15 |
| Action plan | 16-20 |
| Governance | 21 |
| Appendix 1 – Communications protocol | Attached |

## Associated documents

- Stakeholder interests
- Forward plan of action and events
- Engagement log



Oriel
Creating the centre for advancing eye health


Page 173

# Owners and proposed review dates

## Owners

| | |
|---|---|
| **Product of** | **Communications Working Group**<br>Membership includes comms leads of lead CCGs, NHS England Specialised Commissioning, Moorfields Eye Hospital, Moorfields Eye Charity and UCL |
| Author | Wendy Smith, Communications Adviser, Oriel |
| Owners | **Consultation Programme Board** |
| SRO | Sarah Mansuralli, Chief Operating Officer, Camden CCG |
| Contact | Kate Ayers, Senior Communications Manager moorfields.oriel@nhs.net |

## Proposed review dates

- 15 February — Consultation Programme Board
- 15 March — Following regulators' assurance
- During consultation
- Post consultation



Oriel
Creating the centre for advancing eye health


Page 174

# Summary

**Proposal (Oriel)** – To build a fully integrated centre for leading-edge research, world-class education in ophthalmology and high quality eye-care for patients; and to move the services currently provided at Moorfields Eye Hospital in City Road to the new centre at a preferred location in the Kings Cross area.

Views from people affected by potential service change should inform commissioning decisions, business plans and buildings design. This strategy builds on three previous phases of involvement and consultation, and now covers phases 4 and 5 as summarised below.

**We will use best practice involvement and consultation to influence and support plans in 2019, and to embed sustainable involvement for future implementation.**

| Phase 4 (stage 1)<br>Q3 2018/19 | Phase 4 (stage 2)<br>Q4 2018/19 | Phase 5 (stage 1)<br>Q1 2019/20 | Phase 5 (stage 2)<br>Q2 2019/20 |
|---|---|---|---|
| **Shaping the plan** | **Wider involvement** | **Consultation** | **Decision-making** |
| Early engagement – drop in events, surveys, focus groups – input on proposals and involvement plan<br>Discussions with scrutiny | Website, workshops, meetings with target groups, online feedback, social media, podcasts<br>Plan for consultation<br>Continuing scrutiny | Consultation document, support materials published via website<br>Online feedback<br>Discussion groups, workshop programme | Consult JHOSC<br>Analyse feedback<br>Publish outcome<br>Final report |
| **Influences PCBC, design planning** | **Influences consultation, design planning, OBC** | **Influences decisions, design planning, OBC** | **Influences DMBC, OBC, design planning** |


Page 175

# Background – the proposal


Oriel
Creating the centre for advancing eye health

Page 176

# Background – previous involvement and consultation

## Phase 1 – 2013-14 – early discussions and consultation on options

Oriel launched in 2011 to develop a new centre for eye care. Analysis showed that a new purpose-built facility would be less expensive and potentially less disruptive than a refurbishment of the current estate at City Road. UCL Institute of Ophthalmology concluded that the existing UCL facilities in Bath Street required fundamental redesign and expansion to support future research and education. A consultation launched in November 2013 gained 88% of respondents' support for a proposed new integrated centre to be built in the Kings Cross area for Moorfields Eye Hospital, Moorfields Eye Charity and UCL. Accessibility and continuity of service were key themes for patients and public. There was also feedback on waiting times, environment, signage, social space and patient support.

## Phase 2 – 2014-16 – developing the business case

A Patient Reference Group provided insights on key issues. 7 sub-groups looked at patient priorities, accessibility, waiting areas, A&E signage, external landscaping, social space and waiting times. Feedback influenced the land acquisition business case and design brief.

## Phase 3 – 2017-18 – developing the design potential

The Land Acquisition Business Case was approved in 2017, followed by a competition in 2018 to select design partners. Patients, staff and partners had an opportunity to give views on shortlisted design bids, which influenced the evaluation process.

## Phase 4 – 2018-19 – pre-consultation engagement

## Phase 5 – 2019 - consultation



Oriel
Creating the centre for advancing eye health

Page 177


Phase 1 - 2013-14
Early discussions and consultation on options
Outcomes
Overall support for a move to the preferred location
Identified priorities for improvement – accessibility, continuity in transition, waiting times, environment, signage, social space and patient support
Phase 2 - 2014-16
Developing the business case
Outcomes
A patient reference group explored further the issues raised in previous consultation. Feedback to Oriel project team influenced work on land acquisition business case and improvements in current services.
Phase 3 - 2017-18
Developing the design potential
Outcomes
Patient feedback on accessibility and environment influenced the brief to prospective bidders for the design contract and criteria for bid evaluation.
Further feedback on shortlisted design bids influenced the design team selection
Phase 4 - 2018-19
Pre-consultation engagement
Outcomes
Overall support for a move to the preferred location and confirmation of key issues addressed in the pre-consultation business case
Review of priorities for improvement will inform immediate short term service improvement plans, help to shape details of proposals for consultation and set a framework for further development of the business case, future service models and design of the proposed new centre.
Phase 5 - 2019
Consultation
Outcomes
Consultation feedback will help to shape the detailed decision-making business case and future Outline Business Case and Full Business Case

Page 178

# Aims and principles

## Context

- **It is a fundamental value of the NHS that patients must come first in everything the NHS does**. All parts of the NHS should act and collaborate in the interests of patients and, as well as working with each other, health and care organisations should involve staff, patients, carers and local communities to ensure they are providing services tailored to local needs.
- **The scale and complexity of the Oriel project requires close working** between multiple organisations and a well-planned programme of activities to learn from the views of people who may be affected by potential service change. Patients, local residents, staff, partners and community representatives offer substantial expertise that can help to shape the future quality of eye care, the patient experience and the design of facilities.
- **The London Clinical Senate recommends that the commissioners and Moorfields Eye Hospital NHS Foundation Trust consult widely** on proposed changes to eye health care in North Central London, ensuring that participation reflects the diversity of those who may be affected by the proposed move.
- **NHS England will consider the evidence of strong public and patient engagement**, as one of four key tests in assuring proposals for service change.
- **Under the Health and Care Act 2012 and other national guidance, NHS organisations have a legal duty to involve people who may be affected by proposed service change**. They must also consult the relevant local authorities about substantial developments or variation in services in their local authority area.



Oriel
Creating the centre for advancing eye health


Page 179

# Aims and principles

| Aims | Evidence |
|---|---|
| **Overall aim -** To implement best practice involvement and consultation to influence plans in 2019, and to embed involvement for future implementation. | Outcome reports<br>NHS England assurance<br>JHOSC response |
| **Five specific aims**<br>1. To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions | Stakeholder analysis Engagement log, Consultation documents |
| 2. To expand the range of people and groups involved, including action to reach minority and protected groups* | Outcome reports and influence on plans<br>Engagement log |
| 3. To ensure sufficient information is made available during consultation for intelligent consideration and response | Background information available as well as main consultation document - to include outcomes of pre-consultation engagement |
| 4. To improve public awareness and confidence in change | Survey results and feedback |
| 5. To build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation | Established involvement mechanisms and updated strategy and action plan |

*This strategy links to a separate workstream to assess the equality impact of proposed change and will support delivery of our public sector equality duty.



Oriel
Creating the centre for advancing eye health


Page 180

# Aims and principles

## Principles

1. All partners will work together to ensure openness and transparency in decision-making
2. We will endeavour to provide sufficient information for people to make intelligent choices and input to the process
3. Although we will present developed proposals, we will keep an open mind during consultation
4. We will maximise the opportunities for co-production
5. We will allow adequate time for consideration and response. This includes timely information and responses to communications needs



Oriel
Creating the centre for advancing eye health



Page 181

Page 181

# Reaching our audiences

| Audience groups | Channels for publication and feedback |
|---|---|
| General public, local residents and all audience groups | Oriel website, social media, podcasts, news coverage<br>Cascade distribution and publicity via CCGs, NHSE Specialised Commissioning, local authorities, voluntary sector and other partners |
| Service users, carers and representatives | Collaboration with network of Healthwatch bodies<br>Involvement of networks and forums e.g. Trust members, CCG patient participation groups, voluntary sector forums |
| Minority interests and protected groups | Direct contact with identified groups and tailored workshops<br>Information in range of formats and language versions<br>Collaboration with Healthwatch voluntary sector partners |
| Voluntary sector and advocates | Collaboration with Healthwatch and councils for voluntary services<br>Direct contact with identified advocacy groups and forums |
| Local authorities, partner agencies: planning, transport health and wellbeing, scrutiny | Direct contact with relevant bodies e.g. scrutiny and other committees; and joint scrutiny arrangements<br>Collaboration via CCG partnership forums e.g. HWBs<br>Reach to Neighbourhood Forums and other community representatives in Camden and Islington – with CCGs, Councils and other organisations involved In developing St Pancras site |



Oriel
Creating the centre for advancing eye health



Page 182

# Reaching our audiences

| Audience groups | Channels for publication and feedback |
|---|---|
| CCG, Specialised Commissioning and Trust staff | Existing channels of internal communications e.g. intranets, briefings, development sessions<br>Collaboration with Clinical, Workforce and HR functions |
| Primary care contractors | Existing forums and channels via CCGs and NHS England |
| MPs and Ministers | Existing Trust and CCG briefing arrangements<br>Briefing via NHS England |
| Unions and professional representatives | Via Trust and CCG HR forums and local representative committees<br>Direct contact with Royal Colleges, BMA, RCN, Unison |
| Press and media: local, national, trade | Existing channels via Trust, CCGs, Specialised Commissioning and NHS England Comms teams |
| Neighbouring trusts, wider geography of CCGs and other interests | Direct contact using distribution channels of CCGs, Specialised Commissioning and NHS England |
| National regulators | Direct contact and assurance process |

*See also mechanisms for collaboration and governance on page 21*



Oriel
Creating the centre for advancing eye health



Page 183

Page 183

# Delivery methods

Our involvement and consultation programme has an emphasis on action and participating, and not just the passive process of responding to written proposals.

A dedicated Oriel website and podcasts will help to publish and coordinate the many opportunities and channels for involvement and feedback.

## Summary of main methods

**Opportunities to get involved**

- Open workshops for deliberative discussion and meaningful feedback – these sessions, led by clinicians, are interactive and structured
- Deeper-dive discussions on the key themes identified in pre-consultation engagement: accessibility, transport, patient/visitor experience
- Proactively arranged discussions with key groups
- Discussions at regular and existing forums, meetings and committees
- Membership of a People's Advisory Group to advise and challenge the involvement and consultation process
- Service user and carer experts to work closely with design team and other workstreams

**Opportunities to give views**

- Online feedback questionnaire, also available in audio format exploiting latest artificial intelligence technology
- By attending a workshop, a meeting or drop-in – recorded notes
- By individual letter or email



Oriel
Creating the centre for advancing eye health



Page 184

# Delivery methods

Our involvement and consultation programme has an emphasis on action and participating, and not just the passive process of responding to written proposals.

A dedicated Oriel website and podcasts will help to publish and coordinate the many opportunities and channels for involvement and feedback.

## Summary of main methods

**Access to information – via website and distribution**

- Discussion and consultation documents, available in a range of formats, including audio and braille
- Short summaries and leaflet versions
- Easy read versions
- Presentations
- Letters for different audiences
- Further background information and data e.g. fact sheets on finance, the design process, clinical evidence, latest research, pre-consultation business case, recommendations of the Clinical Senate and further information on request.
- Briefings and updates in written formats and podcasts
- Blogs, articles and opinion pieces
- Video snapshots of involvement and consultation
- Standing exhibitions and drop-ins in public areas



Oriel
Creating the centre for advancing eye health


Page 185

# Delivery methods

## Handling ongoing communications and feedback

- **Horizon scanning and issue management**
  Controversy can escalate at any time, with a high risk of misinformation, or unforeseen consequences. A communications protocol (*see appendix 1*) includes a process for horizon scanning and alerts.
- **Press and media**
  The Communications Working Group will oversee a press and media plan with scheduled media releases. This will be supported by close liaison and proactive briefing with key outlets, managed centrally by the Moorfields Communications Team. (*See Communications Protocol in appendix 1 for further details*.)
- **FOIs and enquiries**
  Enquiries under FOI to be handled via existing processes. General enquiries whether via social media or in written correspondence will be acknowledged within 2 working days and answered, where possible, within 10 working days.
- **Relationship building**
  The Communications Working Group will support programme and workstream leaders in building and maintaining relationships with stakeholders, supported by regular briefings and updates in written formats, presentations and podcasts.
- **Management of feedback**
  A core team for the involvement and consultation programme will manage a single system for receiving, acknowledging and recording all feedback from multiple channels. The team will arrange responses where necessary, involving subject matter experts as required. At the end of phase 5, the consultation phase, a collation of responses will be passed to an independent organisation for analysis and final outcome report. Feedback summaries, outcome reports and notes of meetings and public events will be available via the Oriel website. Outputs from the involvement and consultation programme will be available to programme and workstream leads to influence plans. All documents will be available to local authority scrutiny.



Oriel
Creating the centre for advancing eye health



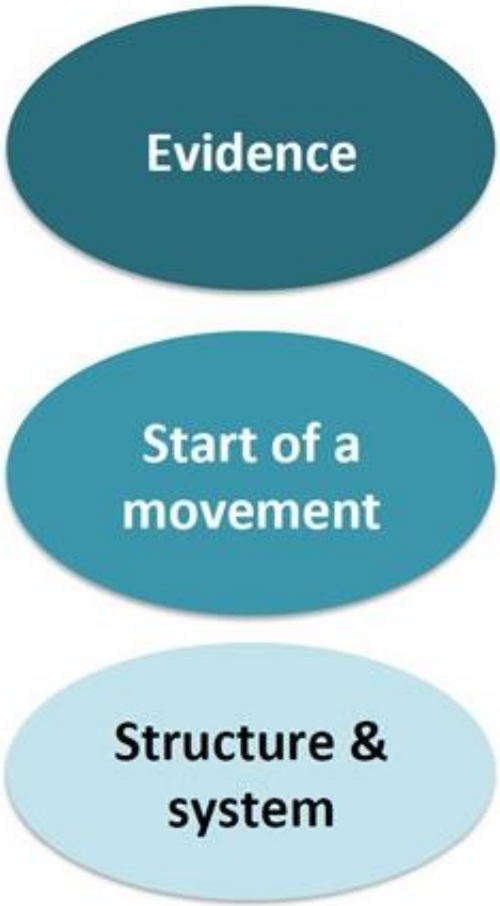
Page 186

# Action plan - most recent action

| Action | Indicative no. of people engaged |
|---|---|
| **3 online surveys during Nov/Dec 2018**<br>• Travel and arrivals<br>• Waiting and care<br>• Patient priorities<br>4th survey to gain perspectives on proposed move | 729 responses |
| **8 drop-in engagement events during Dec/Jan**<br>• Moorfields Eye Hospital in City Road<br>• Mile End Hospital, Tower Hamlets<br>• St Ann's Hospital, Haringey<br>• Barking Hospital<br>• Darent Valley Hospital, Kent<br>• Richard Desmond Centre – children, young people and families | 206 participants |
| **10 discussion groups during Dec/Jan**<br>• London Visual Impairment Forum<br>• Focus group hosted by London Vision<br>• Moorfields Patient and Carer Forum<br>• Tower Hamlets CCG patient participation group<br>• City and Hackney CCG patient participation group<br>• Five open discussion groups – including participants from London, Essex, Kent, Hertfordshire, and east Midlands | 153 participants |


Page 187

# Action plan - what have we gained so far?




- Repeating pattern of response - over 80% supportive
- Accessibility – top priority for public and patients
- Moorfields perceived centre of excellence, but need to improve patient experience

- Growing database of people who want to be involved
- Developing partnerships for action – charities, CCGs, Oriel Advisory Group
- *"We need spaces that will improve our lives, that build independence and confidence. We want to leave a building feeling empowered."*

- Clear channels and process to have a say
- Direct link from feedback to action - service improvement, designs and plans
- Disciplined, coordinated management



Oriel
Creating the centre for advancing eye health


Page 188

# Action plan – what happens next

## Phase 4 (stage 2) – pre-consultation engagement

| Action | Timeline in 2019 |
|---|---|
| Establishment of Oriel Advisory Group | 31 Jan |
| Complete detailed list of stakeholder interests | W/b 11 Feb |
| Launch of website and social media channels | By end Feb |
| Launch of regular briefing and podcasts | W/b 11 Feb |
| Assignment of public and patient representatives to workstreams | By mid March |
| Completion of programme of drop-ins, discussion workshops and meetings with targeted groups | March |
| Outcome report from pre-consultation engagement | April |


Page 189



Oriel
Creating the centre for advancing eye health

# Action plan – looking ahead

## Phase 5 – consultation highlights

- **Published information**
  Consultation document, with other versions and formats
  Online feedback questionnaire (printed and audio versions also available)
  Associated presentation materials and support information
- **Promotion and awareness-raising**
  Publicity campaign, including features with local and national media
  Distribution cascade, using all outlets offered by partner organisations
  Social networking to signpost to website, podcasts, presentations, and background information
- **Face to face discussion**
  Open public workshops, events and meetings to reach diverse audiences
  Surveys, drop-ins and discussions in collaboration with Healthwatch and voluntary organisations
  Consultation meetings for staff and stakeholders
- **Outcomes analysis**
  Coordinated handling of feedback, enquiries, FOI requests and preparation for analysis by independent evaluation.
  Final report on the outcome of consultation shared with scrutiny and delivered to Commissioners' Committee in Common.
  Assurance checks by: Oriel Advisory Group, Joint health overview and scrutiny, programme executive and programme board, with input from regulators.

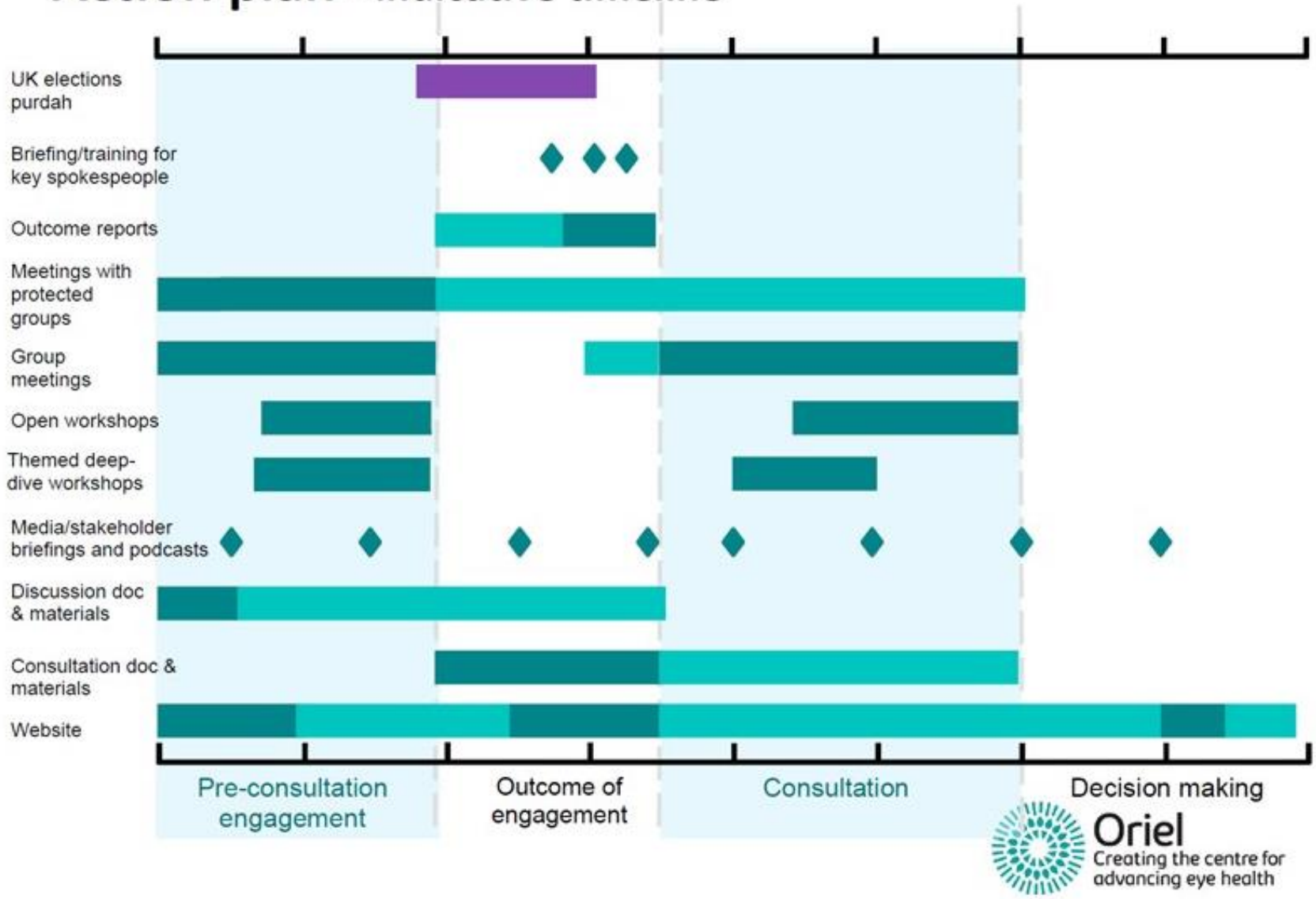


Oriel
Creating the centre for advancing eye health


Page 190

Page 191

# Action plan - indicative timeline




Oriel
Creating the centre for advancing eye health

# Governance

- **Camden CCG leads the involvement and consultation programme** on behalf of 14 CCGs and in partnership with NHS England Specialised Commissioning
- **Delivery in partnership is overseen by a Communications Working Group** chaired by Camden CCG. The Group reports to the Programme Director and the Consultation Programme Board
- **An Oriel Advisory Group of public and patient representatives** provides advice and challenge on the involvement and consultation programme
- **A core team of Communications leads manages operational delivery,** supported by a senior communications adviser who specialises in involvement and consultation
- **Communications Working Group key relationships:**
  - CCG and Trust patient reference groups
  - Healthwatch organisations
  - NHS England and NHS Improvement communications and involvement teams
  - Local authority scrutiny committees
  - Voluntary sector agencies and advocates, notably: RNIB, The Pocklington Trust, London Vision and the Macular Society
  - The Consultation Institute



Oriel
Creating the centre for advancing eye health


Page 192

### A2.2: Views and feedback in phase 4 (stage 1) pre-consultation engagement

This section provides a more detailed description of the opportunities for people to have a say on the proposals to move services from City Road to the St Pancras hospital site, as well as a summary of the views we have listened to at an early stage of involvement and consultation in 2019.

#### Summary of activities during December 2018 to January 2019

| Action | Indicative number of people engaged |
|---|---|
| Three online surveys launched in November 2018, open to end December 2018.<br>These surveys reviewed the main themes from previous feedback, including:<br>• Travel and arrivals<br>• Waiting and care<br>• Patient priorities | • 351 online responses<br>• 189 online responses<br>• 147 online responses |
| Fourth survey to gain perspectives on the Oriel proposal, opened during December 2018, closes in February 2019 | Results due to be reported in March 2019 |
| Eight drop-in engagement events in clinics in the following locations:<br>• Moorfields Eye Hospital in City Road<br>• Mile End Hospital, Tower Hamlets<br>• St Ann's Hospital, Haringey<br>• Barking Hospital<br>• Darent Valley Hospital, Kent<br>• Richard Desmond Centre – children, young people and families | 206 participants in total |
| 10 discussion groups, including:<br>• London Visual Impairment Forum<br>• Focus group hosted by London Vision<br>• Moorfields Patient and Carer Forum<br>• Tower Hamlets CCG patient participation group<br>• City and Hackney CCG patient participation group<br>• Five open discussion groups – including participants from across London, Hertfordshire, Essex, Kent and east Midlands. | • 38 participants<br>• 11 participants<br>• 14 participants<br>• 5 participants<br>• 19 participants<br>• 66 participants |

**During phase 4 (stage 1) of our pre-consultation engagement activities, over 1,000 people gave their views on the Oriel proposal and their priorities for service improvement.**

## Outcomes from three online surveys

### Background

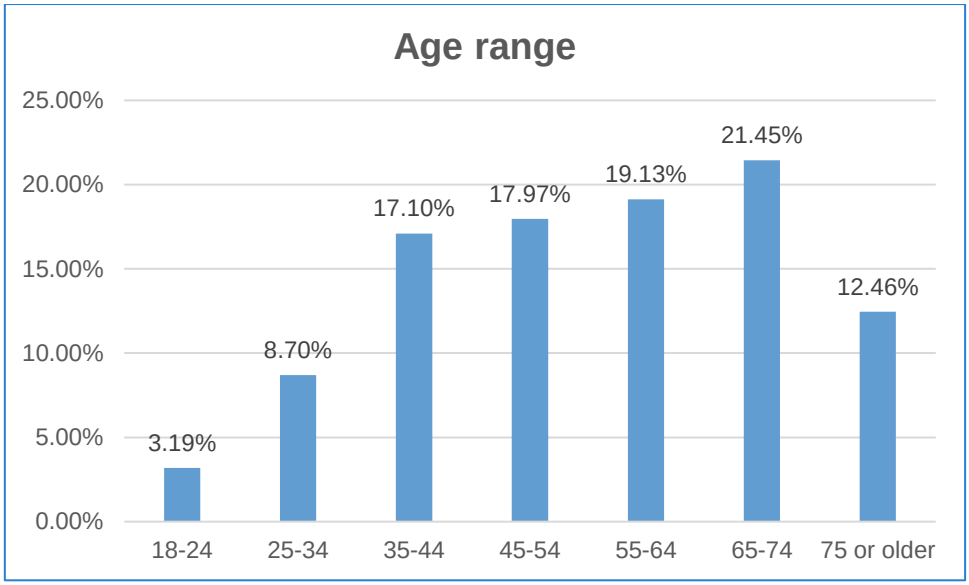
The three surveys aimed to improve our understanding of current patient experience of services at City Road, covering the patient journey from travel and arriving at the hospital, through to waiting and care. The surveys were open to patients, carers and family members and asked respondents to rate their current experience out of 10 in a number of areas, and offering suggestions for improvement.

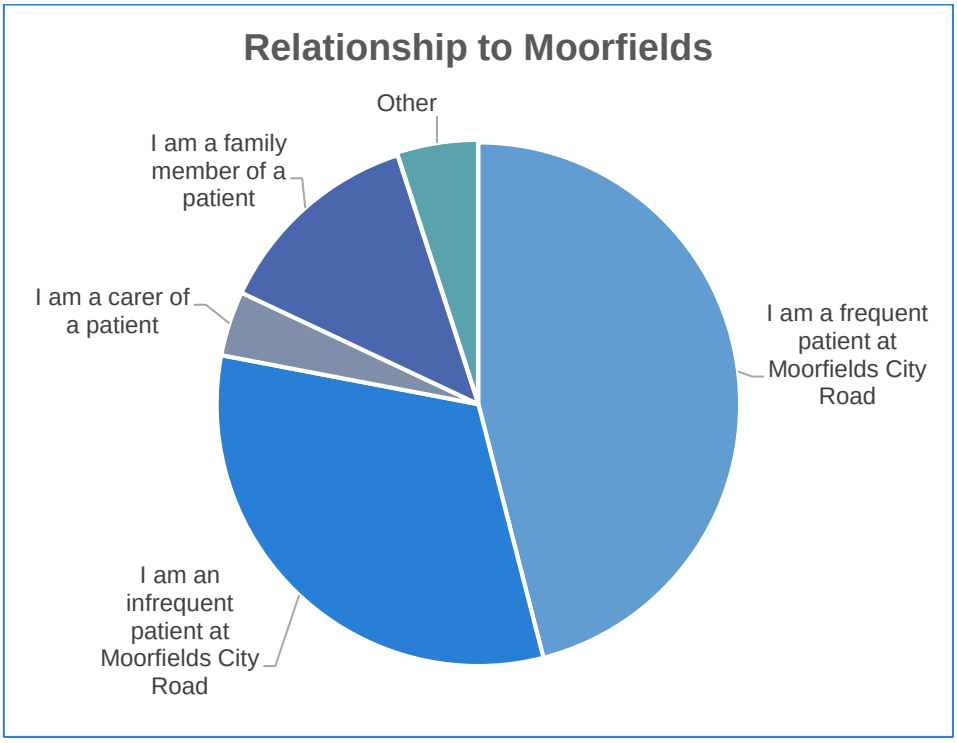
| Survey | Live dates | Responses | Channels used |
|---|---|---|---|
| Travel and Arrivals | 40 days<br><br>12 November to 21 December 2018 | 351 | • Moorfields website<br>• Social Media<br>• Comms to Moorfields Members<br>• Patient information screens (City Road)<br>• Patient leaflets (City Road)<br>• Promoted at external events (e.g. RNIB) |
| Waiting and Care | 40 days<br><br>12 November to 21 December 2018 | 189 | |
| Patient Priorities | 40 days<br><br>12 November to 21 December 2018 | 147 | |
| Travel and Arrivals (in hospital) | 19 days<br><br>3 to 21 December 2018 | 42 | Patients and carers asked survey questions in City Road hospital at multiple clinics. |

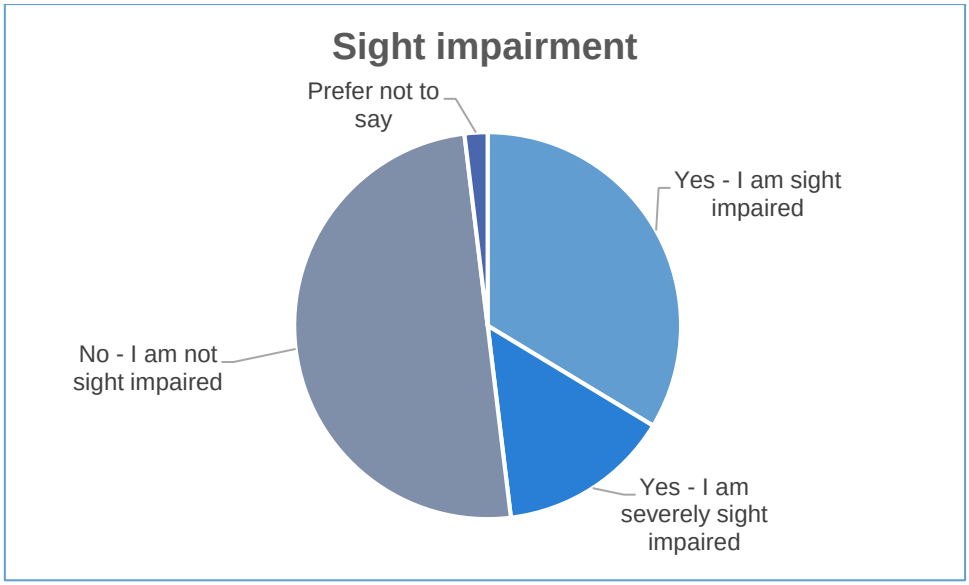
### Respondents

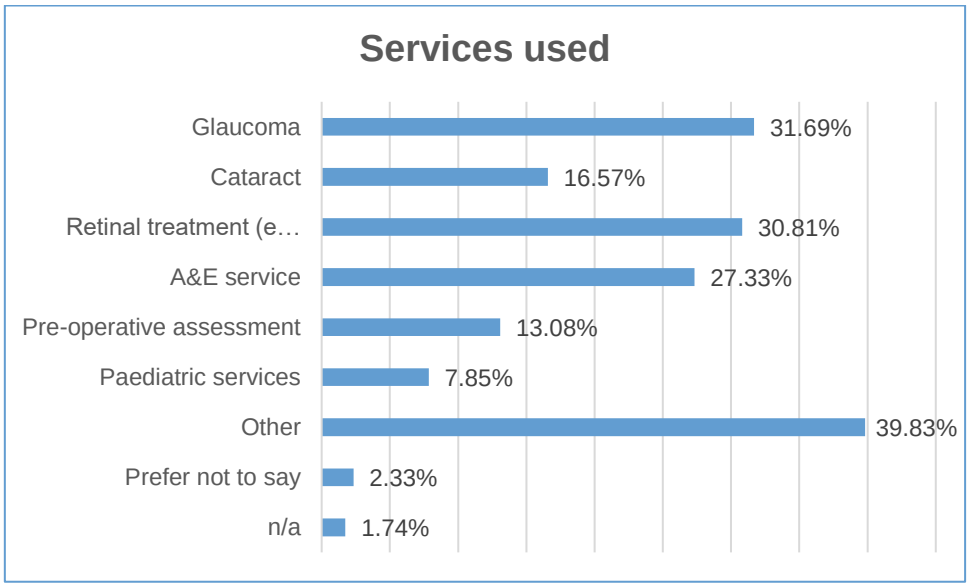
There was a 60/40 female/male split in responses. One-third of respondents considered themselves to have a disability. Just under half of respondents have partial or severe sight impairment.

The following descriptions of respondents represent a snapshot taken from the travel and arrivals survey, which attracted 351 respondents. Results for the other surveys were similar.


Age range
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
3.19%
8.70%
17.10%
17.97%
19.13%
21.45%
12.46%
18-24
25-34
35-44
45-54
55-64
65-74
75 or older


Relationship to Moorfields
Other
I am a family member of a patient
I am a carer of a patient
I am a frequent patient at Moorfields City Road
I am an infrequent patient at Moorfields City Road

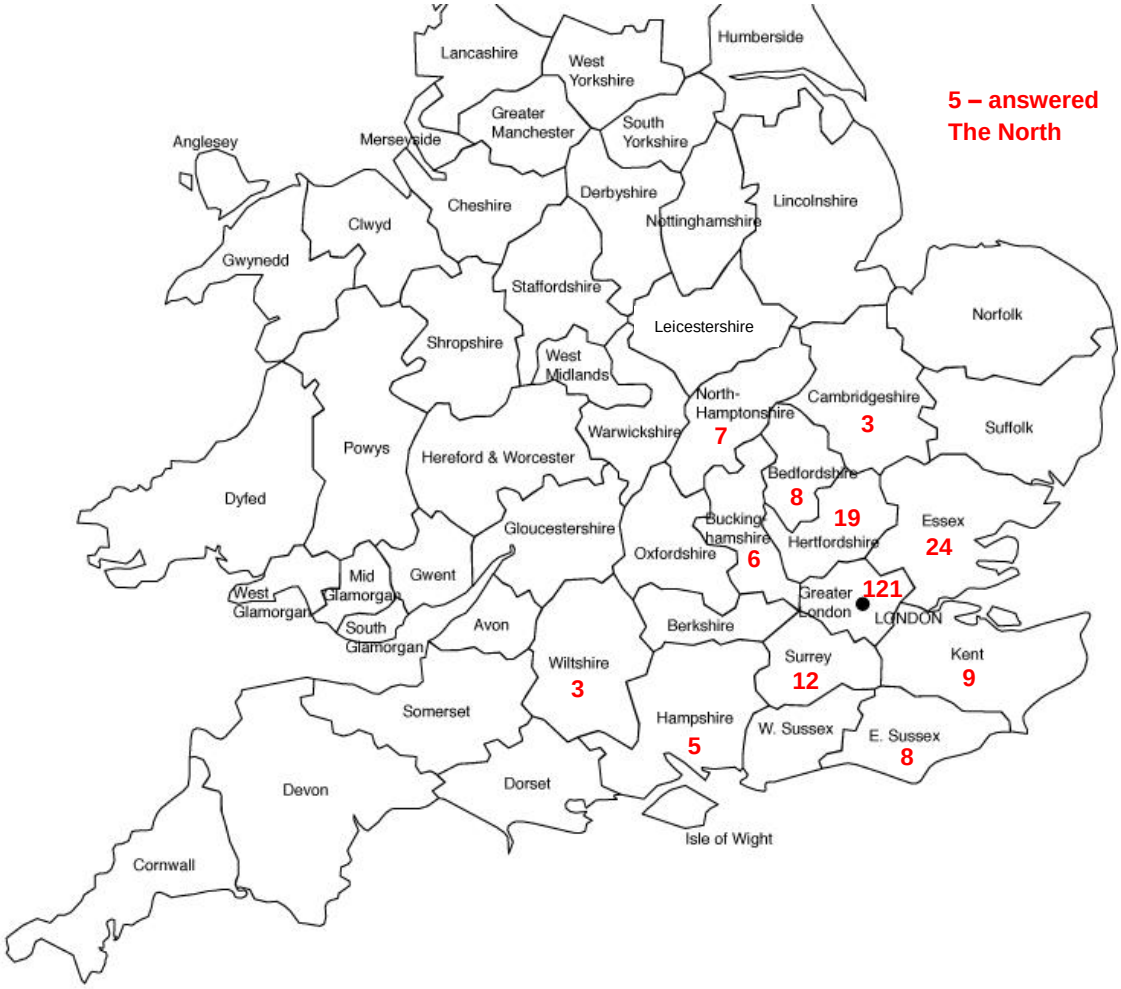


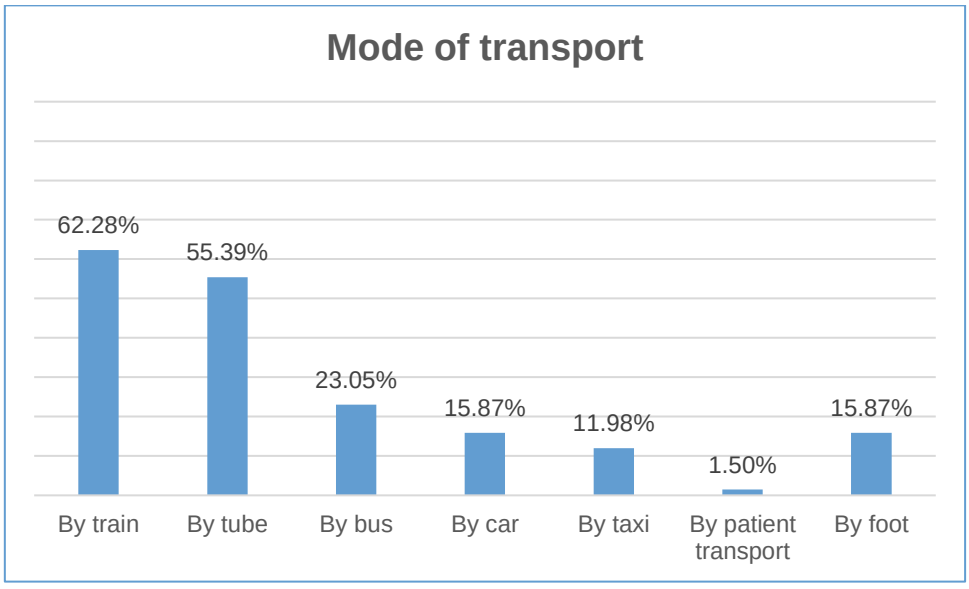

**Where respondents travelled from to get to City Road**

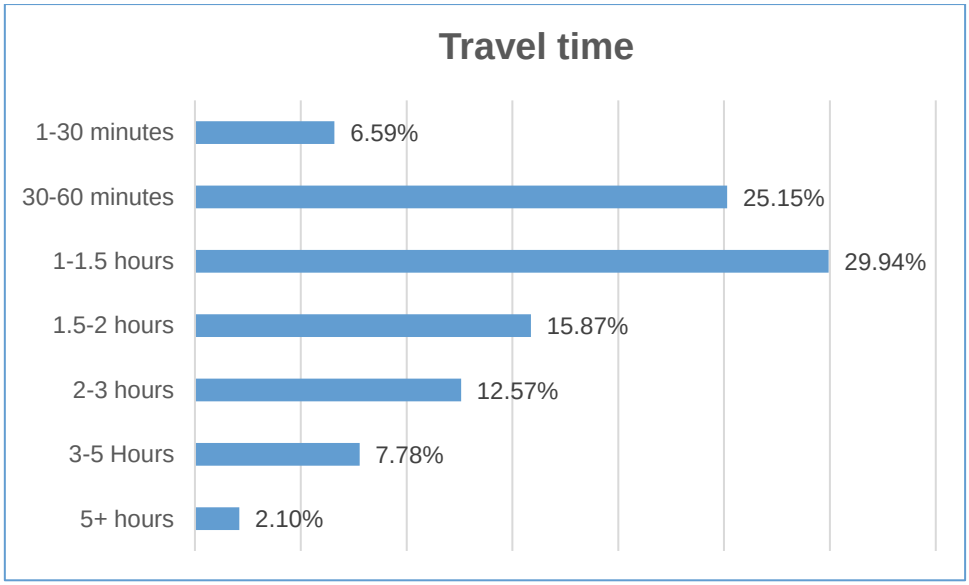
These two maps indicate those locations where there were three or more respondents (total 235). Of these, 121 travelled from London boroughs, with the remaining 114 travelling from outside London. In total, 83% of 335 respondents travelled to City Road from Barnet, Brent, Camden, the City of Westminster, Enfield, Hackney, Haringey, Islington, Tower Hamlets, and Waltham Forest.


Enfield
12
Barnet
Harrow
5
Haringey
Waltham Forest
Redbridge
6
Havering
10
Hillingdon
3
Brent
10
11
Camden
6
Islington
Hackney
Barking & Dagenham
5
3
4
Ealing
Newham
Tower Hamlets
City
Hammersmith & Fulham
3
Westminster
Kensington & Chelsea
4
Southwark
3
Greenwich
Hounslow
3
Lambeth
4
5
Bexley
Wandsworth
3
Lewisham
4
Richmond upon Thames
3
Kingston upon Thames
Merton
Bromley
Sutton
Croydon
7
8




## Summary of feedback on travel






**Travel experience**
For ease of access to the hospital from transport to the entrance, the average score from 324 responses was 7.2 out of 10 (where 1 was very difficult and 10 was very easy).

From comments the main themes were:

- The green line from Old Street tube to Moorfields Eye Hospital is very useful in helping to navigate to the hospital entrance. This came from respondents with and without sight impairment. Some comments suggested an audible or virtual version of the green line
- Other aids to access that were useful included the proximity of the tube station and specific announcements on buses and the tube.

The most common difficulties cited were:

- Congestion at the tube station and pavements
- Lots of steps
- Multiple exits from Old Street station made it confusing
- Lack of parking and drop of points.

**Accessibility at the City Road entrance** was rated an average of 7.7 out of 10 from 308 respondents. Comments included:

- Signage needs to be improved; the main entrance could be made clearer from the main road in all directions
- Many respondents felt the entrance was too narrow and tended to get congested; however a number of patients with sight impairment commented that smaller entrances are easier to navigate than large open spaces for those with limited vision
- Sliding glass doors can be challenging for those with sight impairment, and that glass doors need edges with high contrast to be more visible.

**Navigating through the hospital** was rated an average 6.6 out of 10 by 304 respondents. Comments included:

- The layout of City Road is challenging, especially on first visits. Typical comments included ‘confusing’, ‘like a maze’, ‘rabbit warren’, ‘daunting’, ‘challenging’, ‘overwhelming’
- The number of corridors is confusing
- Long distances between related departments
- Signage too small and sometimes hard to understand
- Staff are helpful.

Ideas to improve accessibility:

- Coloured and tactile lines
- Different colours for different departments
- Greater colour contrast between floors and walls
- Braille door signs
- Audible navigation.

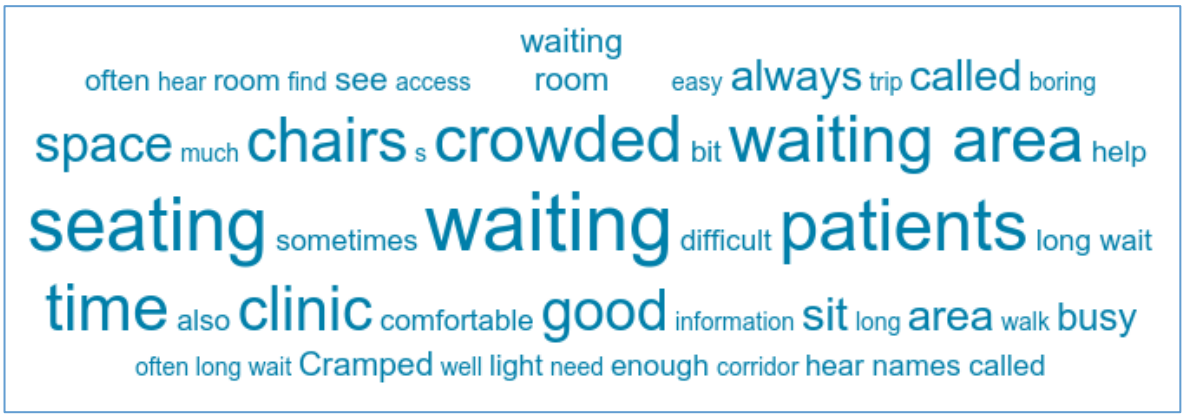
**Summary of feedback on waiting and care**

**Waiting areas** at City Road were rated an average 5.9 out of 10 by 166 respondents.

Respondents rated **communication regarding their appointment** whilst waiting an average of 4.7 out of 10.

**Quality of care** was rated an average of 9 out of 10 by 169 respondents, the highest scoring metric on the survey. The vast majority of comments on this question described doctors, nurses and staff as caring, professional and delivering excellent patient care.

Most frequently mentioned words:



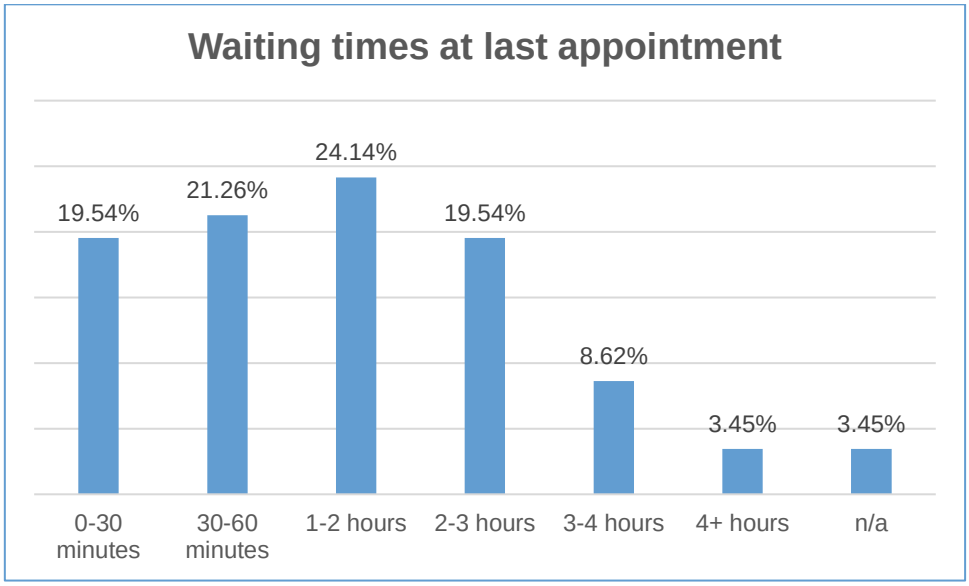

From comments on waiting and care, the main themes were:

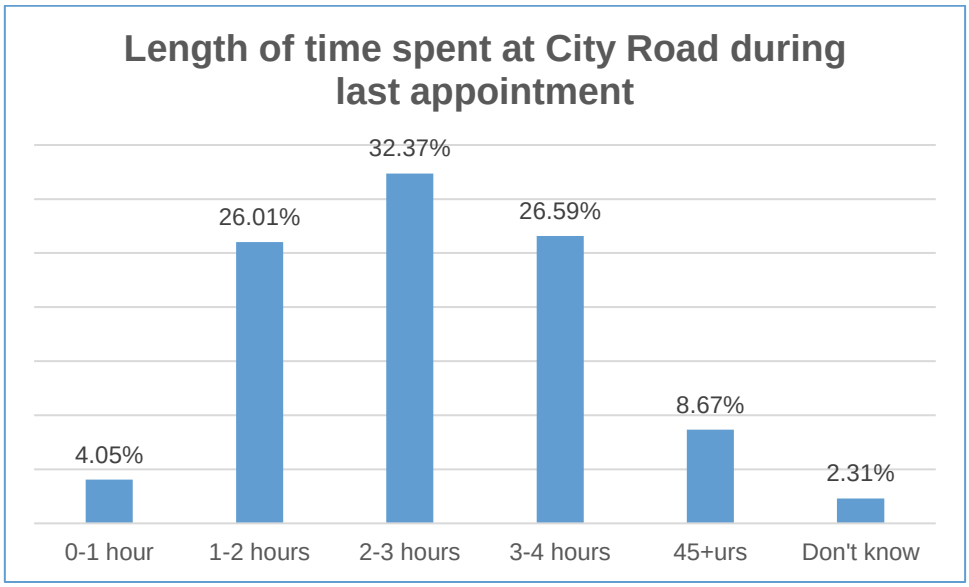
- Overcrowding and a lack of space
- Uncomfortable and insufficient seating, with seats in corridors in some areas
- Insufficient natural light.

Ideas to improve patient experience:

- Interesting distractions whilst waiting (e.g. music, TV and reading material for those who want it, but not distracting others)
- Audio call-outs to supplement patient information screens

- System that tells patients where they are in the queue and estimated waiting time
- Text updates directly to patients' phones.




## Summary of feedback on priorities for patients

Survey participants were asked to select from a list, the three aspects of their experience as patients that were most important to them. The priorities selected by 147 respondents were:

- Friendly and helpful staff (63.27%)
- Shorter waiting times (51.02%)
- A pleasant waiting environment (41.5%)
- Updates regarding your appointment whilst you wait (35.38%)
- Easy to navigate hospital layout with clear signage (33.33%)
- Easy and accessible journey to the Hospital entrance (25.84%)

- The travel time from your home to Moorfields, City Road (23.12%)
- The heritage of Moorfields Eye Hospital (13.6%)
- Other (please specify) (12.92%) – the 'Other' selections ranged from: better pharmacy services and quicker access to consultants, to easier accessible stairs and more plug sockets in waiting rooms.

### Outcomes from eight drop-in engagement events

Drop-in events were held for 2-3 hours at various locations in waiting areas at the City Road site and at satellite clinics in London and Kent. These were informal opportunities to chat with passing patients, visitors and staff. Summary information about the proposals was on display and communications staff encouraged people to give their first impressions.

Responses to the idea of a move to a new centre were, on the whole, positive. Some people suggested ways in which the proposed move offered opportunities for better care, including new technology and changes to the way that people might access services in the future, avoiding the need for a hospital visit.

**Accessibility and transport,** as in other engagement exercises, remained the most frequently mentioned issue and area of concern.

Common themes included:

**Support for the move**

- Proposal to move services from City Road to a new centre sounds positive, and will be an improvement on current facilities.

**Accessibility and transport**

- Transport and accessibility is a key issue
- Need for reassurance about accessibility e.g. transport, parking, congestion charge
- New location could be easier to access, especially by train, while further away for some London residents
- Concerned about congestion, size and complexity of the King's Cross area
- Map the patient journey door to door
- Keep the green line
- Improve disabled access
- Develop a shuttle bus to transport people from stations to hospital.

**Service improvements**

- A chance to create more space
- Improve wayfinding in the hospital
- Improve lay-out and proximity of related services
- Take opportunity to improve waiting times in clinics
- Make better use of technology
- Care and research together is good for patients.
- Do more research and work on prevention
- Improve out of hours care e.g. 24/7 telephone access
- Travel from outside London is daunting – need more opportunities for local (outreach) appointments, especially for older and vulnerable people.

## Outcomes from 10 discussion groups

**Background**

The 10 group events during this stage enabled more deliberative discussions to open up the main themes from previous feedback. Audiences were able to listen to each other and, in some cases, start to build ideas to shape plans and proposals for consultation and beyond.

The format of meetings was adapted to each situation, but all sessions were interactive with minimal presentation and the majority of time given to listening to views on:

- How the proposed move might affect you and others
- What improvements you would like to see as a result of the move
- What challenges lie ahead.

In addition to the insights gathered, we also made a number of new contacts to add to our network of advisers and representatives to work closely with the Oriel programme and workstreams.

**Participants**

| | |
|---|---|
| **London Visual Impairment Forum** | Organisations working with and on behalf of blind and partially sighted people throughout London. Members meet quarterly. |
| **Patient and carer voices in Moorfields and its commissioners** | • Moorfields Patient and Carer Forum – to feedback on trust issues<br>• Tower Hamlets CCG Community Commissioning Panel – to bring a local voice to the CCG and help shape healthcare in Tower Hamlets<br>• City and Hackney CCG Patient and Public Involvement Committee |
| **London Vision** | Partnership of all organisations that work towards equal opportunities for blind and partially sighted people in London. London Vision supports self-help, shares information and expertise and helps to shape future services. |
| **Five open discussion groups** | Notices about the open discussion groups were published on the trust and CCG websites and promoted through existing networks of patient and community representatives. These sessions attracted mainly public and patients, but also included optometrists, social care professionals and sight care experts from the voluntary sector. Participants came from across London, Hertfordshire, Essex, Kent and east Midlands. They included people living with mental health problems, learning disabilities, physical disabilities and sensory impairment. |

**Summary of feedback**

Notes from each of the meetings will be published on the Oriel web pages in mid-February 2019. The following section provides a collation of themes from all five sessions.

**Support for the move**
Following deliberative discussions in the five open group sessions, people were asked to say whether they agreed, disagreed or felt uncertain about the proposed move.

- 55 people said they agreed with the proposed move
- 10 people felt uncertain at this stage
- 1 person said that they disagreed with the proposed move.

Accessibility remains the most frequently mentioned priority in feedback from public and patients.

**Current perceptions**
Participants in the discussion groups in January 2019 were asked for a one-word answer that came to mind when they thought about Moorfields Eye Hospital. The following table lists the words that people came up how many times these were repeated.

| Positive | Negative |
|---|---|
| • Excellence – 9<br>• Expert / expertise – 6<br>• First / best – 3<br>• Renowned – 3<br>• Reputation – 3<br>• International – 3<br>• World famous – 2<br>• Leading – 2<br>• Specialist – 2<br>• History / Historical – 2<br>• Global<br>• Flagship<br>• Authoritative<br>• Important<br>• Innovation | • Not the centre of excellence in everything<br>• Room for improvement |
| • London – 3<br>• Eyes – 2<br>• Ophthalmology<br>• Sight<br>• Treatments<br>• Prevention<br>• Hospital<br>• Research<br>• Teaching<br>• Technology<br>• Accident and emergency<br>• Outreach | • Waiting times – 3<br>• Waiting room<br>• Poor administration |
| • Care/Caring – 4<br>• Friendly – 2<br>• Precise<br>• Competence<br>• Doctors listen | • Tired<br>• Sad and happy<br>• Accessibility<br>• Traumatic<br>• Difficult |



Page 204

| Positive | Negative |
|---|---|
| • Security<br>• Trustworthy | • Confusion<br>• Cluttered<br>• Crowded<br>• Muddly (not joined up)<br>• Dark<br>• Communication<br>• Awareness (of patients' needs) |

Examples of comments on current perceptions:

*"Moorfields is a centre of excellence but it is not excellent at everything."*

- A new centre for Moorfields is essential
- Some things could be addressed now with organisational development and training
- In terms of the patient experience, there could be more personal support for people with visual impairment
- Self-esteem needs to be taken into account, which requires people skills as well as technology
- Saving sight is probably the priority for clinicians, but care for sight loss should be the greater aim
- Consultants should be more informed about wider services and support– people looked to their consultant as the expert on their care
- Primary eye care is not being used to its fullest extent.

*"I sometimes feel like I am being rushed through my appointment and that staff don't see me as a person."*

- Continuity and consistency is a challenge when you see someone different each time – e.g. time reading notes, sometimes contradictory information about prescriptions
- Need better explanations about care without technical jargon
- Some patients need support when they're waiting to be seen.

*"I've met older people in the waiting room who did not have English as first language who were so nervous that they didn't eat or drink or go to the toilet in case they missed their appointment."*

**Issues associated with the proposed move**

Summary of concerns to be addressed:

*"The patient journey needs to be thought through in every way from getting the first referral to attending each appointment, navigating the way to hospital and finding the way when you get there, with as few barriers as possible."*

- Need to think about how people start their journey
- Journey from Kings Cross to the new building needs to be completely rethought
- Access to the new location will be very different e.g. there are three very busy mainline stations

- Kings Cross / St Pancras are very busy stations with lots of tourists who are unaware of the needs of slow-moving people with visual impairment
- Kings Cross feels chaotic
- Platforms get very busy. Sometimes tubes don't stop for safety reasons and then people have to alight at Warren Street
- St Pancras is not an ideal site unless there is improved transport.
- Main route from St Pancras is not safe, there is a very complicated and unsafe junction
- Bus routes may not be great, may need new route
- Keep the green line, and other ways to find your way from the station
- Remove as many obstacles as possible
- Clear pavements
- Discourage cyclists, or think about how best to integrate with visually impaired pedestrians.

*"We need to make sure that we get a humanised design with the best possible functionality (not just a prestige architectural product). There are many examples of prestige design that is inaccessible."*

- I'm concerned about whether the building will be practical for me. Will the air-conditioning dry out my corneas, like in many other public buildings? Will the exterior be glass/glazed, making it hard for me to see outside? Bad lighting or the use of glass dividers inside a building are impractical for those with sight loss. Atriums or open spaces make it very difficult for people who use canes, as we cannot navigate the area, or hear properly. I need to be confident I can get from clinic to clinic.
- Finding the balance for diverse needs – no single form of access is suitable for everyone
- Concerned about wayfinding
- Think about going through the front door – need a personal meet and greet as well as a digital check-in
- Orientation and mobility experts need to do audits on lighting, colour, contrast, tone e.g. natural light is good, but not glare
- Make signage big enough, bright enough and in the right colours
- Also bear in mind that the ageing client base will have complex needs e.g. hearing difficulties, dementia etc.

*"Getting people to change their mind-set is a challenge. We could interact with services online in future."*

**Summary of ideas and opportunities for improvements:**

*"We need spaces that will improve our lives, that build independence and confidence. We want to leave a building feeling empowered. This project provides an opportunity for innovation."*

*"The new centre needs to be a place of hope and optimism about getting the most out of life – showing people, this is what you CAN do."*

- More emphasis on personal aspects of care

- Moorfields Eye Hospital should be the place that understands the problems of visually impaired people, a safe haven
- It is possible to create “healing environments” – Moorfields could lead the way
- Mental health and wellbeing is important for good patient experience and outcomes
- When everything has been done medically – there are more things available to support and help people stay independent
- Need to take emotional wellbeing into account in architectural design – windows, plants, water fountains, toilets, places to pass time if we have to wait
- Break out areas for people to talk to family members
- Consider something along the lines of Maggie’s Centres in cancer care i.e. somewhere to go for emotional support and self-care, learning how to live with sight loss. A resource centre that could reduce the time it takes to adjust to a different way of life
- Diagnosis and support at time of diagnosis – make clear what is possible and what other services may be available, especially for people who don’t have English as first language
- Support for the Friends of Moorfields and other volunteers
- Think about information and support for prevention e.g. nutrition and help to avoid smoking and alcohol.

*“This is a chance to develop best practice for eye hospitals. We should be the leading model of accessibility and need to consult patients all the way along to make that happen.”*

- Hopefully this development offers a clean sheet where we can work on new means of access e.g. shuttle services – it’s a long way from the station to the proposed site
- There should be as few roads as possible to cross
- Need a green line and beacons
- Need tactile aids – possibly on every station platform
- Could use a taxi rank – if sight loss increasingly an older person’s problem, then mobility and other problems more complex
- Could use a Moorfields App to get you there
- A meet and greet service would be good
- Clearly mark the distances between bus tops, stations and the building
- Provide clear instructions, clear plans and crossing points
- Be clear about multiple entry points and give numbers or names
- Hospital transport – set down and collection points, disabled bays.

*“Flexibility and functionality are the key words. Functionality must be beyond question.”*

- The new centre should be the best building in the world for people with visual impairment
- Need to design the new centre to support independence, and include work to prevent sight loss – be part of a pathway that goes from prevention to diagnosis to treatment to support
- The building itself needs to be visually distinctive, so that we know which it is and how to enter it
- Learn lessons from Richard Desmond experience where some design aspects don’t work – e.g. echoing atrium and glass, too much light for some

- Think about acoustics. Most people with visual impairment are using their hearing to navigate
- Training for staff on how to get the most from the building and interactions with patients
- Lay out of clinics more accessible
- Could use coloured zones for some people
- Lighting is important in some cases, but so is dimness – need to understand and use both
- Make water available
- Regulate temperature
- More ramps, fewer stairs
- Fire escapes
- Consider facilities for guide dogs – an area for dogs, access to water
- Need some outside green space, garden area, perhaps a sensory garden
- Create an accessible restaurant area and other places where patients can mix informally
- We need to provide spaces that are appropriate for children and their parents.
- Review the whole system of outpatients – it doesn't appear to be systematic
- Think about what happens while patients are waiting for treatment
- Use a pager system to call patients. It's nerve wracking waiting for your name to be called
- No waiting time, every second should be productive
- Improve privacy and dignity – sometimes we can hear other consultations
- Do we need waiting areas in the future? With pagers, it may be possible to go into more social areas like garden, art gallery or coffee shop, or place to watch TV
- Virtual appointments could be acceptable
- Need to be able to speak to a clinician sometimes – currently quite difficult
- May be greater potential for triage type approach, including use of AI
- Traditional support should be there for those who need it. Some people with complex needs may have difficulties with technology, even talking on the phone if they have hearing loss
- Need to think about staff facilities e.g. breakout areas, gym facility
- Accommodation in London is difficult to find and may need to secure some in order to develop the workforce.

*"Raise the profile of research and make this accessible to patients."*

- More opportunities to access new procedures
- Chance to be involved in clinical trials
- Have a place where people can learn more about eye diseases and ophthalmology.

*"It's always easy to see the things that we shouldn't do. We should be thinking about new and innovative solutions to problems. We need to look at the bigger picture, and then find solutions."*

- The system needs to be more joined up

- Not everything needs to be at the centre – consider relationships with facilities in a network – outreach clinics and primary care
- Think about relationships and pathways with satellite clinics to improve efficiency
- Find potential for multidisciplinary teams to work in shared locations
- People could be monitored in the community
- Need to provide care at home and in community to maintain independence for longer
- Optometrists could do more – could have more sophisticated equipment and information sharing to create a direct link with Moorfields
- Staff need to be joined up with other services and at least know what is available e.g. rehabilitation officers in social care
- Better liaison with Eye Care Liaison Officers (ECLOs) who can provide a bridge between health and social care and are adept at support
- Observational visits for professionals to see the work of other professionals should be mandatory
- Cataract criteria and thresholds should not be raised to the extreme – this is a false economy. Earlier treatment could avoid falls and broken bones
- Moorfields should play a role in campaigning to improve the lives of visually impaired people.

**Summary of advice for involvement and consultation:**

- Provide a description of the future experience
- Provide reassurance about access
- Be clear about the site, location and access – the patient journey
- Be clear about commitments e.g. the green line, clear signage
- Map of proposed location with nearest tube stations
- Where will the access points be, any parking, walking time, major roads
- Will public transport change?
- What is the case for new build?
- Information on benefits for patients
- Reassurance that care will continue
- What we've learned from other eye hospitals e.g. Manchester and other countries with an international reputation
- Give an honest view of the level of potential disruption
- Provide some information on environmental issues such as carbon foot point and green issues
- Include strategic change to widen the network of care
- Address how services will expand in the future
- Provide some information on staff support and workforce improvements
- Research and how the IoO integrates
- Basic financial information, but not great detail – is there enough money?
- Show cost comparison between new build and refurbishment
- Clarity about the consultation process and meetings
- Clarity about what can be influenced and the decision-making process
- Show how you have taken views on board
- Listen to feedback from staff

- Liaise with rehab services
- Liaise with planning departments
- Find consistency with other local authorities in other parts of the country, or make details clear for people coming from outside London
- Information on any new service and referral pathways e.g. why can’t social care professionals make referrals?
- Use accessible ways of conveying information
- Can Moorfields offer more engagement for visually impaired people, such as extra sessions and walk-throughs? Need to be able to picture the new centre
- Easy read for people with LD
- Archive everything that happens in the story of the new development
- Communications and awareness – publicity and information about the change
- Keep people updated every couple of months.

## A2.3 Protocol for joint action in communications, involvement and consultation

Oriel
Creating the centre for advancing eye health

NHS

# Appendix 1 - Protocol for joint action in communications, involvement and consultation

**Draft V4 as at 8 February 2019**

Approved by Consultation Steering Group 8 January 2019, subsequently reviewed and approved by Consultation Programme Board 15 February 2019.
Author: Wendy Smith, Communications Adviser, Oriel

## Contents


| | |
|---|---|
| Purpose | 1 |
| Action Plan Summary | 2 |
| Context – duty to involve | 5 |
| Principles | 7 |
| Media handling | 9 |
| Enquiries and feedback handling | 11 |
| Distribution protocol | 12 |
| Organising events and meetings | 13 |
| Social media and website | 13 |
| Key contacts in the central team | 14 |


## Purpose

Oriel proposes large-scale change involving many health and care partners. A smooth running programme relies on close working relationships, particularly between Moorfields Eye Hospital and the main commissioners, represented by 14 CCGs and NHS England (London) Specialised Commissioning.

This protocol is to support the partnership in managing communications, engagement and consultation, where consistency is critical for public messages, and action plans require collaboration.

This protocol sets out an agreed way of working for a central consultation team and the partner organisations.

Oriel
Creating the centre for advancing eye health

NHS

## Action plan summary

| | Central team | CCG / NHS England partners |
|---|---|---|
| **Phase 4 (stage 1) – Shaping the plan** Q3 2018/19 | **Involvement**<br>• Stakeholder interests mapping<br>• Recruit focus groups and other participants, including a People's Advisory Group<br>• Implement and manage surveys, focus groups, drop-in sessions, meetings and discussions<br>• Manage calendar of events and forward plan<br>• Manage engagement log<br>• Analysis of feedback to inform pre-consultation business case (PCBC) and consultation programme<br><br>**Communications**<br>• Design and draft materials – core narrative and lines to take<br>• Design and draft support materials – leaflets, fliers, presentation, survey of initial views, social media content, video<br>• Design and build new website<br>• Ensure co-production and checks with internal and external partners<br>• Manage handling for public announcements<br>• Information updates and stakeholder briefings<br><br>**Consultation**<br>• Plan to consult health scrutiny | • Attend Communications, Working Group meetings and teleconferences<br>• Contribute content and information<br>• Give fast turnaround feedback and approvals<br>• Agree dates and collaborate with events planning<br>• Manage local distribution<br>• Ensure all local leaders are updated and briefed<br>• Prepare for announcements based on handling plans – e.g. distribution, staff and stakeholder briefing<br>• Prepare key spokespeople<br>• Plan local communications with staff and stakeholders |
| **Phase 4 (stage 2) – Wider** | **Involvement**<br>• Recruit people and representatives to participate in | • Continue with actions as above<br>• Prepare for launch of |

Oriel
Creating the centre for advancing eye health

NHS

| | | |
|---|---|---|
| **involvement** Q4 2018/9 | future care pathways and design plans<br>• Implement and manage further focus groups, drop-in sessions, meetings, discussions and feedback<br>• Discussion and involvement with protected groups to consider equality issues<br>• Analysis of feedback to inform the outline business case and consultation programme<br><br>**Communications**<br>• Run key message briefing / training<br>• Continued updates and briefings, including announcement of successful design team and publication of PCBC<br>• Release of Oriel website and continuing social media, including podcasts<br><br>**Consultation**<br>• Complete and agree consultation plan<br>• Complete and agree consultation document and support materials<br>• Events/workshop design planning<br>• Manage meetings with health scrutiny, as required | consultation based on handling plans – e.g. distribution, staff and stakeholder briefing |

Oriel
Creating the centre for advancing eye health

NHS

| | | |
|---|---|---|
| **Phase 5 (stage 1) – Consultation** Q1 2019/20* | **Involvement**<br>• Continuing recruitment of local people and representatives to participate in future care pathways and building design plans<br><br>**Communications**<br>• Publication of consultation document and supporting materials via Oriel website and other media<br>• Website and social media updates and content management<br>• Media management – proactive briefings, horizon scanning, response to enquiries<br>• FOI enquiries<br>• Parliamentary briefing and enquiries<br>• Stakeholder updates and briefings<br>• Video/podcast production<br>• Response to requests for meetings<br><br>**Consultation**<br>• Further sessions with health scrutiny, as required<br>• Implement and manage consultation workshops, drop-in sessions, meetings, discussions and feedback<br>• Management of bookings for events, including spokespeople<br>• Events planning and logging<br>• Implement and manage proactive consultation with protected groups<br>• Feedback management, triage and response<br>• Notes production and record | • Participate in horizon scanning - maintain awareness of implications of local actions and notify central team<br>• Refer media and parliamentary enquiries to central team, and collaborate with delivery within protocol<br>• Refer FOI enquiries to central FOI team and collaborate with delivery within protocol<br>• Contribute to updates where required<br>• Collaborate with publication, where required e.g. distribution<br>• Promote consultation and events e.g. via staff and stakeholder champions, social media<br>• Collaborate with events design and planning<br>• Agree presenters and facilitators for events<br>• Send feedback and notes to central team<br>• Maintain local events and action log |

| | | |
|---|---|---|
| | • Analysis of feedback to inform decision-making business case, outline business case and national assurance | |
| **Phase 5 (stage 2) – Decision-making** Q2 2019/20* | **Consultation**<br>• Preparation of feedback for analysis<br>• Early analysis report for discussion with health scrutiny and other key partners<br>• Preparation for decision-making<br><br>**Communications**<br>• Stakeholder updates and briefings<br>• Website and social media content update<br>• Handling plan for decision-making<br>• Publication of decisions | • Complete submission of all feedback and notes to central team<br>• Consider feedback analysis with local staff and stakeholders<br>• Participate in decision-making process<br>• Prepare for publication based on handling plans – e.g. distribution, staff and stakeholder briefing |

*Dates subject to change

## Context

### Duty to involve

The basic legal duty for Trusts and CCGs, as required by the Health and Social Care Act 2012, is that they should make arrangements to *…involve individuals to whom services are being or may be provided, whether by being consulted or provided with information or in other ways*.

The Act highlights this in particular relation to:

- the planning of commissioning arrangements
- the development and consideration of proposals for changes
- decisions affecting the operation of commissioning arrangements, where there would be an impact on the way in which services are delivered or the range of health services available.

One of the main tests as to whether a CCG is fulfilling its duties is whether the CCG has established effective arrangements to involve people in annual plans. All CCGs in London have at least a form of patient reference group, connections to practice-

Oriel
Creating the centre for advancing eye health

NHS

based patient participation groups and relationships with Healthwatch and other representative bodies, including local authority health and wellbeing boards and scrutiny committees.

Where there are proposals to reconfigure services, there should be a specific and meaningful involvement of those affected. This includes:

- consideration as to which people and how they may be affected from a patient perspective
- consideration of equality issues and positive action to involve those who may be affected in different ways e.g. vulnerable and protected groups

If a proposed service reconfiguration would have an impact on patients and families, then legally tested good practice is to involve people from an early stage and through several further stages to develop proposals, followed by a public consultation process before making a commissioning decision.

**Strong patient and public involvement is one of four key tests of preparedness for service change.**

## What will we be consulting on?

The proposal is to build a new integrated centre for eye care, research and education on land that may become available in the Kings Cross area, currently occupied by St Pancras Hospital. All services currently provided at Moorfields Eye Hospital on City Road, London would then transfer to the new centre.

The proposed change potentially affects all patients and future patients of the old Moorfields Eye Hospital on City Road – around 740,000 people a year. The majority of patients are from the north central London population of Barnet, Camden, Enfield, Haringey, Islington, but people travel to Moorfields Eye Hospital from all over London and the home counties for services commissioned by NHS England Specialised Commissioning.

The immediate and obvious potential impact is in changes to travel arrangements and access to future services. However, a brand new purpose-built centre has the potential to improve eye care, patient experience, environment and efficiency. Inevitably, this involves changes care pathways and the way people use the service.

The proposed move has been the subject of public discussions for several years. There have been previous phases of engagement and consultation to agree options. Now the focus is on developing the details of the proposal, the business case and the design of the proposed new centre, so that commissioners can take a decision to commission the proposed new service and providers can plan its implementation.

Oriel
Creating the centre for advancing eye health

NHS

Patients are at the centre of these decisions and plans. To get this right, we need to listen to views from diverse audiences – people who have used the service, people with a variety of needs, community representatives and all partners in health and social care.

We are consulting people on:

- How they view the proposal and the way in which it might affect them
- What matters to patients and families and how this could influence decisions, designs and plans
- The wider implications of the proposed change – its impact on healthcare, social care, environmental issues and London's infrastructure

Decisions and plans will be informed by feedback on these issues and our engagement and consultation processes will build sustainable relationships for continuing involvement in planning for the next five years and beyond.

## Principles

The Oriel partners and commissioners have joined up to manage communications, engagement and consultation. 14 CCGs and NHS England (London) Specialised Commissioning represent the commissioning partners.

A Communications, Engagement and Consultation Working Group with representatives of Oriel and the commissioners has been set up to coordinate joint action.

All partners agree to work as one to ensure:

- Openness and transparency in decision-making
- Meaningful engagement with all stakeholders
- Timely information and responses to communications needs
- Sensitivity and cooperation, particularly when dealing with challenging issues
- Effective internal communications and involvement to support co-production

### Working in partnership

The issues for discussion and consultation are system-wide, but have an impact on each local area and organisation involved. Our aim is to work within an environment of mutual support to ensure we are able to manage the workload by utilising our resource as a whole.

It has been agreed that a central communications and consultation management team will take the lead responsibility for delivering joint action; however, some aspects of the way the consultation process runs should be tailored to local needs and circumstances. For example, the planning of events should be in co-production between the central team and each local organisation.

## Aims of collaboration

1. **Do once wherever possible.** The central team has lead responsibility for the overall action plan and all actions that are common across the system.

2. **Ensure system-wide agreement.** The central team will take advice from partners, make sure that partners are aware of main actions and that actions and key messages are agreed through an approved sign-off process.

3. **Ensure local adaptation and response**. The central team will work with communications teams and leaders in each local organisation to tailor actions and respond to local needs.

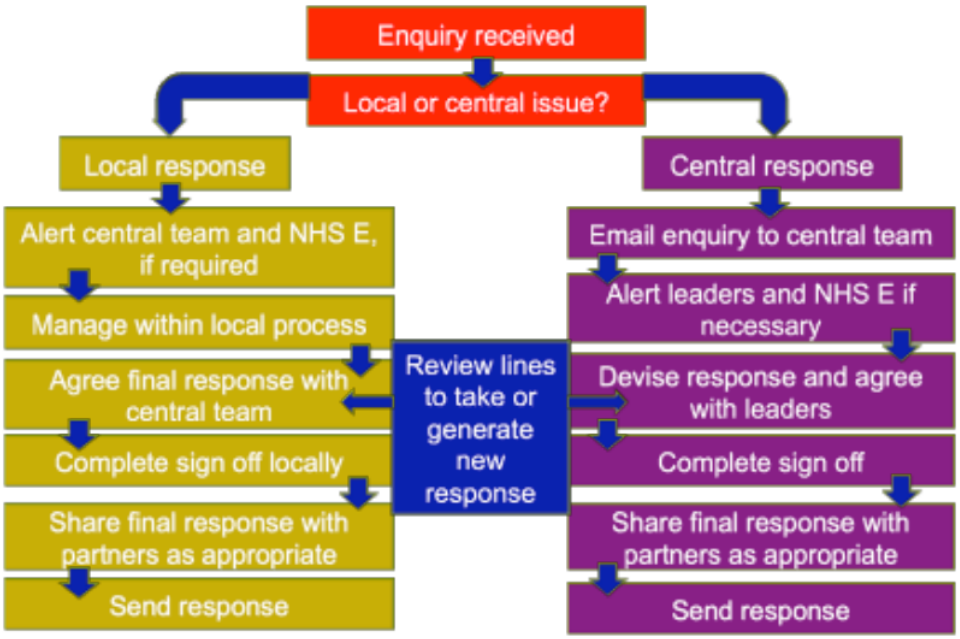
4. **Be collaborative**. Local leaders and teams will take responsibility for local actions and implementation, ensuring that the central team is aware. Where local actions have system-wide implications, actions and key messages should be agreed through the central team.

5. **Be responsive.** The central team is responsible for timely responses to issues that arise, enquiries and demands of the consultation programme. All partners agree to provide support to the central team with proactive notifications and timely responses where required.

Oriel
Creating the centre for advancing eye health

NHS

## Media handling




### Governance

The central team has a Consultation Programme Director (Denise Tyrrell), a programme Head of Communications and Engagement (Simeon Baker), an Oriel Communications Adviser (Wendy Smith), and other members of the programme. The Consultation Programme Director reports to the consultation Senior Responsible Officer (SRO) and Consultation Programme Board.

The central team will provide up to date lines to take and FAQs. These will be included in a weekly round-up of arising issues and issues that have received a response – to be circulated via the communications leads.

### Media alerts

- All partners will alert the central team to any arising issue that is relevant to the consultation and/or likely to be of public/media interest. **Please send a brief email with bullet points in the first instance to** moorfields.oriel@nhs.net



- The central team will monitor alerts and notifications closely and will alert partners with advice on handling, where necessary. Recipients of media alerts may include SRO, Consultation Programme Board, NHS England Regional Comms team, Parliamentary Hub, CCG comms leads and leaders.

- Some issues may require a wider briefing for PALS, Lay Members and Governors, Healthwatch, HWB officers, HOSCs, MPs and representative bodies. The Communications Lead will advise on this and secure agreement of the consultation programme director and relevant SRO.

## Media releases

- Proactive media liaison will be the responsibility of the central team, working with the Moorfields Communications team. Significant releases will be supported by a handling plan agreed with all communications leads and leaders.

- All media briefings, press releases, notifications and statements will involve relevant leads (e.g. executives, senior clinicians, CCG leaders) and will require final sign off by the Moorfields and UCL senior responsible officers for communications and engagement, with approval from other programme leads where relevant.

- Approved media releases will be circulated to all communications leads and leaders, ideally prior to release, or at the point of release if there is no time for prior notification.

- All partners should be encouraged to prepare local media releases; however these will be approved by the central team prior to release to ensure coordination and to avoid unforeseen implications for other partners.

- **All media enquiries regarding the consultation should be passed to the central team for handling. It is recommended that:**

    - Local communications teams receiving the enquiry in the first instance establish as much as possible about the nature of the enquiry and the deadline for a response
    - The initial recipient should acknowledge the enquiry and give assurance of a response
    - The initial recipient of the enquiry should then alert the central team immediately and agree actions to prepare the response, including whether the response goes from the local or central team. Please send a brief email with bullet points in the first instance to moorfields.oriel@nhs.net
    - If the issue is urgent and time is short, please phone or text the Communications Lead on 07748 116416 – available 24 hours

- The central team and/or the local team, as necessary, will prepare an agreed response and sign off will be via the signatories above.
- Out of hours, the Communications Lead will contact the signatories by email, text and mobile phone.

## Enquiries and feedback handling

- Enquiries, whether via social media or in written correspondence, should be acknowledged within 2 working days and answered, where possible, within 10 working days.
- Local organisations should respond to enquiries that are straight forward and/or they require information that has already been prepared for example; available on the website, in approved documentation, covered by the weekly updated lines to take and FAQs.
- Where enquiries are more complex, controversial and/or have an impact on other partners, the local organisation should contact the central team and agree the process for a response, including agreed sign-off.
- It is recommended that enquiries should always receive a written response and that this is copied via email to the central team.
- Feedback should be directed to and/or entered on the online questionnaire system where possible. Other formats of feedback should be copied to the central team to be included in the coordinated feedback record.
- Enquiries under FOI and parliamentary enquiries should follow the established routes and protocols

## Distribution protocol

**Press and media – via the Moorfields Communications team**

- Coordinated list of media outlets – London and national
- Via local CCG comms teams, where appropriate
- Trade press, including HSJ, BMJ
- Press Association – **only with approval of the Moorfields Communications team**

Oriel
Creating the centre for advancing eye health

NHS

**Distribution in each local organisation**

- Exec teams and governing bodies
- Medical directors and directors of nursing for cascade to clinicians
- All staff – or however you feel is most appropriate
- Staffside chairs and union reps
- All board members, governors, patient reference groups and associates
- Your local networks, professional contacts, voluntary sector
- Post to your websites and intranets in whatever way you feel is most appropriate
- Extracts to be used for newsletters, updates, briefings, social networks and other local channels

**CCGs**

- Local Healthwatch bodies
- Your CVSs
- All voluntary sector organisations and community groups
- Your borough council and Health and Wellbeing Board
- All GP practices

**Central team**

- Programme leaders and Consultation Programme Board
- Oriel partners – Moorfields Eye Charity, UCL IoO
- STP leaders and regulatory bodies (NHSE, NHSI)
- Joint commissioning committee
- People's Advisory Group
- Lead scrutiny contacts
- Royal Colleges, BMA, LMCs, LOCs
- MPs
- Communications and engagement leads

Oriel
Creating the centre for advancing eye health

NHS

## Organising meetings and events

- The central team will have the lead responsibility for setting the main programme of workshops, working closely with CCG comms leads, and will manage the booking and events organisation via Eventbrite. This includes workshop design, recruitment of presenters and facilitators (with support from all partners), provision of materials, presentation and video etc.
- The central team will run each event with support from the local organisations. The local team will assist with venue set-up, reception desk, group facilitation and managing the written and/or video record of the event and feedback.
- All partners should be encouraged to respond to local requests for meetings; however it is recommended to notify the central team and agree the response to ensure coordination and to avoid unforeseen implications for other STP partners and beyond.
- The central team will work with the local organisation to ensure relevant spokespeople are available to attend and that all participants have the relevant support materials.
- Local organisations will keep an engagement log, using an agreed format
- All notes and feedback from meetings and events should be copied to the central team to be included in the coordinated feedback record.

## Social media and website

- The central team will have the lead responsibility for maintaining communications via the Oriel website, Facebook page and Twitter account.
- The central team will post to and monitor activity on social media.
- All partners should be encouraged to post and tweet agreed links and key messages on their local social media platforms.
- Issues and enquiries raised on social media to be handled in line with the above procedure for enquiries, with an immediate alert to the central team.

Oriel
Creating the centre for advancing eye health

NHS

## Key contacts in the central team

**Oriel**

Kate Ayers - Communications Lead for Oriel
Sandeep Dhillon – Moorfields Communications Team
Wendy Smith – Communications Adviser, Oriel
Charlotte Gredal – Communications Manager, Oriel

**Commissioners**

Denise Tyrell – Consultation Programme Director
Simeon Baker – Head of Communications and Engagement, Moorfields Consultation Programme and NCL Group of CCGs
Emer Delaney – Communications lead for NHS England and Specialised Commissioning
Chloe Watson – Head of Communications and Engagement for North Central London STP (North London Partners in Health and Care)

## A2.4 Engagement log – October 2018 – June 2019

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 14/11/2018 | North East London Commissioning Alliance meeting | Update on Oriel and the consultation to all NEL CCGs | | General discussion and update on consultation | 1. Presentation 2. Relocation summary | 1. Meeting request Alan Steward Havering CCG |
| 07/02/2019 | NCL Joint Commissioning Committee meeting | Update on Moorfields consultation approval for setting up committees in common for Governing body decision making on the outcome of the consultation | 40 | Approx. 40 including members of public and lay members Outcome: approved | 1. Presentation | |
| 15/06/2018 | Consultation Steering Group (led by Islington CCG) | Steering Group held at Moorfields Eye Hospital | 7 | General discussion and update on the St Pancras consultation | 1. Moorfields action log 24.05.18 | 1. Agenda 15.06.18; 2. Consultation steering group notes 24.05.18; 3. Risk register 14.06.18; 4. Consultation programme schedule |
| 29/08/2018 | Consultation Steering Group (led by Camden CCG) | Steering Group held at Stephenson House | 14 | General update and update from FTI re Case for Change | 1. Moorfields Consultation August Steering group minutes - 29.08.18 | 1. Moorfields Consultation Steering group - Agenda and papers 29.08.18 |
| 26/09/2018 | Consultation Steering Group (led by Camden CCG) | Steering Group held at St Pancras Square | 19 | General update and discussion around Clinical Senate | | 1. Moorfields Consultation SG September agenda 26.09.18 |
| 31/10/2018 | Consultation Steering Group | Steering Group held at Euston Tower | 23 | General update and Clinical Senate | 1. Moorfields Consultation October Steering group minutes - 31.10.18 | 1. Consultation SG October agenda and papers 31.10.18 |
| 27/11/2018 | Consultation Steering Group | Steering Group held at Euston Tower | 12 | Summary of upcoming Clinical Senate Review and programme update | 1. November Steering group minutes 27.11.18 | 1. Clinical senate agenda; 2. The Moorfields Key Lines of Enquiry; 3. SG November agenda |
| 08/01/2019 | Consultation Steering Group | Steering Group held at Euston Tower | | | | |


Page 225

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 23/10/2018 | Wider communications group | First meeting of wider communications group with associated CCG comms reps | 13 | Introduction of Oriel to the wider group. | 1. Comms Group Approved minutes 31Oct18 | |
| 22/11/2018 | Communications group (Moorfields and Camden only) | Discussion with the comms group and Sarah Murray about comms background and plans | 4 | Discussion with core group | 1. Moorfields Core Group minutes meet22Nov18 | |
| 06/12/2018 | Wider communications group | Wider communications group meeting | 10 | Introduction to Wendy Smith and outline of pre-consultation engagement. Finalised ToR | 1. Moorfields comms minutes 6Dec18 | 1. Comms and Eng Sub-group Terms of reference; 2. Moorfields Comms Grp Agenda 6.12.18; 3. Update and outline plan for pre-consultation engagement presentation 06.12.18 |
| 17/01/2019 | North London Partners comms and engagement meeting | Wider communications group meeting, Oriel update Denise Tyrell held by Barnet CCG | 25 | Oriel update | 1. Presentation | |
| 28/01/2019 | Communications, engagement & consultation working group | Wider communications group meeting, engagement update by Wendy Smith | 12 | Oriel update | Documents shared with CCGs: 1. Enagement plan 2. Oriel comms protocol 3. Draft appendix, full engagement results phase 4 stage 1 | 1. Agenda |
| Dec-18 | Ealing PPG Meeting | Oriel mentioned in December's PPG meeting | | | | |
| 31/01/2019 | NHS Ealing CCG January Newsletter | Article on Moorfields proposal to relocate services with survey link to Oriel - your thoughts | | | 1. Newsletter | |
| 31/01/2019 | Ealing PPG Newsletter | Mentions Moorfields proposal to relocate services with survey link to Oriel - your thoughts | | | 1. Newsletter | |


Page 226

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 31/01/2019 | Ealing CCG website | Article on Oriel, consultation and link to Oriel - your thoughts survey | | | | |
| 31/01/2019 | Healthier Northwest London | Covers 8 NWL CCGs, article on Oriel, consultation and Oriel - your thoughts survey | | | | |
| | | | | | | |
| 29/11/2018 | Stakeholders review day | Request for advice o Moorfields relocation | | | 1. Agenda | 1. PCBC version submit to senate 2. Case for change 3. FAQs for event |
| 08/02/2019 | Final Report | An independent clinical review of the proposal for Moorfields Eye Hospital to move from City Road to a new building on the site of the old St Pancras Hospital and advice for Islington CCG, acting as the lead commissioner | | Outcome report | 1. Final report | |
| 31/01/2019 | Oriel Advisory Group Meeting 1 | First meeting of OAG, purpose, introductions, engagement overview and group dicussion exercise | 15-Jan | Ammend ToR, elect OAG chair and vice-chair, email correspondance | 1. Agenda 2. Speaking notes 3. Engagement pledge 4. Minutes | |
| 19/07/2018 | Moorfields Eye Hospital AGM | Annual General Meeting at St Lukes | Approx 300 | Oriel representitives attended a 'Meet your Governors' session, and manned a stand at the AGM, undertaking surveys with members. Tessa Green spoke about Oriel in her address to attendees | | 1. AGM brief - Project Oriel; 2. AGM survey for members; 3. AGM survey results 25072018 excel; 4. FAQs for governors |


Page 227

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 05/12/2018 | Patient and Carers Forum | Asked forum members to work in pairs and write down their first impressions of the proposal, what they would like to see improved in a new facility and their main concerns regarding the plans | 14 | 7 responses collated | 1. Patient and carers forum exercise results | |
| 18/01/2019 | North Central London JHOSC meeting | Update and discussion to plan for Moorfields consultation | 13 | Approx 9 Cllrs and officers plus 4 members of the public. Discussions and recommendations from cllrs | 1. Presentation | |
| 23/01/2019 | Health and Adult Social Care Scrutiny Committee | | | | | |
| 13/02/2019 | Ealing OSC | Update on consultation plan for Ealing OSC | | Attended by Nick Strouthidis on behalf of Oriel. Tessa Sandall, Managing Director Ealing CCG also in attendance. | 1. Presentation | |
| 12/02/2019 | Camden Healthwatch Twitter | Camden Healthwatch tweeted about Oriel survey - promoting network to have their say (1,942 followers) | | | 1. Link to tweet | |
| | | | | | | |
| 05/11/2018 | Patient experience surveys pilot week | Testing survey questions with patients, staff and volunteers | n/a | Survey question wording and length refined. Feedback from 5 patients, project team and friends of moorfields | | |
| 12/11/2018 - 21/12/2018 | Travel and Arrivals survey launch | Surveys to understand patient experience of City Road and areas for improvement | n/a | 351 survey responses | Surveys promoted through:• Moorfields website • Moorfields Social Media | 1. Survey result analysis |


Page 228

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 12/11/2018 - 21/12/2018 | Waiting and Care survey launch | Surveys to understand patient experience of City Road and areas for improvement | n/a | 189 survey responses | • Comms to Moorfields Members<br>• Patient information screens (City Road)<br>• Patient leaflets (City Road)<br>• Promoted at external events (e.g. RNIB) | |
| 12/11/2018 - 21/12/2018 | Patient Priorities survey launch | Surveys to understand patient experience of City Road and areas for improvement | n/a | 147 survey responses | | |
| 21/11/2018 | Clinical governance half day | Event for all Moorfields staff. Oriel stand collecting feedback on current and future facilities through survey and post-it notes. Jo Moss updated all staff on Oriel progress through presentation. | Approx 1500 | 10 survey reponses and 13 post-it comments | | 1. Presentation 2. Post-it note staff feedback 3. Staff survey template |
| 22/11/2018 | RNIB London Social Network Event | Attended RNIB event and gave presentation on Oriel | 40 | 4 attendees signed up to get involved with Oriel | | 1. Email invitation to RNIB event |
| 26/11/2018 | RIBA exhibition launch | Staff and stakeholders attended the launch of the design exhibitions with further comments. Attendees were encouraged to fill in a survey ranking designs. Staff asked further questions about facilities. | Approx 150 | 70 survey responses | Staff top 5 themes for new build requirements: Navigation, space utilisation/flexibility, collaborative environment, modern facilites and social space for staff | 1. Exhibition survey results full breakdown 2. Survey results brief 3. Survey link |
| 27/11/2018 | RIBA exhibtion for staff and patients | Staff and patients attended the design exhibitions. Attendees were encouraged to fill in a survey ranking designs with further comments. Staff asked further questions about facilities. | Approx 50 | 30 survey responses | Patient top 5 themes for new build requirements: Space utilisation/flexibility, access from station, navigation, access to green space, welcoming environment | |


Page 229

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 04/12/2018 | RIBA exhibtion for staff and patients | Staff and patients attended the design exhibitions. Attendees were encouraged to fill in a survey ranking designs with further comments. Staff asked further questions about facilities. | Approx 50 | 30 survey responses | See above | |
| 05/12/2018 | Travel and Arrivals survey launch (in hospital collection) | Friends of Moorfields volunteers collecting responses from patients in the hospital | n/a | 42 survey responses | | |
| 11/12/2018 | Tower Hamlets CCG patient participation group | Wendy Smith gathering patient feedback | 5 | Feedback received and input to PCBC | 1. Notes from focus group | |
| 13/12/2018 | City and Hackney CCG patient participation group | Wendy Smith gathering patient feedback | 19 | Feedback received and input to PCBC | 1. Notes from focus group | |
| 14/12/2018 | London Visual Impairment Forum | Project SRO Jo Moss gave a 30 minute presentation on Oriel | 43 | Feedback received and input to PCBC | 1. Presentation - visual impairment forum | 1. Feedback from Jo Moss RE:LVIF |
| 17/12/2018 | Oriel stand at Moorfields City Road for staff, patients and visitors 11-3pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. | 41 | 34 comments | Feedback from 3 events indicated 4 main themes: Moorfields needs a purpose-built facility, concerned about distance/accessibility from public transport, maintaining level of care, facilities need improving e.g. toilets | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |
| 18/12/2018 | Oriel stand at Moorfields City Road for staff, patients and visitors 12-4pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. | 21 | 31 comments | | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |
| 19/12/2018 | Oriel stand at Moorfields City Road for staff, patients and visitors 12-6pm | Offering information on Oriel and collecting initial thoughts through survey | 43 | 69 comments | | 1. All individual staff/patient comments across all in-hospital engagement |


Page 230

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| | | and post-it comments. For staff, patients and visitors. | | | | events, each event separated by tab |
| 20/12/2018 | Survey launch | Oriel - We need your views [due to close on 15/2/2019] | n/a | | Launch on Moorfields website, shared by a number of CCGs as well as promoted on social media | 1. Survey asking initial thoughts, the improvements you would hope to see and any concerns you may have about Oriel. |
| 02/01/2019 | Oriel stand at Moorfields clinic at St Ann's hospital 10am-1:30pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. | 9 | 3 comments | Main theme: Improving facilities is always good | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |
| 02/01/2019 | Oriel stand at RDCEC 3-4pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. | 12 | 65 comments | Main theme: Light considerations (sensitivity after treatment), play space for children, space for teenagers/young adults, staff room and transport from station to the hospital. | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |
| 03/01/2019 | Oriel stand at Moorfields clinic at Mile End hospital 10am-2pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. Responses also filmed. | 19 | 35 comments | Main themes: need more space at City Road, a centre for health and research collaboration is a good idea, transport from the station to the hospital, modern facilities are needed. | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |
| 03/01/2019 | Two focus groups hosted by London Vision | Wendy Smith gathering patient feedback | 11 | | 1. Minutes from focus group | 1. Focus group invite |


Page 231

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 04/01/2019 | Oriel stand at Moorfields clinic at Barking community hospital 10am-2pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. | 15 | 26 comments | Main themes: consider whole patient journey (door to door), concern for elderly patients getting from the station to the hospital, Kings Cross is easier to get to than Old Street, need for better facilities with an ageing population, healthcare needs to develop and modernise | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |
| 04/01/2019 | Focus/discussion group | 11:30am - 1pm Board Room, Kemp House EC1V 2NX | 66 across all 5 open discussion groups | Feedback received and input to PCBC | 1. Minutes from focus group | |
| 04/01/2019 | Focus/discussion group | 3-4:30pm Chapel Room, Lift, White Lion Street London N1 9PW | 66 across all 5 open discussion groups | Feedback received and input to PCBC | 1. Minutes from focus group | |
| 07/01/2019 | Oriel stand at Darent Valley Hospital 10am-2pm | Offering information on Oriel and collecting initial thoughts through survey and post-it comments. For staff, patients and visitors. Support from Dartford, Gravesham and Swanley CCG. | 46 | 53 comments | Main themes: Need more modern facilities, Old street is hard to get to, travel is a big problem for all which needs to be considered, services should expand to cater to more people | 1. All individual staff/patient comments across all in-hospital engagement events, each event separated by tab |


Page 232

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 07/01/2019 | Focus/discussion group | 11:30am - 1pm Kwanglim Room, Wesley's Chapel and Leysian Mission, EC1Y 1AU | 66 across all 5 open discussion groups | Feedback received and input to PCBC | 1. Minutes from focus group | |
| 07/01/2019 | Focus/discussion group | 2-3:30pm Kwanglim Room, Wesley's Chapel and Leysian Mission, EC1Y 1AU | 66 across all 5 open discussion groups | Feedback received and input to PCBC | 1. Minutes from focus group | |
| 07/01/2019 | Focus/discussion group | 6:30-8pm Board Room, Kemp House EC1V 2NX | 66 across all 5 open discussion groups | Feedback received and input to PCBC | 1. Minutes from focus group | |
| 15/01/2019 | Oriel presented at Camden CCG patient forum | Katherine Ayers facilitated a discussion about Oriel to the Camden CCG patient forum | 12 | | | 1. Presentation |
| 12/02/2019 | Oriel presented to Camden Patient and Public Engagement Group | Katherine Ayers facilitated a discussion about Oriel to the Camden CCG patient forum | 40 | Simeon TBC | 1. Presentation | 1. Agenda |
| | | | | | | |
| 24/07/2018 | Meeting with Lord James O'Shaunessey | David Probert and Tessa Green meeting with Lord O'Shaunessey | 3 | Oriel briefing with Lord O'Shaunessey | | 1. Lord O'Shaunessey brief 2. Info to Lord O'Shaunessey RE: Oriel 3. Presentation |


Page 233

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 26/11/2018 | Meeting with Executive Member for Health & Social Care & Deputy Leader of Islington Council, Cllr Burgess | Jo Moss met with Councillor Burgess (ward - Junction) to discuss Oriel, | Jo Moss | Oriel briefing with Councillor Burgess and her planing advisors | | 1. Cllr Burgess brief 2. Presentation |
| 10/12/2018 | Meeting with Chair of Health and Adult Social Care Scrutiny Committee Cllr Alison Kelly | Jo Moss met with Cllr Alison Kelly - Camden, ward - Haverstock | Jo Moss | 1-1 Oriel briefing with Cllr Kelly | 1. Feedback from Jo Moss RE: Meeting with Cllr Kelly | |
| 13/12/2018 | Meeting with Cllr Kelly & Sarah Mansuralli with Denise Tyrrell | Discussion/ advice about engaging with NCL JOSC and preparation for JOSC about the Moorfields consultation | 3 | Plan for JOSC | N/A | |
| 11/01/2019 | Meeting with Keir Starmer | David Probert | | 1-1 breifing. Oriel discussed. | | |
| 30/01/2019 | Meeting with Robert J Brown & Cllr Vaughan (Newham) | Informal meeting of cllr and officer to update on the Moorfields proposal and engagement and discussion about INEL JOSC | 3 | | | |
| 01/02/2019 | Meeting with Angela McNab (CEO Camden and Islington NHS Foundation Trust), Jeremy Corbyn (MP Islington North) and David Probert (CEO of Moorfields Eye Hospital) | General update on the project | 3 | No actions | N/A | |


Page 234

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 06/11/2018 | St Pancras Hospital site development stakeholder strategic reference group | Oriel programme update in relation to St Pancras development | 12 | | 1. Full minutes | |
| 03/01/2019 | NCL Joint Commissioning Committee Seminar | NCL Joint Commissioning Committee Seminar re Moorfields Consultation Update on Moorfields consultation and feedback on establishing committees in common for Governing body decision making on the outcome of the consultation in preparation for public NCL JCC | Approx 30 NCL Governing body members, including lay members plus NCL STP representatives and Denise Tyrell and Sara Mansuralli | : Discussion on Moorfields consultation and engagement with residents and patients. To proceed to JCC meeting in February for approval. | N/A | |
| 09/01/2019 | NEL Joint Commissioning Committee meeting | Update on Moorfields consultation approval for setting up committees in common for Governing body decision making on the outcome of the consultation | | Approved | 1. Presentation | |


Page 235

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 17/01/2019 | North London Partners in Health and Care Communications and Engagement Group | Presentation by Denise Tyrell on an Oriel consultation update. Local Authority offices and CCG and STP communications and engament leads | Approx 30 | Short update given due to agenda running over time. | 1. Agenda<br>2. Oriel presentation<br>3. Digital Programme update<br>4. Strategy overview<br>5. NLP Orthopedic review<br>6. NCL STP overview presentation<br>7. Strategic engagement model presentation<br>8. NHS Long-term plan presentation | |
| 30/01/2019 | St Pancras Hospital site development stakeholder strategic reference group | Oriel programme update in relation to St Pancras development | 15 | | 1. Agenda | |
| | | | | | | |
| 28/06/2018 | Moorfields trust Board - Public | Oriel update | 27 | General financial update | 1. Minutes of trust board meeting 28/06/18 | |
| 26/07/2018 | Moorfields trust Board - Public | Oriel update | 28 | General update including RIBA competition, land update and financial | 1. Minutes of trust board meeting 26/07/18 | |
| 17/09/2018 | Moorfields trust Board - Public | Oriel update | 26 | General update, including update on Camden consultation and financial | 1. Minutes of trust board meeting 17/09/18 | |


Page 236

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 22/11/2018 | Moorfields trust Board - Public | Oriel update | 26 | general update, including patient participation, risk and financial | 1. Minutes of trust board meeting 22/11/18 | |
| 20/12/2018 | Moorfields trust Board - Public | Oriel update | 25 | general update, including STP announcement, patient participation strategy and financial | 1. Minutes of trust board meeting 20/12/18 | |
| 07/02/2019 | Moorfields trust Board - Public | Oriel update | TBC | Oriel engagement and consultation update given by Wendy Smith | Presentation | |
| 02/07/2018 | Management Executive | Update at Management Executive away day | | General Oriel update, led by Jo Moss | | |
| 14/08/2018 | Management Executive | Update at Management Executive meeting | | Update on Oriel public consultation status | | |
| 30/10/2018 | Management Executive | Update at Management Executive meeting | | Update on upcoming Clinical Senate review | | |
| 20/11/2018 | Management Executive | Update at Management Executive meeting | | Presentation of Oriel Patient Participation Strategy | | |
| 04/12/2018 | Management Executive | Update at Management Executive away day | | Feedback and update on the RIB compeition and process, clinical senate review update and update on UCL meeting | | |
| 18/10/2018 | Board of Governors | Oriel patient participation strategy presented to Board of Governors | 20 | Governors provided verbal feedback on the strategy | 1. Participation strategy that was discussed | 1. Feedback from meeting from Louis Phelps |
| 17/01/2019 | Board of Governors | Oriel engagement update | 15 | Governors informed on current strategies and keen to be involved in future opportunities | 1. Presentation | |
| | | | | | | |


Page 237

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 05/06/2018 | RIBA competition announcement | RIBA competition announcement - Website, press release, email to stakeholders, staff comms | N/A | Pick-up in industry press | 1. RIBA press announcement 2. Email from David to key stakeholders 3. RIBA launch stakeholder list 4. RIBA launch Moorfields comms timeline 5. RIBA launch press release 6. RIBA launch UCL comms timeline 7. RIBA full comms strategy | 1. Architects journal article 2. Construction enquirer article |
| 04/09/2018 | RIBA competition shortlist | RIBA shortlist announcement - press release and communications to key stakeholders | N/A | Pick-up in industry press | 1. RIBA press release 2. Email to Moorfields Executive from Jo Moss RE: shortlist | 1. Architects journal shortlist article 2. Building.co.uk shortlist article |
| 16/10/2018 | Option Agreement message | Option agreement communications to staff and key stakeholders | N/A | Email to key stakeholders and staff | 1. Option agreement message 2. Options agreement comms strategy 3. Stakeholder list options agreement | |
| 05/12/2018 | Moorfields website | Oriel landing page on Moorfields Website went live | N/A | https://www.moorfields.nhs.uk/landing-page/oriel | | |


Page 238

| Date | Group / meeting | Description | No. of attendees | Outcome | Comments/Document description | Supporting document description |
|---|---|---|---|---|---|---|
| 07/12/2018 | Press release | Press release re: STP announcement | N/A | Pickup in HSJ, OT and other publications | 1. DHSC STP funding announcement press release 2. Media briefing David Probert with HSJ 3. Moorfields all staff email RE: significant government funding 4. Moorfields press release DHSC funding 5. UCL IoO all staff email RE: DHSC funding | 1. HSJ article 2. Optometry today article 3. Optician online article 4. Islington tribune article |
| 09/01/2019 | Press release | Press release re: Design team announcement on Moorfields website and more | Reach >1 million | Pick up in Architects Journal, Construction Enquirer, Optician Online, Optometry today and Evening Standard https://www.moorfields.nhs.uk/news/aecom-selected-design-new-integrated-facility-moorfields-eye-hospital | 1. Moorfields press release final 2. Email announcement - external stakeholders 3. Moorfields website design announcement 4. Full comms plan design team announcement 5. Full press reach summary design team announcement | 1. Full list of online press with article links |
| 31/01/2019 | Camden New Journal newspaper article | Article about proposed new hospital with specific reference to RDCEC | | | 1. Article | 1. Online article with edits after talks from MEH press office |


Page 239

## A2:5 Future upcoming events

| Date of Event | Time of Event | Name of Event | Category | Name and contact details of Requestor | Location | Oriel representative attending | Speakers | Notes |
|---|---|---|---|---|---|---|---|---|
| w/b 18/02/19 | | Proactive meetings with minority and protected groups | Public engagement | Multiple | Multiple | Comms leads and clinicians | | |
| w/b 25/02/19 | | Proactive meetings with minority and protected groups | Public engagement | Multiple | Multiple | Comms leads and clinicians | | |
| w/b 04/03/19 | | Proactive meetings with minority and protected groups | Public engagement | Multiple | Multiple | Comms leads and clinicians | | |
| w/b 18/02/19 | | Open workshops and drop-ns | Public engagement | Multiple | Multiple | Comms leads, programme leads and clinicians | | |
| w/b 25/02/19 | | Open workshops and drop-ns | Public engagement | Multiple | Multiple | Comms leads, programme leads and clinicians | | |
| w/b 04/03/19 | | Open workshops and drop-ns | Public engagement | Multiple | Multiple | Comms leads, programme leads and clinicians | | |
| w/b 25/02/19 | | Deep dive themed workshops | Public engagement | Multiple | Multiple | Comms leads, programme | | |


Page 240

| Date of Event | Time of Event | Name of Event | Category | Name and contact details of Requestor | Location | Oriel representative attending | Speakers | Notes |
|---|---|---|---|---|---|---|---|---|
| | | | | | | **leads and clinicians** | | |
| **w/b 04/03/19** | | **Deep dive themed workshops** | **Public engagement** | **Multiple** | **Multiple** | **Comms leads, programme leads and clinicians** | | |
| 18/02/2019 | 4pm | Moorfields consultation working group | Consultation planning | N/A | Jo's Office | Jo Moss, Kate Ayers, Wendy Smith, Louis Phelps, Charlotte Gredal | N/A | Weekly meeting |
| 19/02/2019 | 2-4pm (Arrive at 2:15pm) | Visual Impaired in Camden (VIC) engagement | Patient engagement | Charlotte Gredal | Swiss Cottage Community Centre, 19 Winchester Road, NW3 3NR. | Wendy Smith | Wendy Smith | |
| 22/02/2019 | 2:30 - 4:30pm | Ealing Vision Strategy Group | Engagement | Karie Clifford | room M3.11 at Perceval House, 14-16 Uxbridge Rd, London W5 2SR | Wendy Smith | Wendy Smith | Regular meeting |
| Mid-Feb TBC | TBC | Richard Desmond Eye Centre for Children - staff workshop | Staff engagement | Louis Phelps | RDECC | Louis Phelps, Charlotte Gredal | N/A | Workshop |


Page 241

| Date of Event | Time of Event | Name of Event | Category | Name and contact details of Requestor | Location | Oriel representative attending | Speakers | Notes |
|---|---|---|---|---|---|---|---|---|
| Mid-Feb TBC | TBC | Additional satellite site engagement stands | Patient engagement | Charlotte Gredal | TBC | Louis Phelps, Charlotte Gredal | N/A | |
| TBC | TBC | Meeting with Cllr Samata Khatoon, Cllr Roger Robinson and Cllr Paul Tomlinson | Councillor update | Cllr Samata Khatoon | TBC | Jo Moss and Kate Ayers | N/A | |
| 25/02/2019 | 4pm | Moorfields consultation working group | Consultation planning | N/A | Jo's Office | Jo Moss, Kate Ayers, Wendy Smith, Louis Phelps, Charlotte Gredal | N/A | Weekly meeting |
| 26/02/2019 | 12.30pm | Moorfields Consultation Communications, Engagement & Consultation Working Group Meeting | Consultation planning | N/A | TBC | Simeon Baker, Katherine Ayers, Charlotte Gredal, Wendy Smith, Denise Tyrell | TBC | Regular meeting |
| 04/03/2019 | 4pm | Moorfields consultation working group | Consultation planning | N/A | Jo's Office | Jo Moss, Kate Ayers, Wendy Smith, Louis Phelps, Charlotte Gredal | N/A | Weekly meeting |
| 11/03/2019 | 10am | Oriel Executive Board meeting | Executive Board | N/A | Kemp House | N/A | N/A | Regular meeting |


Page 242

| Date of Event | Time of Event | Name of Event | Category | Name and contact details of Requestor | Location | Oriel representative attending | Speakers | Notes |
|---|---|---|---|---|---|---|---|---|
| 11/03/2019 | 4pm | Moorfields consultation working group | Consultation planning | N/A | Jo's Office | Jo Moss, Kate Ayers, Wendy Smith, Louis Phelps, Charlotte Gredal | N/A | Weekly meeting |
| 18/03/2019 | 4pm | Moorfields consultation working group | Consultation planning | N/A | Jo's Office | Jo Moss, Kate Ayers, Wendy Smith, Louis Phelps, Charlotte Gredal | N/A | Weekly meeting |
| 25/03/2019 | 4pm | Moorfields consultation working group | Consultation planning | N/A | Jo's Office | Jo Moss, Kate Ayers, Wendy Smith, Louis Phelps, Charlotte Gredal | N/A | Weekly meeting |
| April TBC | TBC | Oriel People's Advisory Group | Patient engagement | TBC | TBC | TBC | TBC | Regular meeting |
| May TBC | TBC | Pre-OBC Design Quality Indicator Engagement Session | Patient engagement | TBC | TBC | TBC | TBC | Event led by design team |
| July TBC | TBC | Oriel People's Advisory Group | Patient engagement | TBC | TBC | TBC | TBC | Regular meeting |
| 24/07/2019 | TBC | Member's Week and AGM | Patient engagement | TBC | TBC | TBC | TBC | Annual meeting |


Page 243

6

Page 244

Page 244

## A2.6: Summary engagement activity 2013-18

Below is a chronological summary of the engagement that has taken place for Oriel to date.

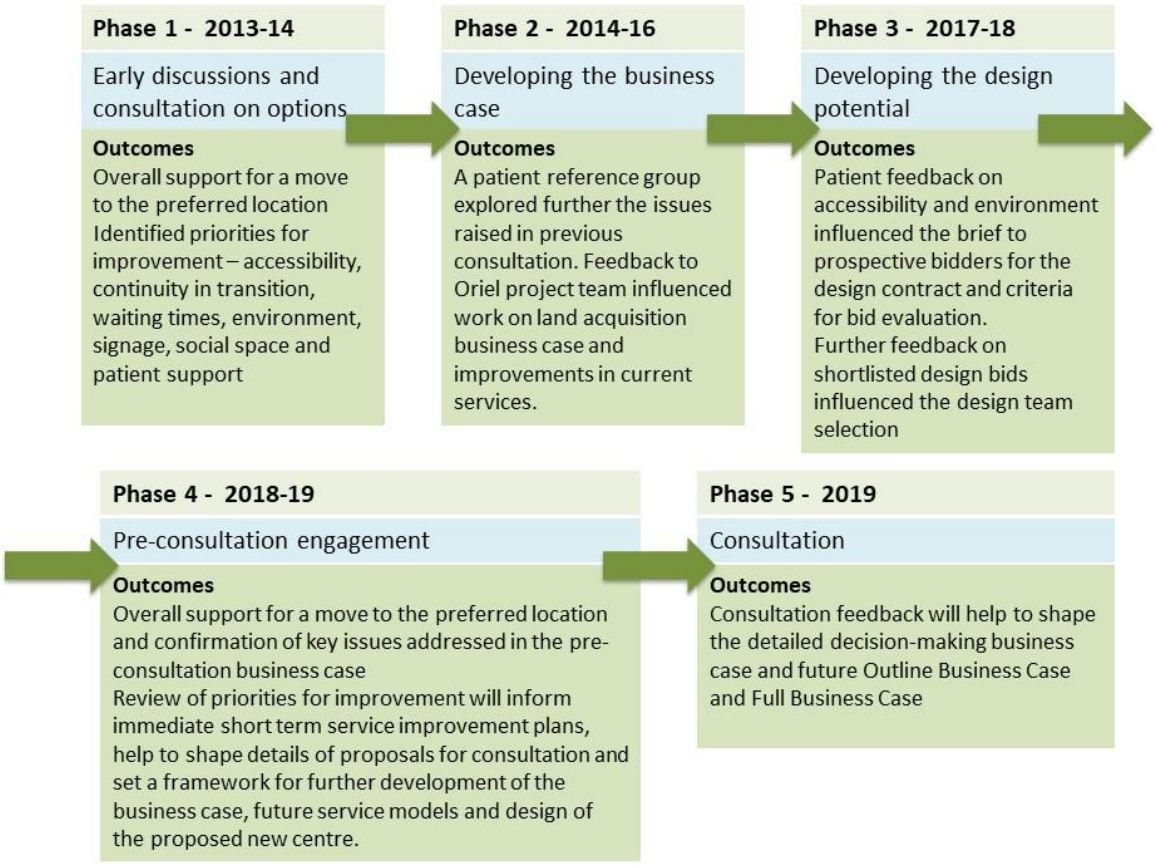



Table A2.1: Engagement activity to date

| **Phase 1 – 2013-14<br>Early discussions and consultation on options** | |
|---|---|
| **2013** | **Public engagement led by Moorfields**<br><br>Engagement with CCGs and the public and patients along with Health Scrutiny and Healthwatch groups. These groups were asked if they agreed with the proposed move, what the most important decision criteria should be for the move and what reasonable adjustments should be made for people with protected characteristics. 88% of respondents were supportive of the move with the most important criteria being accessibility and continuous service delivery throughout the process. |
| **2014** | **Patient Reference Group established**<br><br>Approximately 80 people signed up with 35 people attending the first meeting. This group was given background to the project, then broke down into seven sub-groups to work on patient |

| | |
|---|---|
| | priorities including accessibility, waiting environment, A&E signage, external landscaping, social space, and waiting times. All feedback from the activities was collated and feedback to the project team. |
| **Phase 2 – 2014-16**<br>**Developing the business case** | |
| **2015/16** | **Oriel specific engagement paused while the project team worked to submit the business case and undertake an options appraisal exercise**<br><br>The trust continued to update staff and key stakeholders on the status of the project through internal communications channels. Patients continued to shape service improvements at Moorfields sites through regular local surveys, focus groups and standing patient forums throughout this period.<br><br>Feedback from the patient group influenced work on the land acquisition business case and improvements in current services at City Road. |
| **Phase 3 – 2017-18**<br>**Developing the design potential** | |
| **2017** | **Patients and the public were updated on the completion and approval of the Land Acquisition Business Case** through the trust website. |
| **2018** | **Launch of RIBA design competition for proposed hospital site**<br><br>The trust reached out to patients, staff, governors, local GPs and optometrists (through CCGs) and the press with a targeted project update on the launch of the RIBA design competition for the new hospital site. The five shortlisted teams were announced in September and patients, staff and other stakeholders will have the opportunity to review and provide feedback on the preliminary designs at a series of exhibitions in November and December this year. This feedback will inform the evaluation process.<br><br>There was additional engagement with Moorfields' members and the public at the Moorfields Annual General Meeting (AGM) about their aspirations and concerns regarding the proposed move. |
| **Phase 4a – 2018-19**<br>**Pre-consultation engagement** | |
| **Dec 2018-Jan 2019** | **Build of a comprehensive stakeholder map to ensure reach to a wide range of people, according to their diverse interests and needs.** This links to our equality impact |

| | |
|---|---|
| | assessment and specialist involvement work for protected groups.<br><br>**Increase in engagement with patients, local residents and community representatives**, who are helping to provide a range of views to inform this PCBC. This includes, for example:<br><br>• Four surveys, examining major themes, including one focused on access,<br>• Seven interactive drop-in sessions to gather views from patients, staff and visitors to Moorfields Eye Hospital and clinics across London<br>• 10 focus group sessions across north central London, enabling deliberative discussions around issues that are important to patients and local people. |
| **Jan-April 2019** | **Using the communications channels of all health and social care partners involved, continue to reach out to wider audiences, including proactive and specific connections with vulnerable and seldom-heard groups**.<br><br>Digital methods, including a dedicated website and social media channels will support face to face discussions, further focus groups and survey work.<br><br>Use these to explore the major planning themes in greater depth, helping to inform the next stage of consultation and developing business case. Throughout this stage, feedback will be sent to the relevant strategic and service workstreams, planning teams and the architectural design team.<br><br>A recruitment process will bring on board people work with the programme's workstreams, and will include patient advisory work on transport, access and design. The Oriel Advisory Group will provide a central coordinating steer, acting as a "critical friend" and co-producer for the involvement and consultation programme. |
| **Late Spring 2019** | **Significant and detailed outcomes from previous engagement that identify what matters to people** concerning the proposed change will be incorporated into the consultation document and inform discussions during a consultation period. |
| **Phase 5 Consultation** | |
| **August-Sept 2019** | **Post-consultation analysis will be undertaken by an external partner, and a full report on the findings** from consultation and pre-consultation engagement, and the recommendations of local authority health overview and scrutiny will be considered as part |

| | |
|---|---|
| | of the decision-making business case, future Outline Business Case and Full Business Case. |

### Phase 1 – engagement activity and feedback

In late 2013 to early 2014, Moorfields undertook engagement with patients and their carers on the options appraisal process undertaken by the project team, and the reasons relocating to a new site was the preferred option. It referred to the two short-listed options – reconfiguring and or/renovating the current City Road hospital, or relocating to a new site and facility. The following qualitative issues by which the options were assessed were listed in the engagement document. These were:

- Accessibility and quality of the surrounding environment
- Ability to realise the best clinical co-locations and patient experience
- Proximity to another acute hospital
- The impact of each option on existing service delivery and patient experience while work takes place
- Future flexibility
- Integration with the Institute of Ophthalmology, research and development and education and teaching capability
- Acceptability
- Brand and reputational impact
- Ability to accommodate additional patient activity

Assessed against the above criteria, relocation to the King's Cross/Euston area was stated as the trust's preferred option. The engagement survey asked for feedback on the preferred option of relocation. The following questions were asked:

- Do you agree with our proposal to move to the King's Cross/Euston area?
- Which of the following criteria are most important in making a final decision about which site to choose? (Please rank in order where 1 is the most important and 9 the least important.)

Table A2.2: Assessment criteria and ranking (the ranking in this table represents the average ranking of the criteria from all the responses received)

| **Assessment Criteria** | **Rank** |
|---|---|
| Accessibility – for example, proximity to a major transport hub and ease of access from that hub to the new facility | 1 |
| Continuity of clinical service delivery during construction works | =2 |
| Future flexibility- to allow Moorfields to respond to changes in the way in which eye care is provided, or the demand for it | =2 |
| Ability to integrate fully with the UCL Institute of Ophthalmology, the trust's research partners | 4 |

| Assessment Criteria | Rank |
|---|---|
| Whether Moorfields can afford to pay for the site | 5 |
| Deliverability e.g. likelihood of obtaining planning approvals, ease of construction activity, minimising disruption | 6 |
| Value for money | 7 |
| Proximity to other hospitals with whom the trust works closely | 8 |

Would moving the hospital to the King's Cross/Euston area affect you in any way – in particular, would it create any significant disadvantages for you?

- Are there any specific issues for people with protected characteristics in what Moorfields are proposing, or which Moorfields should take into account in selecting the best location?
- Do you have any further comments about our proposal?

To ensure a wide range of stakeholders and patients were engaged with this process, the project team worked with existing patient groups within Moorfields, HealthWatch, Moorfields Governors and members, local politicians and council representatives, staff, residents and the public through the press and social media.

The team held drop-in sessions to answer patient questions and to engage about the project. Over 300 people attended seven events throughout the engagement period.

Table A2.3: Dates and locations of drop-in sessions

| | |
|---|---|
| 5 December 2013 | Open Day Moorfields Main Entrance |
| 10 January 2014 | Open Day Moorfields Main Entrance |
| 24 January 2014 | Open Day Moorfields Main Entrance |
| 28 January 2014 | Northwick Park Hospital |
| 28 January 2014 | Ealing Hospital (paediatrics clinic) |
| 10 February 2014 | St Ann's Hospital |
| 14 February 2014 | Barking Hospital |

In addition to these events, information was provided on the trust website and individual letters were sent to those CCGs who commission services from the trust and councils. There were also presentations at staff-side meetings and the trust's membership council. Further activity during this period ensured a wide range of stakeholder involvement:

- The Outer North East London Joint Health and Overview Scrutiny Committee attended a hospital tour and were satisfied that moving to a new site was a good option and they requested regular progress updates
- The Inner North East London Joint Health Overview and Scrutiny Committee asked to be kept updated with progress
- Healthwatch Hillingdon ran a focus group with Amigos, a locally-based group for the visually-impaired
- 1,750 engagement documents were distributed around the main hospitals and sent to other Moorfields' locations. A further 220 were handed out at open days
- Engagement documents were also posted on the website with 3,085 views
- An article was published in the November issue of *In Focus* which goes out in a variety of formats to the trust's 16,000+ foundation trust membership
- Information was also put on Facebook and twitter.

A particular issue was raised relating to the future use of the City Road site, given its heritage and local standing. Whilst there was no reported concern relating to the relocation of services from City Road, how the building would be used in the future is of considerable interest for the local population.

88% of respondents supported the preferred option of a relocation to the King's Cross/Euston area. The results of this consultation listed the following as the highest-ranking concern when choosing a site:

- Accessibility
- Continuity of clinical service delivery during construction works
- Future flexibility

This result evidenced support for the preferred option of a relocation to the King's Cross/Euston area.

Below is a summary of the stakeholder groups that were communicated with during the **focused engagement exercise in 2013.**

| **Role** | **Means of engagement** |
|---|---|
| Internal audiences | |
| Moorfields Trust Governors | Membership council meeting 25/11/13 |
| Moorfields Trust staff | Note via CEO newsletter and discussion at CEO meeting |
| UCL IoO staff | CEO newsletter |
| Patients and public | |
| General public<br><br>1<br><br>Foundation trust members<br><br>Patients | • Copy on website + press release (see below)<br><br>• Drop-in sessions<br><br>• Engagement documents and posters around the hospital and in satellites<br><br>• Drop-in sessions |



Page 251

| External | |
|---|---|
| Members of Parliament for:<br>• Hackney South and Shoreditch<br>• Islington South and Finsbury<br>• Holborn and St Pancras | General letter sent as email on behalf of CEO with engagement document attached |
| Islington Council<br>• Leader of the Council<br>• Health Scrutiny Chair<br>• Councillors – Bunhill Ward | General letter sent as email on behalf of CEO with engagement document attached |
| Islington Healthwatch leaders | General letter sent as email on behalf of CEO with engagement document attached |
| Camden Council<br>• Leader of the Council<br>• Health Scrutiny Chair | General letter sent as email on behalf of CEO with engagement document attached |
| Camden Healthwatch leaders | General letter sent as email on behalf of CEO with engagement document attached |
| Islington CCG Chief Officer | General letter sent as email on behalf of CEO with engagement document attached |
| North Central London joint health overview and scrutiny committee Chair | General letter sent as email on behalf of CEO with engagement document attached , copied to Islington HOSC (revised) letter |


Page 252

| Media | |
|---|---|
| Islington Gazette | Press release |
| Islington Life (council magazine) | |
| BBC London (radio and TV) | |
| ITV London TV | |
| Camden New Journal | |
| Evening Standard | |
| Metro | |
| Camden Magazine (council) | |
| Insight Radio (RNIB) | |
| Insight magazine (RNIB) | |



Page 253

# Appendix 3: Quantitative options appraisal of shortlisted options

Table A3.1: Discounted cash flow summary of shortlisted options

| Summary discounted cash flow<br>£m | Option 0<br>Do Nothing | Option 2b<br>City Road | Option 5<br>Relocate |
|---|---|---|---|
| **Cash outflow** | | | |
| Capital build costs | - | (446.3) | (281.6) |
| Non recurrent project costs | - | (13.2) | (18.3) |
| Backlog maintenance | (127.1) | - | - |
| Lifecycle costs | (65.5) | (46.0) | (47.6) |
| Medical equipment | (58.3) | (49.1) | (59.6) |
| PDC dividend and interest | (112.8) | (442.4) | (206.4) |
| | (363.6) | (996.9) | (613.6) |
| **Cash inflow** | | | |
| **Funding** | - | 45.2 | 222.7 |
| Surplus from operations and fundi | (654.9) | 893.4 | 1,249.4 |
| | (654.9) | 938.6 | 1,472.0 |
| **Net cash flow** | **(1,018.5)** | **(58.4)** | **858.5** |
| **Net discounted cash flow** | **(369.0)** | **(229.2)** | **319.4** |

**Assumptions**

**Option 0**

- Backlog maintenance required to catch up on the current City Road site is £31.4m, after which annual spend of £2.1m is required as continued investment to address backlog maintenance
- Lifecycle costs of £1.3m per year are assumed to maintain existing assets in the building
- Medical equipment investment of £2m per year, decreasing to £1.0m per year from 2025/26
- PDC dividend calculated from the financial model based on projected net relevant assets. Interest calculated based on loan repayment profile of existing loans, no new loans assumed
- Surplus from operations is based on assuming that activity growth at City Road is constrained to 1% from 2022/23. Furthermore, CIP delivery is constrained to 1% from 2022/23 due to estates related constraints.

**Option 2b**

- Capital build costs have been forecast by project cost advisors Currie & Brown. They include the costs of re-provision of the City Road facilities and associated fees, contingencies and optimism bias
- Non-recurrent project costs are those associated with decant facilities required during the time of the construction

- Lifecycle costs are estimated at £1.1m per year from 2025/26, assuming no investment in lifecycle during the construction period
- Medical equipment investment of £1m per year from 2025/26, again assuming limited investment during the construction period
- PDC dividend calculated from the financial model based on projected net relevant assets. Interest is calculated based on loan repayment profile of existing loans, and assuming additional loans of £482m to fund capital investment
- Funding refers to the estimated sales proceeds from the sale of surplus land on the site
- Surplus from operations assumes reduction in activity growth to 1% per year for two years during construction, increasing to 3% from 2025/26 when construction is complete. Similarly, CIP delivery is constrained to 2% for three years during construction and the first year after, increasing to 4% in the first full year following completion, and 3.5% per year thereafter.

**Option 5**

- Capital build costs have been forecast by project cost advisors Currie & Brown, based on a total space requirement for Moorfields of 31,473m2. As no detailed design work has been undertaken for this, specialist health planners were appointed to develop an outline schedule of accommodation that was then costed up. It also includes £22m for the cost of medical equipment purchased to fit out the new hospital
- Non-recurrent project costs are those associated with the move of services from City road to the new building
- Lifecycle costs are £1.1m per year based on work conducted by Currie & Brown
- Medical equipment investment is £1.2m per year from the opening of the new building
- Surplus from operations assumes activity growth decreases to 2% and then 1% per year until 2026/27 (the year of the move to the new facility), increasing to 3% from 2027/28 (the year following the moving to the new facility). Similarly, CIP delivery is constrained to 2% in the final year of construction, increasing to 4.5% in the first full year following completion, and 3.5% per year thereafter
- PDC dividend calculated from the financial model based on projected net relevant assets.

# Appendix 4: Summary financial projections for Option 2b and Option 0

## Table A4.1: Summary financial projections for option 2b

| Summary financial projections | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|---|---|---|---|---|---|---|---|---|---|---|
| £m | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection |
| Operating surplus/(deficit) | 11.0 | 11.7 | 12.4 | 9.9 | 7.4 | 4.8 | 3.5 | 5.0 | 6.2 | 7.0 |
| Retained surplus/(deficit) | (5.2) | (1.5) | (1.7) | (6.7) | (12.5) | (80.8) | (25.4) | (23.4) | (21.2) | (19.6) |
| CIP | 6.7 | 6.8 | 7.1 | 4.0 | 4.0 | 4.0 | 4.0 | 8.7 | 7.8 | 8.0 |
| CIP (% total income) | 2.9% | 2.9% | 2.9% | 1.6% | 1.6% | 1.6% | 1.6% | 3.3% | 2.8% | 2.8% |
| Total assets employed | 80.8 | 81.2 | 81.4 | 76.6 | 65.9 | (5.0) | (30.4) | (53.8) | (74.9) | (94.5) |
| Closing cash | 38.3 | 33.8 | 29.9 | 27.7 | 24.7 | 16.1 | (43.2) | (76.8) | (106.0) | (133.9) |
| Use of resources risk rating | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

### Key assumptions and impact on financials

- Capital investment of £456m (non-discounted) to redevelop the existing City Road site, funded by debt and sale of residual land for development
- Non recurrent project costs of £13.2m incurred during the works as significant decant required
- CIP delivery reducing during construction due to impact of decant.
- NHS activity growth constrained to 1% for 3 years during works, then returns to 3% following completion
- As a result cash balance is reduced as insufficient EBITDA generated to fund increased loan repayments
- Use of resources risk rating projected at 3 due to low I&E margin primarily driven by increased interest costs.

## Table A4.2: Summary financial projections for option 0

| Summary financial projections | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|---|---|---|---|---|---|---|---|---|---|---|
| £m | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection | Projection |
| Operating surplus/(deficit) | 11.0 | 11.7 | 12.0 | 9.0 | 6.0 | 2.9 | (0.3) | (3.6) | (7.0) | (10.4) |
| Retained surplus/(deficit) | (0.6) | 0.3 | 0.3 | (2.7) | (6.1) | (9.8) | (12.5) | (15.9) | (18.9) | (21.8) |
| CIP | 6.7 | 6.8 | 7.1 | 4.0 | 4.0 | 4.1 | 4.1 | 4.1 | 4.1 | 4.2 |
| CIP (% total income) | 2.9% | 2.9% | 3.0% | 1.7% | 1.6% | 1.7% | 1.6% | 1.6% | 1.6% | 1.6% |
| Total assets employed | 86.0 | 88.9 | 91.8 | 91.8 | 88.4 | 81.4 | 68.9 | 52.9 | 34.1 | 12.3 |
| Closing cash | 34.8 | 32.3 | 30.8 | 26.5 | 19.1 | 8.5 | (2.2) | (16.0) | (33.1) | (53.6) |
| Use of resources risk rating | 2 | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

### Key assumptions and impact on financials

- Capital investment of £77m to address backlog maintenance, funded by internal cash
- No non recurrent project costs incurred
- CIP delivery increasingly constrained due to estates limitations.
- NHS activity growth constrained to 1% from 2022/23 due to estates limitations on delivering additional activity
- Cash becomes negative from 2028/29 as insufficient EBITDA generated due to reduced CIP delivery and lower activity growth.

# Appendix 5: Value for money analysis

## Table A5.1: Value for money ratio workings

| ECONOMIC SUMMARY | |
|---|---|
| | |
| Incremental costs and benefits | Project year |
| | Financial year |
| (1) COSTS | Sum of Cashflows |
| Capital Costs (including optimism bias) | 296,500 |
| Revenue Costs | 2,905 |
| Transitional & non-recurrent revenue costs | 11,852 |
| INCREMENTAL COSTS TOTAL | 311,258 |
| (2) BENEFITS | |
| Capital Costs (including optimism bias) | 126,277 |
| Revenue Costs | 27,736 |
| Transitional & non-recurrent revenue costs | - |
| Cash Releasing Benefits | 395,433 |
| Non-cash Releasing Benefits | 287,910 |
| INCREMENTAL BENEFITS TOTAL | 837,356 |
| | |
| Value for Money Ratio | 2.7 |

*Source: NHSE value for money (vfm) template, for STP wave 4 bid July 2018*

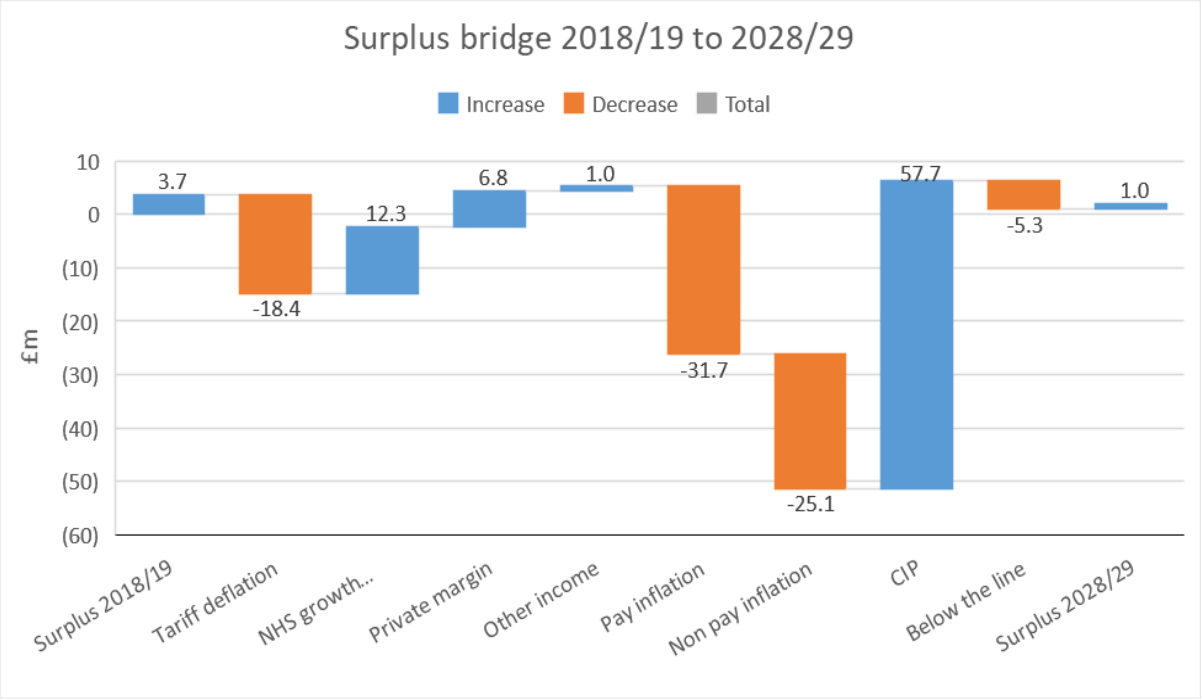
The economic analysis in the value for money template calculated a value for money ratio for the investment, based on the ratio of real, discounted incremental costs to real, discounted incremental benefits (compared to the do minimum option).

**Incremental costs and benefits**

- The capital costs line compares the annual capital investment in the preferred option to the do minimum option. In years where the preferred option capital cost is greater, the incremental is a cost. Where it is less, the incremental is a benefit.
- The revenue costs line compares the annual revenue costs of the preferred option to the do minimum option. In years where the preferred option has higher revenue costs, the incremental is a cost. In years where it is less, the incremental is a benefit.
- Transitional and non-recurrent revenue costs are only incurred in the preferred option, so the full amount is a cost.
- Cash releasing benefits are only realised in the preferred option so are a benefit. These comprise the additional CIP that the trust can deliver from operating from a new facility.
- Non cash releasing benefits of the preferred option were assessed from an economic analysis of the quality of life improvements from the improved clinical outcomes that will be achieved from the new facility.

## Appendix 6: Surplus bridge 2018/19 to 2028/29

Table A6:1: Surplus bridge 2018/19 to 2028/29




**Key drivers of projected surplus movement**

- Tariff deflation – assuming NHS income tariff deflation of 1% per annum
- NHS margin due to growth assuming NHS marginal cost of 60%
- Private margin due to growth assuming marginal cost of 50%
- Pay inflation based on 2% per annum
- Non pay inflation based on 2% per annum
- CIP assumes recurrent cost efficiency. Oriel costs impact in bridge is zero as costs are non-recurrent
- Depreciation modelled based on a projected capex
- PDC dividend charge modelled based on calculated relevant net assets
- Interest charge – the impact of the bridging loan interest is zero as it is non-recurrent.

These key income and expenditure assumptions will be revisited and refreshed as necessary for the outline business case.

## Appendix 7: Equalities impact analysis

The equality impact assessment (EIA) for the proposals to move Moorfields from its site at City Road to the St Pancras hospital site will be conducted in two parts, with the initial (desktop research) phase completed for this PCBC, prior to consultation, and a second stage to be completed following the consultation itself.

The initial phase EIA, conducted in January 2019, focused on:

- How the services might impact on protected and vulnerable groups in the community
- How the CCGs and providers should ensure equality and fairness in terms of access to these services, and appropriate provision for all patients based on their clinical, personal, cultural and religious needs
- How the CCGs would work together with local providers and patients and carers to ensure a high quality of services that all patients can experience.

The majority of vulnerable or protected groups identified as part of the EIA have been judged as achieving greater equality, improved outcomes or increased accessibility through the proposal:

- Both inpatient and community developments are expected to provide improved disabled access for service users, staff and visitors
- For many other groups, the purpose-built facilities would offer an improvement in therapeutic environment, access to outdoor space and care delivered closer to home.

The following areas were identified for further analysis and inclusion in the communications and engagement plans in the forthcoming months. They will be considered by the trust's membership council.

### A7.1: Impact assessment and actions

| Protected group | Relevance yes / no | Evidence of impact<br><br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions<br><br>*(Note: consider how equity can be achieved)* |
|---|---|---|---|---|
| **Age** | Yes | Access to clinical services will continue to be accessible to everyone, regardless of their age. Planned and emergency eye care will continue to be provided to children, young people and adults. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| | | Most eye disease manifests as a long-term condition and current patients receiving care at the City Road hospital will often have attended the site over many years. Relocating services from a site that patients are very familiar with will present challenges, including navigating new public or private transport routes and accessing the new hospital site. | Negative | Early and active engagement with patients, families and carers to inform them of the proposed relocation.<br><br>Co-design with patients, families and carers to ensure easy navigation with appropriate signage within the building.<br><br>Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site. |
| | | Eye diseases are more prevalent in older people. The distance patients are expected to | Negative | Early and active engagement with patients, families and carers |


Page 260

| Protected group | Relevance yes / no | Evidence of impact<br><br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions<br><br>*(Note: consider how equity can be achieved)* |
|---|---|---|---|---|
| | | walk from transport links to the proposed new site may impact on older patients and their families. | | to understand their concerns. Work with the local authority to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate.<br><br>Early and active engagement with patients, families and carers to understand their concerns. |
| | | A significant proportion of current patients attending the City Road site are under 18 years of age. The distance patients are expected to walk from transport links to the proposed new site may impact on children and their families. | Negative | Work with the local authority to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. |
| **Disability** | Yes | Some areas of the City Road site are not Equality Act 2010 compliant (for example, in some staff areas there is no step-free | Negative | Co-design with patients, families and carers to ensure easy |





Page 261

| Protected group | Relevance yes / no | Evidence of impact<br><br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions<br><br>*(Note: consider how equity can be achieved)* |
|---|---|---|---|---|
| | | access). The new facility will be built to be fully compliant with Equality Act 2010 requirements. | | navigation with appropriate signage within the building. |
| | | The main public transport link to the current hospital site (Old Street tube station) is not step-free. The proposed new facility will benefit from King's Cross and St Pancras International stations as the main public transport link, both of which are step-free. | Positive | Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site. |
| | | The distance patients are expected to travel from transport links to the proposed new site may impact on people with disabilities. | Negative | Review these distances, including what options are available and how accessible the route(s) are, to further understand the impacts on people with disabilities gaining equitable access to the new site.<br><br>Work with the local authority to design accessible routes from main transport and other hubs. |





Page 262

| Protected group | Relevance yes / no | Evidence of impact<br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions<br>*(Note: consider how equity can be achieved)* |
|---|---|---|---|---|
| **Gender reassignment** | No | The services will remain accessible to all. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| | Yes | No provision has been made at the City Road site to meet the needs of patients or staff who identify as gender non-binary. Consideration will be given to this patient and staff group when designing the proposed new facility | Positive | No mitigating actions – impact is positive. |
| **Marriage and civil partnership** | No | Services will remain accessible for patients' partners to visit. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| **Pregnancy and maternity** | No | The services will remain accessible to all. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| **Race** | No | The services will remain accessible to all. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |


Page 263

| Protected group | Relevance yes / no | Evidence of impact<br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions<br>*(Note: consider how equity can be achieved)* |
|---|---|---|---|---|
| **Religion or belief** | No | The services will remain accessible to all.<br><br>The new proposed facility will include areas to support both staff and service user faith needs. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| **Sex** | No | The services will remain accessible to all. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| **Sexual orientation** | No | The services will remain accessible to all. | Neutral | The proposed changes will have a neutral impact on overall accessibility. |
| | | | | |


Page 264

**Other areas to consider**

| | Relevance yes / no | Evidence of impact<br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions |
|---|---|---|---|---|
| **Human rights** | | While there has been no identified areas of impact relating to human rights for the move to the new proposed facility. The FREDA principles of Human Rights will be fully considered in the design of the new facility, with specific focus to improving the ability of the services to effectively address dignity, respect and privacy of all service users. | Positive | |
| **Socio-economic group** | | Areas of impact identified under the protected characteristics of age and disability relating to distances service users/members of the public may be required to travel to access the new site are also relevant to socio-economic group. Therefore, whether the change of location will have a disproportionate financial impact. | Negative | Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site.<br><br>Review the transport (public or private) cost implications to understand whether disproportionate for different socio-economic groups |
| **Social inclusion** | | Any change to a public service requires an active commitment to ensure the public are | | Through the implementation of the Communication and Engagement Strategy for this |



Page 265

| | Relevance yes / no | Evidence of impact<br><br>*(Note: consider groups that have greater and/or specific needs)* | Nature of potential impact (positive/negative /unknown) | Recommendations/mitigating actions |
|---|---|---|---|---|
| | | kept up-to-date with the changes being made and also promote inclusion and cohesion. | | programme, both social inclusion and community cohesion will be fully considered across the diverse people affected. |



Page 266

# Appendix 8: Oriel project implementation plan

### Programme management arrangements

The Oriel programme is running in parallel with the Moorfields consultation. The Oriel programme will take the outputs of the consultation process and decision-making process and update their approach and planning as a result.

The trust has implemented a robust programme management and governance structure for the delivery of the Oriel programme which ensures accountability through clear allocation of responsibilities, and provides assurance through regular reporting, enabling quick identification and addressing any issues as they arise. This section describes the following programme management arrangements:

- Programme management approach
- Project implementation budget
- Project implementation team
- Risk management arrangements
- Post-programme evaluation.

### Oriel programme management approach

The trust will follow the PRINCE2® principles in its approach to project management to ensure the delivery of the project. This is the de facto standard in use in the public sector in the UK.

### Project implementation budget

Project costs relating to the programme team, specialist advisors and the cost of town planning are included in the total capital cost for the new build. Further non-recurrent revenue costs have been modelled for the transition of services from the City Road site to the new facility, at a total of £18.3m spread over three years.

### Project implementation team

The trust's senior responsible officer for the project is Moorfield's director of strategy and business development, who co-chairs the Oriel joint eecutive Board with UCL's senior responsible officer for the project, the director of the Institute of Ophthalmology. A dedicated programme management office (PMO) is in place to oversee and coordinate the work of the project workstreams.

Each workstream has an executive lead from the trust, UCL and commissioners to ensure joint ownership and accountability for project delivery. The workstream executives have dedicated resource to support delivery of their workstream outputs.

### Risk management arrangements

The risk management strategy is in line with the HM Treasury Green Book and NHS guidance for capital projects.

There is an existing risk management process in place for the programme, and this process will continue throughout the implementation and delivery phase of the programme to ensure that risks are identified, monitored and where possible, mitigated.

The overarching risk management policy is based on an iterative process of:

- Identifying and prioritising the risks to the achievement of the programme aims and objectives
- Evaluating the likelihood of those risks being realised and the impact should they be realised
- Managing the risks efficiently, effectively and economically.

The programme office maintains the risk register for the programme. Project risk registers are maintained by the project manager/work stream lead and risks escalated where necessary via reporting.

### Project timeline

Figure A8.1: Milestone timeline – this is subject to consultation


### Post project evaluation

The trust has developed a high-level post project evaluation plan which identifies the mechanisms that would enable monitoring and review of performance at different stages of the project. These are to be shared with and approved by the trust at each key milestone.

A thorough and robust post project evaluation will:

- Facilitate continual learning from the project to be implemented at subsequent stages as well as future projects
- Ensure that the project adheres to the project plan/milestones and review of project risks
- Enable measuring of project performance against project aims including the realisation of benefits
- Provide useful feedback and knowledge that can be shared with key stakeholders as well as the NHS as a whole
- The key components of the trust's post project evaluation arrangements are:
- A review of performance against project programme throughout the life of the project
- A review of actual performance toward achieving the benefits detailed in the benefits realisation plan and confirmation that they have been met
- A review of project implementation to learn lessons for future

- A review of the FBC capital and revenue costs to assess their robustness and accuracy.

At the OBC stage, design quality indicator (DQI) workshops would be conducted to review and improve the design and construction approach based on input from a range of stakeholders.

Service users, staff and the project team will be asked to evaluate the project through the use of questionnaires, stakeholder consultation meetings, staff focus groups and benefits realisation data.

The arrangements for the post project evaluation will be established in accordance with best practice. The trust will identify responsibilities and resource requirements for management of the post project evaluation during the FBC development period, which will be an integral part of the post implementation operating model.

## Appendix 9: Specialised commissioning overview

Specialised services are commissioned by NHS England (London) for the region in which Moorfields Eye Hospital is located. The services commissioned by NHS England (London) often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions.

The providers deliver cutting-edge care and are a catalyst for innovation, supporting pioneering clinical practice in the NHS. In total, there are 146 specialised services directly commissioned by NHS England (London).

NHS England has a duty to ensure that new treatments are supported by convincing evidence of safety and effectiveness, that they are affordable and offer value for money, and that decisions about them are fair and transparent.

Doctors, other healthcare professionals, and patient and public representatives are involved at every stage of this decision-making process. In the case of new treatments there is an independent assessment undertaken by the Clinical Priorities Advisory Group (CPAG) on their likely relative clinical benefit and relative cost.

In respect of Moorfields there are three service specifications included in the trust contract, as follows:

- D12/S/a Specialised ophthalmology (adult)
- D12/S/b Specialised ophthalmology (paediatric)
- D12/S/(HSS)/a Ocular oncology.

All the providers commissioned by NHS England (London) are contracted using the NHS standard contract terms and conditions, are subject to annual review, and use the National Tariff Payment System plus associated requirements (where applicable).

### The provider contract and contract management

**Service categories**

Within the standard NHS contract there is a requirement to define the service categories the provider delivers, in the case of Moorfields the trust provides clinical services within the following service categories:

- Acute Services (A)
- Cancer Services (CR)
- Diagnostic, screening and/or pathology services (D).

### Service specifications and clinical management

Moorfields has service specifications for the commissioned services, the documents outline the requirements associated with the provision of the service (including any equipment requirements), staffing levels, any patient access criteria and any key performance indicators. These documents are subject to regular review in accordance with any national publications, changes to clinical practice or stipulated review date. Revised service specifications are issued by the relevant national Clinical Resources Group (CRG), these specifications are consulted upon, and then added to the contract.

If a provider is unable to meet the requirements of a service specification, then a Service Development Improvement Plan (SDIP) is agreed with appropriate commissioner and provider actions and agreed timelines for delivery of the required actions. There are no SDIPs in the current signed contract that London specialised commissioning has signed with Moorfields.

### Provider quality monitoring

The Quality Surveillance Team (QST) and the Quality Surveillance Programme (QSP) review existing NHS England quality assurance functions and regulatory functions.

The QST Quality Surveillance Information System (QSIS) annual self-assessment process provides a quality assurance mechanism for all providers of specialised services that includes: critical event recording, measures performance against quality standards and service specifications, providing an interface to the statutory and regulatory quality functions.

Moorfields is compliant with the national QST standards for all three specialised services that NHS England (London) currently has under contract with the trust. In addition, Moorfields is providing monthly patient level activity and clinical quality information, in addition to a regular review of the CQC provider related information**.**

Table A9:4 provides the Moorfields performance extracted from the clinical performance overview report that was issued to the Clinical Quality Review Group (CQRG) meeting in September 2018.

### Quality Innovation Productivity and Procurement (QIPP) – Improving Value

Routinely NHS England (London) requires providers to commit to QIPP/Improving Value schemes up to a value of 2.75% of the total contract value.

Improving Value schemes provide for transformation of services using best practice for the delivery of services. This can be the delivery setting, the use of generic drugs, and/or one-stop clinics. This will include any best practice for the discharge of patients to other setting as suggested by NHS Improvement.

Oriel aims to deliver best practice in the new build hospital whereas the current building has not allowed for changes to the way that the trust can deliver services.

As is the case with some single speciality hospitals, it is challenging to identify multiple or high value QIPP/Improving Value schemes. The 2018/19 Moorfields contract has one scheme identified within the contract:

> "*Moorfields paediatric service is focusing on a potential activity saving via telephone clinics to replace patient attendances. The amount of activity that this potentially could reduce has been estimated at 350 outpatient attendances per annum.*"

When an Improving Value scheme is monitored by the contracting team, the intention is that the impact becomes 'business as usual' in the service delivery in the following year. Moorfields aims to use digital technology should this project go forward, and London specialised commissioning would expect to work with the trust on more schemes in the future that would improve the delivery of care to our patients.

## Contract management

NHS England (London) manages the Moorfields contract according to the NHS standard contract through monthly contract performance, and technical, and clinical, quality review group meetings. The meetings are focused on the provider performance, contract compliance and a broad range of clinical quality and patient care centred areas. The meetings are facilitated by Moorfields providing monthly patient level activity and clinical quality information, as well as a regular review of the CQC provider-related information. This form of contract management ensures there is a commensurate balance between contract compliance, clinical quality and clinical governance/oversight.

The Moorfields contract is reviewed annually by NHS England (London) and the review routinely includes the finances and contract performance areas. As part of this review there is due consideration made to the activity levels commissioned from the provider. In the last few years Moorfields has been awarded growth within the contract in the order of 3% per annum to reflect the changes in population growth and the growth in demand for ophthalmology services (in respect of the 2018/19 contract year that growth figure was 3.5%). However, the activity growth needs to be considered alongside the London region population growth which based on 2016 data is in the order of 6%. When NHS England (London) negotiates the 2019-20 contract, it will work with Public Health England (PHE) to assess the current growth in ophthalmology services; specifically the age profiling.

As part of a detailed service review exercise being undertaken by NHS England (London), there will be due consideration made on specialist ophthalmology services across the region. Any findings will be used to inform the future commissioning strategies, contractual arrangements for the services and all the providers delivering the services.

## Service discussion and development areas

This section includes areas of the contract where there is either a service development in place or discussions are ongoing. There is routinely ongoing dialogue with providers in relation to the contracted services and service developments. These may also be captured in the Service Development and Improvement Plans (Schedule 6B) within the provider contract.

**Adalimumab**

Adalimumab[38] is recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids, only if there is:

- Active disease (that is, current inflammation in the eye)
- Inadequate response or intolerance to immunosuppressants
- Systemic disease or both eyes are affected (or one eye is affected if the second eye has poor visual acuity) and worsening vision with a high risk of blindness (for example, risk of blindness that is similar to that seen in people with macular oedema).

[38] https://www.nice.org.uk/guidance/indevelopment/gid-ta10007

**Autologus serum eye drops**

Autologous Serum Eyedrops (ASE) may be prescribed for patients who suffer from severe dryness of the eye, and who do not obtain relief from conventional pharmaceutical eyedrops. They are prepared from the patient's own blood, which is processed to separate out the serum. The serum is then diluted with saline and dispensed into dropper bottles that are returned to the patient.

**Eye transplants**

There have been discussions with Moorfields concerning the potential development of eye transplants as a future service provision.

## Provider services and activity summary

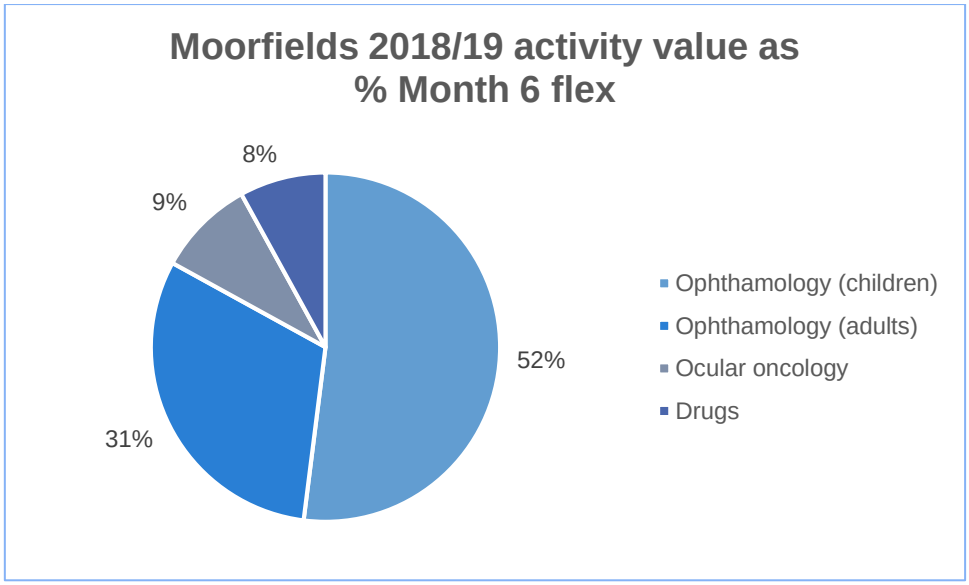
The following table illustrates the volume of patients treated through the Moorfields' adult and paediatric specialist ophthalmology services in the 2018 contract year (forecast using the month 1 to month 6 (flex) data). As indicated in the table below whilst NHS England (London) is the primary commissioner of the Moorfields services there are patients travelling into London from other specialised commissioning regional hubs. This is indicative of a number of the prominent London trusts and may also be as a result of Moorfields operating satellite outpatient clinics within the other regional areas.

Table A9:1: Commissioning hub activity 2018/19 (forecast based on month 6)

| | Specialised Ophthalmology | |
|---|---|---|
| **Commissioning Region** | **Adult** | **Paediatric** |
| London | 1,001 | 29,259 |
| Midlands and East of England | 243 | 3,740 |
| South of England | 133 | 2,686 |
| South East | 17 | 458 |
| North of England | 12 | 253 |
| South West | 3 | 56 |
| **Totals** | **1,409** | **36,452** |

On a financial basis, the following chart illustrates the breakdown between the main charging areas under the contract. These are essentially broken down into adult, paediatric, and drugs costs. As with activity, the main patient cohort is treating paediatric patients. The proportional representation has been calculated using the activity date for months 1 to 6.

Table A9:2: Contracted activity breakdown 2018/19 (Year to date)




### Point of delivery (POD) reporting

Through the NHS standard reporting requirements, all providers are required to allocate their activity to PODs. Within the contract there is an agreed indicative activity plan (Schedule 2b) that is set out using the PODs. Through the aligned monthly reporting process, both providers and commissioners are able to monitor the activity and finance plans against the agreed plans. The POD breakdown enables this to be monitored simply and effectively and any over or under-performance can be established at the appropriate level.

Table A9:3 illustrates the 2018/19 forecast position. This has been calculated based on the data reporting for months 1 to 6. At this time the commissioners are working with Moorfields to understand an over-performance issue within outpatients, there is the need to understand the drivers for this and whether the services will return to contracted levels by the end of the current contract term.

In table A9:3, significant finance and activity values are assigned to '*Local POD codes not recognised*'. There are discussions ongoing with Moorfields to remedy this and align all data items to either the national or local POD codes within the monthly submissions. This issue has occurred as a consequence of implementing the new national data landing portal, and it is expected these issues will be resolved by the end of the current contract year.

Table A9:3: Moorfields 2018/19 forecast activity and finance

| Moorfields Month 12 Projected Activity and Cost by Point Of Delivery ("POD") | | |
|---|---|---|
| **National POD Code** | **ACTUAL COST** | **ACTUAL ACTIVITY*** |
| BLOCK | £ 1,824,310 | - |
| DAYCASES | £ 6,721,438 | 3,018 |
| DEVICE | £ - | - |
| DRUG | £ 1,507,109 | 3,178 |
| ELECTIVE | £ 540,812 | 224 |
| ELECTIVE EXCESS BEDDAYS | £ 3,250 | 10 |
| NON ELECTIVE | £ 1,089,042 | 376 |
| NON ELECTIVE EXCESS BEDDAYS | £ 2,600 | 8 |
| OUTPATIENT FA MULTI PROFESSIONAL CONSULTANT LED | £ 86,708 | 402 |
| OUTPATIENT FA SINGLE PROFESSIONAL CONSULTANT LED | £ 2,459,861 | 13,940 |
| OUTPATIENT FUP MULTI PROFESSIONAL CONSULTANT LED | £ 17,482 | 178 |
| OUTPATIENT FUP SINGLE PROFESSIONAL CONSULTANT LED | £ 4,087,151 | 51,434 |
| OUTPATIENT PROCEDURES FA | £ 253,775 | 728 |
| OUTPATIENT PROCEDURES FUP | £ 944,878 | 3,918 |
| LOCAL POD CODES NOT RECOGNISED | £ 218,049 | 1,486 |
| **TOTAL** | **£ 19,756,465** | **78,900** |

*Activity shows patient numbers except for DRUG which shows quantity of drugs administered.

### Provider requirements and expectations

With regard to the ocular oncology service there is a provider-to-provider arrangement in place with Barts Health NHS Trust, this is required because of the complexities associated with the procedures that require higher dependency services. This is because there are currently no plans within the new hospital to develop higher dependency beds or a dedicated unit. The critical mass for HDU services is delivered at Barts. This is to be expected due to the clinical workforce and the high infrastructure/management costs associated with establishing such a high dependency unit.

As this is effectively a material subcontract of the Moorfields agreement, the discussions and management of the arrangement remains a function of the contract management meetings with the trust. To date there has been no specific issues or clinical concerns raised concerning this arrangement. In the event there were any issues it is anticipated they would be raised with Moorfields and Barts Health given the high clinical risk to patients.

Barts Health has indicated that in the longer term they wish to dedicate the St Bartholomew site to cardiovascular services, and as a consequence Moorfields is currently reviewing options for establishing an alternative partnership in the medium term. UCLH, which has a head and neck cancer service and will in future host one of two national proton beam therapy centres, is located in close proximity to the proposed St Pancras hospital site and early discussions about a potential collaboration are ongoing.

### Benefits from the hospital relocation

NHS England (London) considers there are clear advantages in the London region by having a dedicated eye hospital, and one that is co-located with a clinical research function (i.e.

University College London). This would enable full advantage to be taken of clinical advancements and developments, also shaping the form and structure of services and treatment pathways. The co-location of the hospital and research facility is a benefit in the relocation of Moorfields.

The move of the Moorfields services to the new hospital would provide specialised commissioning and the provider the opportunity to consider the approach to the delivery of the clinical services to patients. There are tools and data available, including Getting It Right First Time (GIRFT) that are being used to inform the review. This process could include considerations associated with variances in clinical practice (both with the provider and across a peer review group), maximising the use of innovative or technological advancements (e.g. telemedicine) and future proofing the services in the new site.

## Moorfields CQRG quality report extracts

### Table A9:4: Moorfields summary against CQC domains 2018

**Trust Executive Summary By CQC Domain - July 2018**

| | | G | A | R |
|---|---|---|---|---|
| **Responsive** | Referral To Treatment | 1 | 0 | 1 |
| | Accident & Emergency | 1 | 0 | 1 |
| | Cancer | 2 | 0 | 3 |
| | Clinic Management | 2 | 0 | 5 |
| | Diagnostics | 1 | 0 | 0 |
| | Ward Management | 1 | 0 | 0 |
| **Effective** | DNA Rates | 2 | 0 | 0 |
| | Cancellations | 3 | 0 | 1 |
| | Theatre Practice | 1 | 0 | 1 |
| | Mortality | 1 | 0 | 0 |
| | Data Quality | 5 | 0 | 1 |
| **Caring** | Patient Experience | 6 | 1 | 1 |
| | Ward Management | 1 | 0 | 0 |
| | Infection Control | 2 | 0 | 0 |
| | Training Compliance | 1 | 0 | 0 |
| | Organisational Health | 0 | 0 | 0 |
| | Patient Safety | 2 | 0 | 1 |

| | | G | A | R |
|---|---|---|---|---|
| **Safe** | Infection Control | 4 | 0 | 0 |
| | Ward Management | 1 | 0 | 0 |
| | Patient Safety | 5 | 0 | 1 |
| | Safer Staffing Checklist | 5 | 0 | 0 |
| **Well-Led** | Organisational Health | 2 | 1 | 0 |
| | Recruitment and Turnover | 1 | 0 | 2 |
| | Staff & Voluntary Experience | 2 | 0 | 0 |
| | Training Compliance | 1 | 0 | 1 |
| | Research | 4 | 0 | 0 |
| **Use of Resources** | Capital Development | 2 | 0 | 0 |
| | Liquidity | 3 | 0 | 0 |
| | Contribution To ROI | 1 | 0 | 2 |
| | Annual Surplus Delivery | 5 | 0 | 0 |
| | Recruitment and Turnover | 1 | 0 | 0 |
| | Use Of Resources Metrics | 1 | 0 | 0 |
| | Financial Metrics | 0 | 0 | 0 |
| | Carter Metrics | 0 | 0 | 0 |

***'Current Rating' Key***

* Red, Amber, Green ratings are used to identify whether or not a KPI is achieving target. Where there are data issues, these are highlighted in blue.
* Grey ratings represent zero return and therefore a percentage can not be calculated, or where a target has not been set or is 'tbc'
* Metrics for which data is either not available or are not applicable to reporting period (i.e. Quarterly figures) are shown as black.

***'Monthly Trend' Key***

Colour of symbol shows Red, Amber Green rating of current month against target.

| | |
|---|---|
| ↑ | Upward Trend Compared to Previous Month |
| → | Stable Trend Compared to Previous Month |
| ↓ | Downward Trend Compared to Previous Month |
| ◆ | No Trend Due To Nil return for Previous Month |
| | No Trend Due To Nil return for Current Month |

| Strategic Issue | Metric Description | CQC Domain | Target | Current | RAP Pg | Year to Date |
|---|---|---|---|---|---|---|
| Annual Surplus Delivery | Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit) | Use of Resources | 1 | G | | 1 |
| | Overall financial performance (In Month Var. £m) | Use of Resources | ≥0 | G | | 0.45 |
| | NHS Performance (In Month Var. £m) | Use of Resources | ≥0 | G | | 0.16 |
| | Efficiency Scheme Performance (YTD Percentage) | Use of Resources | 100% | G | | 113% |
| | Efficiency Scheme Performance (YTD Var. £m) | Use of Resources | ≥0 | G | | 0.20 |
| Liquidity | Liquidity (days) | Use of Resources | 1 | G | | 1 |
| | Cash Flow (In Month Variation) | Use of Resources | ≥0 | G | | 48.70 |
| | Outstanding debtors (Total £m) | Use of Resources | ≤ Plan | G | | 10.2 |

## Table A9:5: Moorfields performance: NHS Access Standards 2018 (YTD)

| Strategic Issue | Metric Description | CQC Domain | Target | Current | RAP Pg | Year to Date |
|---|---|---|---|---|---|---|
| Referral To Treatment | 18 Week RTT Incomplete Performance | Responsive | ≥92% | G | | 95.0% |
| | 52 Week RTT Incomplete Breaches | Responsive | Zero Breaches | R | 11 | 24 |
| Accident & Emergency | A&E Four Hour Performance | Responsive | ≥95% | G | | 96.9% |
| | A&E Unplanned Reattendance | Responsive | ≤5% | R | 12 | 5.5% |
| Cancer | Cancer 2 week waits - first appointment urgent GP referral | Responsive | ≥93% | R | 13 | 97.4% |
| | Cancer 14 Day Target - NHS England Referrals (Ocular Oncology) | Responsive | ≥93% | R | 14 | 79.7% |
| | Cancer 31 day waits - diagnosis to first appointment | Responsive | ≥96% | R | 15 | 98.9% |
| | Cancer 31 day waits - subsequent treatment | Responsive | ≥94% | G | | 100.0% |
| | Cancer 62 days from urgent GP referral to first definitive treatment | Responsive | ≥85% | G | | 100.0% |
| Clinic Management | Median Clinic Journey Times - New Patient appointments | Responsive | Mth:≤ 101m | G | | n/a |
| | Median Clinic Journey Times -Follow Up Patient appointments | Responsive | Mth:≤ 92m | G | | n/a |
| | Percentage of patients using kiosks or alternative technology on sites where they are and are embedded. | Responsive | None Set | | | n/a |
| | Data completeness for Clinic Journey Time (Total) | Responsive | Mth:≥ 58.3% | R | 16 | 39.4% |
| | Data completeness for Clinic Journey Time (Glaucoma) | Responsive | Mth:≥ 66.5% | R | 17 | 50.5% |
| | Data completeness for Clinic Journey Time (MR) | Responsive | Mth:≥ 65.7% | R | 18 | 51.7% |
| | Percentage of GP referrals From Electronic Booking - trajectory target of 100% for Oct 2018 | Responsive | Mth: ≥97% | R | 19 | 72.9% |
| | Electronic Booking Appointment Slot Issue (ASI) Rate | Responsive | ≤ 4.0% | R | 20 | 21.0% |
| Diagnostics | Percentage of Diagnostic waiting times less than 6 weeks | Responsive | ≥99% | G | | 100% |

## Table A9:6: Moorfields summary performance – other metrics 2018 (YTD)

| Strategic Issue | Metric Description | CQC Domain | Target | Current | RAP Pg | Year to Date |
|---|---|---|---|---|---|---|
| DNA Rates | Outpatients DNA rate - 1st appointment | Effective | ≤12.3% | G | | 11.5% |
| | Outpatients DNA rate - follow up appointment | Effective | ≤10.8% | G | | 10.3% |
| Cancellations | Outpatient Cancellation rate (Hospital cancellations) | Effective | ≤2.85% | R | 21 | 3.90% |
| | Theatre Cancellation Rate (Overall) | Effective | ≤7.0% | G | | 7.2% |
| | Theatre Cancellation Rate (Non-Medical Cancellations) | Effective | ≤0.8% | G | | 0.85% |
| | Number of non-medical cancelled operations not treated within 28 days * | Effective | Zero Breaches | G | | 8 |
| Theatre Practice | Theatre Sessions starting late | Effective | ≤32.7% | R | 22 | 34.5% |
| | Percentage of Emergency re-admissions within 30 days following an elective or emergency spell at the Provider (excludes Vitreoretinal) | Effective | ≤3.77% | G | | 3.54% |
| Ward Management | Delayed Transfer of Care (Number of days) | Responsive | Zero | G | | 0 |
| | Inpatient (Overnight) Ward Staffing Fill Rate | Safe | ≥90% | G | | 97.1% |
| | Mixed Sex Accommodation Breaches | Caring | Zero Breaches | G | | 0 |
| Data Quality | Data Quality - Ethnicity recording (Outpatient and Inpatient) | Effective | ≥98% | R | 23 | 92.2% |
| | Data Quality - NHS Number recording (Outpatient and Inpatient) | Effective | ≥99% | G | | 99.5% |
| | Data Quality - GP recording (Outpatient and Inpatient) | Effective | ≥98% | G | | 99.9% |
| | Data Quality - Ethnicity recording (A&E) | Effective | ≥95% | G | | 99.9% |
| | Data Quality - NHS Number recording (A&E) | Effective | ≥95% | G | | 94.5% |
| | Data Quality - GP recording (A&E) | Effective | ≥95% | G | | 99.3% |
| Mortality | Summary Hospital Mortality Indicator | Effective | Zero Cases | G | | n/a |

## Table A9:7: Moorfields infection control rates / incidence 2018 (YTD)

| Strategic Issue | Metric Description | CQC Domain | Target | Current | RAP Pg | Year to Date |
|---|---|---|---|---|---|---|
| Infection Control | Endopthalmitis Rates - Cataract (per 1000 incidents) - 6 Month Rolling | Safe | ≤ 0.4 | | | |
| | Endopthalmitis Rates - Intravitreal (per 1000 incidents) - 6 Month Rolling | Safe | ≤ 0.5 | | | |
| | Endopthalmitis Rates -Glaucoma (per 1000 incidents) - 12 Month Rolling | Safe | ≤ 1.0 | | | |
| | Endopthalmitis Rates - Corneal EK procedures (per 1000 incidents) - 12 Month Rolling | Safe | ≤ 3.6 | | | |
| | Endopthalmitis Rates - Corneal PK procedures (per 1000 incidents) - 12 Month Rolling | Safe | ≤ 1.6 | | | |
| | Endopthalmitis Rates - Vitreoretinal (per 1000 incidents) - 12 Month Rolling | Safe | ≤ 0.6 | | | |
| | MRSA Bacteraemias Cases | Safe | Zero Cases | G | | 0 |
| | Clostridium Difficile Cases | Safe | Zero Cases | G | | 0 |
| | Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases | Safe | Zero Cases | G | | 0 |
| | MSSA Rate - cases | Safe | Zero Cases | G | | 0 |
| | Hand Hygiene Audit Compliance | Caring | ≥95% | G | | 98.5% |
| | Cleanliness Audit Compliance | Caring | ≥95% | G | | 99.4% |

## Table A9:8: Moorfields incidents 2018 (YTD)

| Strategic Issue | Metric Description | CQC Domain | Target | Current | RAP Pg | Year to Date |
|---|---|---|---|---|---|---|
| Patient Safety | Occurrence of any Never events | Safe | Zero Events | G | | 1 |
| | Number of Serious Incidents remaining open after 60 days | Safe | Zero Cases | R | 24 | 6 |
| | Percentage of Incidents (excluding Health Records incidents) remaining open after 28 days | Caring | Mth ≤ 57% | R | 25 | |
| | NHS England/NHS Improvement Patient Safety Alerts breached | Safe | Zero Alerts | G | | 0 |
| | VTE Risk Assessment | Safe | ≥95% | G | | 98.6% |
| | Posterior Capsular Rupture rates | Safe | ≤1.95% | G | | 1.12% |
| | Percentage of responses to written complaints sent within 25 days | Caring | ≥80% | G | | 76.0% |
| | Percentage of responses to written complaints acknowledged within 3 days | Caring | ≥80% | G | | 95.2% |
| | Duty of Candour (Percentage of conversations informing family/carer that a patient safety incident has ocurred within 10 working days of the incident being reported to local risk management systems) | Safe | 100% | G | | 100.0% |
| Safer Staffing Checklist | Safer Surgery Checklist: Percentage of audited "Team Briefing" stage elements compliant with requirements | Safe | ≥90% | G | | 90.6% |
| | Safer Surgery Checklist: Percentage of audited "Sign In" stage elements compliant with requirements | Safe | ≥90% | G | | 99.9% |
| | Safer Surgery Checklist: Percentage of audited "Time Out" stage elements compliant with requirements | Safe | ≥90% | G | | 99.8% |
| | Safer Surgery Checklist: Percentage of audited "Sign Out" stage elements compliant with requirements | Safe | ≥90% | G | | 99.6% |
| | Safer Surgery Checklist: Percentage of audited "Team Debrief" stage elements compliant with requirements | Safe | ≥90% | G | | 98.2% |

## Table A9:9: Moorfields patient experience scores 2018 (YTD)

| Strategic Issue | Metric Description | CQC Domain | Target | Current | RAP Pg | Year to Date |
|---|---|---|---|---|---|---|
| Patient Experience | Inpatient Scores from Friends and Family Test - % positive | Caring | ≥90% | G | | 99.4% |
| | A&E Scores from Friends and Family Test - % positive | Caring | ≥90% | G | | 93.1% |
| | Outpatient Scores from Friends and Family Test - % positive | Caring | ≥90% | G | | 96.4% |
| | Paediatric Scores from Friends and Family Test - % positive | Caring | ≥90% | G | | 98.0% |
| | Inpatient Scores from Friends and Family Test - % response rate | Caring | ≥30% | G | | 57.4% |
| | A&E Scores from Friends and Family Test - % response rate | Caring | ≥20% | R | 26 | 8.4% |
| | Outpatient Scores from Friends and Family Test - % response rate | Caring | ≥15% | A | 27 | 11.9% |
| | Paediatric Scores from Friends and Family Test - % response rate | Caring | ≥15% | G | | 20.8% |

THIS PAGE LEFT INTENTIONALLY BLANK

**London Clinical Senate**

5th Floor
Skipton House
80 London Road
London
SE1 6LH
Enquiries to: england.londonclinicalsenate@nhs.net
London Clinical Senate Office
0113 80 70443

Sarah Mansuralli
Chief Operating Officer
Camden CCG
14th Floor, Euston Tower
286 Euston Road
London
NW1 3DP

December 21st

Dear Sarah

**The London Clinical Senate's review of proposals for Moorfields Eye Hospital to move from City Road to a new integrated eye care, education and research facility in the grounds of St Pancras Hospital.**

Thank you for asking the London Clinical Senate to review this proposal and to give an independent clinical review of the case for the proposed move. Please find attached the final report of review panel.

Can I also thank you for all the work the commissioners and Trust put into the review, and especially the Trust for hosting the Panel when we came to Moorfields for the review on the 29th November. Do please also pass our appreciation to the many clinicians and managers who gave time to give evidence to the Panel, but especially to the patients and users of the service who were able to give us an insight. The review would have been much weaker without their valued input.

We are pleased to confirm that the London Clinical Senate finds that there is a strong and clear clinical evidence base for the proposed move from old and poorly designed premises in City Road to newly designed premises with great opportunities to enhance collaboration between world class clinical services, research and teaching.

The Senate understands that whilst there was uncertainty about obtaining the new site, then patient, carer, and public engagement was necessarily limited. But there is now the chance to address that. We also believe that the greatest benefits will ensue if patient engagement in the project is now embraced; including the full involvement of

patients and carers in the co-design of the new potential services as well as their input into the design of the new premises.

The report also has a series of other recommendations. These are intended to be helpful and allow the Trust and commissioners to strengthen the Business Case that is being developed, but also to make the most of the opportunity that this exciting change brings.

We were very pleased to see the enthusiasm and engagement of a wide range of local primary care clinicians who want to help develop whole system clinical pathways to support the new developments.

Careful planning for capacity with a wide range of clinicians and exploring innovative, technology enabled delivery of care should allow the Moorfields to continue as a world leader in eye care and to explore leading the UK in new models of care delivery that address the challenges of increasing demand with limited resources, including workforce.

Thank you again for your work in improving eye services for the population of North Central London, with a potential greater effect across London, the UK and wider.

Can you let the Senate have your response to the report's recommendations by January 11th so that we can present your response to the Senate Council meeting on the 15th. As you mentioned in your letter of the 17th December, the Steering Group meeting on 8th January 2019 will provide an opportunity to discuss your response and co-ordinate the timelines for the dissemination of the final report.

Yours sincerely,

**Dr Mark Spencer** MBBS FRCGP MFMLM DRCOG

GP, Medical Director, NWL Health and Care Partnership

Vice-Chair London Clinical Senate

London Clinical Senate

# The London Clinical Senate

# An independent clinical review of the proposal for Moorfields Eye Hospital to move from City Road to a new building on the site of the old St Pancras Hospital

# Advice for Islington CCG, acting as the lead commissioner

# January 2019

**Author: Edward Ward**

**Sponsoring Organisation**: Islington Clinical Commissioning Group, acting as the lead commissioner

**Clinical Senate:** The London Clinical Senate

**NHS England region:** London

**Review Chairs**

Dr Mark Spencer, **Vice Chair, London Clinical Senate Council**

**Medical Director, NWL Health and Care Partnership**

Mr Mike Burdon, **Consultant Neuro Ophthalmologist, University Hospital Birmingham**

**President of the Royal College of Ophthalmologists**

# 1) Introduction and summary

The Commissioners of Moorfields Eye Hospital NHS Foundation Trust (Moorfields), with Islington Clinical Commissioning Group acting as the lead commissioner, have requested that the London Clinical Senate conduct an independent clinical review of the Trust's proposal to transfer all the services they provide at their City Road site to a new integrated eye care, education and research facility in the grounds of St Pancras Hospital.

The clinical review was requested as part of NHS England's assurance process for a major service change. The review is conduced to establish if there is a clear, clinical evidence base for the move from City Road.

If this proposal is agreed, then all the services currently provided at the City Road site will move to the St Pancras Hospital site by 2025-26. This includes the Richard Desmond Children's Centre and the UCL Institute of Ophthalmology.

Moorfields and the Institute of Ophthalmology are providers of world class clinical services, academic research and teaching. The move to the St Pancras Hospital site will significantly affect the provision of eye health care and research in London and England.

## About the London Clinical Senate

The London Clinical Senate is an independent body within NHS England. Its purpose is to support the development of London's health and care services by providing independent, strategic advice to commissioners and to help them to make the best decisions they can about health care for the populations they serve. The Senate's advice is independent, impartial and informed by the best available evidence.

## The outcome of the review and a summary of the Clinical Senate's recommendations

Having completed their review of the draft Pre-Consultation Business Case (PCBC) for the proposed integrated eye care, education and research facility in the grounds of St Pancras Hospital the London Clinical Senate confirms that **the proposal has a clear clinical evidence base.**

The Senate has the following recommendations about the proposal. They are that:

- the final PCBC should emphasise inter-operability and whole system change

- the PCBC would benefit from having further details on the clinical models for the new facility at St Pancras and how they will lead to improvements in patient care
- the CCG and Moorfields widen their consultation amongst patients and carers and learn from how other similar large hospital relocations or service reconfigurations have managed such a consultation
- that the design of the new facility involves patients, carers, and clinicians from the start. This should build on the new system of co-designed pathways.
- that there is further consideration of the provision of paediatric surgery on a site (City Road) that does not have the full range of paediatric support services.

The review panel's full findings and its recommendations can be found on pages 13 to 24.

# 2)The background to the request for the clinical review

In August 2018 Islington CCG, acting as the lead commissioner, asked the London Clinical Senate to undertake a clinical review of Moorfields Eye Hospital NHS Foundation Trust's (Moorfields) proposal to move the services currently located at its City Road site to a new integrated eye care, education and research facility in the grounds of the old St Pancras Hospital. The proposal is a joint venture between:

- Moorfields Eye Hospital NHS Foundation Trust
- Moorfields Eye Charity
- University College London's (UCL) Institute of Ophthalmology (IO).

The Senate's Clinical Review is a Stage 2 review of a draft of the CCG's Pre-Consultation Business Case (PCBC). The CCG requested the clinical review as part of NHS England's assurance process for a major service change and to establish if the proposal has a clear, clinical evidence base.

## The proposal to move to St Pancras

The Moorfields Eye Hospital is situated in the London Borough of Islington on City Road. The main part of the City Road hospital was built in the nineteenth century. Its out-dated design and inefficient layout hinders clinical integration between Moorfields, the Richard Desmond Children's Eye Hospital, and the Institute of Ophthalmology.

There is little or no space for growth on the Moorfields site. The Richard Desmond Centre for Children is in a separate building on the Moorfields site and though that building is only 10 years old the Richard Desmond Centre now sees almost twice the number of children it was designed for.

The site of the proposed integrated eye care, education and research facility will be in Camden. If the move to St Pancras takes place, the City Road site will close. The proceeds of the sale of the City Road site are to be used to fund the move to the St Pancras site. The new integrated eye care, education and research facility is expected to open in 2025/26. The proposed move is also known as Project Oriel. All the services currently provided at the City Road site, including the UCL Institute of Ophthalmology, and the Richard Desmond Children's Eye Hospital will move to the new facility.

Moorfields and the IO are recognised as national and international centres of excellence for eye health care treatment and research. Moorfields believes that the move to the St Pancras site is necessary because the City Road site significantly limits the ability of the Trust and the IO to continue to deliver world-leading health care and research.

The Trust, in developing its business case, conducted an options appraisal of potential sites; including the option of rebuilding on the City Road site. They concluded that a move to the St Pancras site was the preferred option.

## The expected outcomes from the relocation of Moorfields Eye Hospital, City Road, to the St Pancras Hospital Site

Moorfields Eye Hospital expect that the move from City Road to the St Pancras Hospital site will:

- provide a more therapeutic, recovery focussed environment for patients with eye disorders,
- improve clinical efficiency and clinical pathways through having an environment more appropriate for people with an eye disorder,
- provide world class research facilities for ophthalmology, enabling practice to reflect the best evidence.

## The commissioning of services provided by Moorfields at the City Road site

Moorfields Eye Hospital is commissioned to provide Ophthalmology and Eye Health Care by CCGs in North and North East London, parts of North West London, and parts of South Hertfordshire and South Essex. Islington CCG is the lead commissioner for the CCGs who commission eye heath care services from Moorfields. A list of the CGGs with contracts at the City Road site of over £2 million is in Appendix (1).

NHS England Specialised Commissioning, London Region, also commission Moorfields to provide specialist ophthalmology. London's Specialised Commissioning team represents the NHS England's Highly Specialised Commissioning Team for the commissioning of ocular oncology services at the Trust.

The current annual value of all services commissioned from Moorfields at the City Road site by the CCGs and NHS England is £59m.

A steering group, with CCGs and NHS England as members, was set up to oversee the public consultation for the proposed move to the St Pancras site. The SRO for the Moorfields PCBC is Sarah Mansuralli, Chief Operating Officer, Camden CCG. Within the NCL CCGs Islington CCG, also part of NCL CCGs, remains the lead commissioner.

## Exclusions

Moorfields is a provider of ophthalmology services at other sites in London and the South East. However, the London Senate's review is concerned only with the services provided at the City Road site.

# 3) Clinical Reviews, the Clinical Senate, and NHS England's assurance process for a major service change

The Senate's clinical review of Moorfields proposal to move to the St Pancras Hospital site and to create an integrated eye care, education and research facility there is conducted as part of NHS England's assurance process for a major service change.

Under "Planning, assuring and delivering service change for patients," (*NHS England, March 2018, the guidance on managing service change in the NHS*) NHS England is required to assure itself that a proposal for a major service change or reconfiguration satisfies all of the following tests.

A proposal for change must:

1. Contain evidence of strong public and patient engagement
2. Be consistent with current and prospective need for patient choice
3. **Have a clear, clinical evidence base**
4. Have the support of Commissioners for its proposals.

The role of the Clinical Senate is to establish if a proposal meets the third test, i.e. that it has a clear, clinical evidence base. This is done this by conducting a clinical review of a draft of the Pre-Consultation Business Case (PCBC).

In conducting the review, the Clinical Senate examines a draft of the PCBC to establish if it:

- has a clear articulation of patient and quality benefits
- fits with national best practice and is clinical sustainable
- contains an options appraisal which includes a consideration of a network approach, cooperation and collaboration with other sites and / or organisations

The Senate's review of a draft PCBC enables a Commissioner to revise their business case and integrate the Senate's recommendations into the final version of the PCBC.

## The Senate's principles for improving quality and outcomes

The London Clinical Senate has a set of principles that it believes are essential for the improvement of quality and outcomes. A Senate clinical review panel looks for evidence of these principles in the issues it considers and promotes them in the advice it provides. They are to:

- Promote **integrated working across health and social care** and ensure a seamless patient journey

- Be **patient-centred and co-designed** (this includes patient experience, patient involvement in development and design of services)
- Reduce **inequalities** (this involves understanding and tackling inequalities in access, health outcomes and service experience – between people who share a protected characteristic and those who do not - and being responsive to the diversity within London's population)
- Demonstrate a **parity of esteem** between mental and physical health for people of all ages
- Support **self-care** and **health and wellbeing**
- Improve **standards and outcomes** (these include use of evidence and research, application of national guidance, best practice and innovation)
- Ensure **value** (this includes issue such as cost effectiveness and efficiency, long term sustainability, implications for the workforce, consideration of unintended consequences).

# 4) The Review's Methodology

## The review's terms of reference

These are the terms of reference, agreed with Islington CCG, for the clinical review of Moorfields Eye Hospital's proposal to relocate services from the City Road site to the St Pancras Hospital site.

The clinical review seeks to establish:

1) That the proposed clinical models for the services to be provided on the St Pancras site, when Moorfields Hospital Trust City Roads services move there in 2025/26, have a clear, clinical evidence base (where this exists).

2) Whether the proposals for the new integrated eye care, education, and research facility:
   - will enable improvements in the clinical care of patients
   - are informed by best practice
   - align with national policy and are supported by STP plans and commissioning intentions.

3) Whether the proposed clinical models, clinical workforce, and clinical digital strategy are sufficient to meet the growth in demand for ophthalmology and eye health services and can reduce the number of patients whose eye disorder could be avoided.

4) Whether the proposed clinical models for the new eye care centre meets the needs of NHS Commissioners, including Specialised Commissioners.

5) Whether Oriel and the move to St Pancras Hospital site enhances opportunities for education, research and the adoption of innovation

6) That the commissioners and the Trust have considered the effect on patient and carers of the proposed move to the St Pancras site.

7) Whether the Trust's proposed clinical model for services at the new eye care centre is both clinically safe and has the potential to improve the safety of care when compared to the current clinical model.

## How the review was conducted and the review's governance

Once the Clinical Senate Council agrees to a request for a clinical review it establishes a review team to undertake the review and write the report. The size and membership of the review team is relative and proportionate to the size, nature and complexity of the

topic. The Clinical Senate Council appoints the review's chairs, one of whom is a member of the London Senate Council.

## Policy

In determining their approach and in formulating their advice the Clinical Senate and the Review Panel relies on the following guidance:

- Clinical Senate Review Process: Guidance Notes, NHS England, August 2014 NHS England's Service Change Toolkit
- Planning, assuring and delivering service change for patients, NHS England, March 2018.

The Senate Council has overall responsibility for the work of the Review Team. The Council agrees the final version of the Review Team's report.

## The Moorfields Review Panel

The membership of a Review Panel is always multi-professional. Members are chosen for their expertise in the services and pathways being considered.

## Chairing of the Review Panel

The Moorfields Review Panel was jointly chaired by:

**Dr Mark Spencer**, GP and London Clinical Senate Vice Chair

**Mr Mike Burdon**, Consultant Neuro Ophthalmologist at University Hospital Birmingham and current President of the Royal College of Ophthalmologists.

## Membership of the Moorfields Review Panel

The members of the Moorfields review panel were:

| Name | Role |
|---|---|
| **Dr Mark Spencer, Joint panel chair** | GP and London Senate Vice Chair<br><br>Medical Director, NWL Health and Care Partnership |
| **Mr Mike Burdon, Joint Review Joint panel chair** | Consultant Neuro Ophthalmologist, University Hospital Birmingham,<br><br>President of the Royal College of Ophthalmologists |
| **Mr Michael Clarke** | Consultant Paediatric Ophthalmologist**,** Royal Victoria Infirmary, Newcastle upon Tyne. |

| | |
|---|---|
| **Miss Saaeha Rauz** | Clinical Senior Lecturer at the Centre for Translational Inflammation Research, College of Medical and Dental Sciences, University of Birmingham (UK). Consultant Ophthalmologist at the Birmingham and Midland Eye Centre. |
| **Professor Ian Rennie** | Professor of Ophthalmology and Head of the Academic Unit of Ophthalmology and Orthoptics at the University of Sheffield, Honorary Consultant Ophthalmologist at the Royal Hallamshire Hospital, Sheffield. |
| **Ms Rebecca Turner** | Ophthalmology Nurse Consultant<br><br>Oxford Eye Hospital, Oxford University Hospitals NHS Foundation Trust |
| **Ms Poonam Sharma** | Optometrist and lead optometry adviser for NHS England (London); |
| **Dr Mary Backhouse** | GP partner at Tyntesfield Medical Group<br><br>Chair of North Somerset Clinical Commissioning Group 2017-2018. Member of the South West Clinical Senate |
| **Mr Asif Chadury** | Consultant Upper GI/Oesophagogastric Surgeon, Royal Marsden Hospital |

| | |
|---|---|
| **Mr Richard M Ballerand** | Member of the London Clinical Senate Patient and Public Voice group |
| **Ms Sally Kirkpatrick** | Chair of the London Clinical Senate Patient and Public Voice group |

A full list of members and their biographies can be found in Appendix (3)

## Conflicts of interest and confidentiality

The membership of the Moorfields Review Panel did not include anyone involved in the development of the proposal or who was associated with the commissioning bodies or the providers who are the subjects of the review. All Review Panel members signed a confidentiality agreement and declared any actual or potential conflicts of interests.

## Ownership of the report

The report of the Moorfields clinical review is owned by the sponsoring organisation, in this case Islington CCG. It can only be copied, transferred or published with their permission. It is expected that the CCG once formal consultation on the proposal is underway will agree for the Senate to publish the report and its advice to the commissioner on the Senate website.

## The Review Panel's advice

The Review Panel's advice is based upon:

- Their consideration of the documentation provided,
- The presentations and discussion with clinicians, patients, commissioners, and manger during the Review Panel hearing on the 29th November. The agenda for the Review Panel is in Appendix (2)
- The panel members' knowledge and experience.

## Documentation relied upon by the Moorfields Review Panel

In formulating their advice, the Clinical Senate Review Panel relied upon the following documentation:

- A draft Pre-Consultation Business Case (PCBC) for the integrated eye care, education and research facility
- The Case for Change (the rationale for the proposed change and the evidence base)
- An outline of the process used to develop the proposals including staff, service user and public involvement
- The Trust's performance against key quality indicators and benchmarking data
- CQC inspection reports
- The North Central London STP plan
- Moorfield Hospital Trust's Clinical Strategy for the next 10 years
- Patient experience data

The following information was contained in other documents submitted in the draft PCBC bundle or is currently being developed by the Trust or CCG.

- The proposed clinical models for services at the new site; including a description, rationale and evidence base for the clinical mode. ***The Trust will develop this through the extensive pre-engagement activities and strengthened through the formal consultation process***

- A schedule of the evidence, and examples of best practice that informed the proposals for the integrated eye care, education and research facility- ***This was provided in section 3.5 of the draft PCBC***

- Supporting information such as workforce data and modelling, patient flows and pathways. ***The Trust will develop this through the extensive pre-engagement activities and strengthened through the formal consultation process***.

- Public Health and Population health data for Eye Health services including projection for changes in demand over the next 10 years. ***This is provided in the Eye Health Network for London: Achieving Better Outcomes report:*** http://www.londonsenate.nhs.uk/wpcontent/uploads/2015/07/Item-5-2015-07-21-LCSCFinal-London-Eye-Health-Network-Achieving-Better-Outcomes.pdf

- A summary of the outcomes of Patient and Public engagement undertaken relating to this proposal. ***This is provided in section 5.1 of the draft PCBV***

- A summary of the outcomes from stakeholder engagement, including that with neighbouring Trusts likely to be affected by Project Oriel. ***This is provided in section 5.1 of the draft PCBV***

- An explanation and description of patient access to the new site. There should be a reference to access by patients with a visual deficit and how that will change following move from City Road. ***The Trust will develop this through an extensive engagement programme and strengthened through the consultation process***.

- An equality impact assessment – an early draft was submitted to the clinical senate. ***The Trust is undertaking a specialist desktop review for the next draft of the PCBC***

Whilst some of the additional evidence requested emerged during the review session on the 29th November, it was difficult at times for the panel to conduct the review in line with the terms of reference. That said, the Review Panel appreciates that in some cases, e.g. patient transport arrangements for the new site, it was too early for these documents to be ready for the panel to consider.

# 5) The Clinical Review's findings

The following sets out the findings of the Moorfields Clinical Review Panel. They are based on the Panel's consideration of the draft PCBC, documentation submitted by the Commissioners and the Trust, and the evidence heard and the discussions with clinicians, commissioners, managers, patients, carers and other stakeholders during the Review Panel on the 29th November.

## Term of Reference 1

**That the proposed clinical models of the services to be provided on the St Pancras site, when Moorfields Hospital Trust City Roads services move there in 2025, have a clear, clinical evidence base (where this exists).**

## Findings

*The Review Panel found that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.*

The Review Panel repeatedly heard that the buildings at City Road are no longer clinically suitable to meet the demand for modern eye health care services, respond to future changes in the delivery of healthcare, or support a modern health care workforce. It was a constant theme in the evidence received that the City Road site hindered clinical practice, obstructed collaboration between clinicians and researchers, discouraged clinical innovation and provided a poor experience for patients.

Patients and carers told us of the challenges they experience when using the City Road Hospital. Though they valued the care they received and were always complimentary about the clinicians caring for them, they said that a new building was clinically essential. For them, a patient's journey through the current building is complicated and not always dignified; it takes longer for them to complete treatment or investigations during an appointment than it need do. Facilities for the disabled, such as wheelchair users, are restricted.

Adult and paediatric clinicians spoke of the restrictions created by having separate buildings for children and adults. They said that there could be a better use of equipment and diagnostic facilities and better flow by having shared flexible clinical space, as is proposed in the new building, whilst maintaining a separation between the two groups.

Clinicians and Commissioners raised the challenge they faced of meeting the growth in demand for eye care services over the next 10 years if they remained at the City Road site. Demand for eye care is growing at 5% a year, driven in part by an ageing population and the increasing number of patients with diabetes.

The panel heard of the work done by clinicians to respond to the increase in demand. They heard of innovations in treatment (e.g. Injection for Macular Degeneration). making better use of the space at Moorfields, triage and stratification, and moving services out of Moorfields and closer to the patient.

Greater use was being made of the multidisciplinary team within in Moorfields (nurse practitioners, Optometrist AHPs and Ophthalmic Scientist) and of shared care with GPs and Optometrists in the community.

However, and this is a theme that runs through our findings, there was a tendency to assume that the new building alone would solve the challenges facing the Trust and Commissioners in meeting the demand for eye health care over the next 12 years.

Review Panel members felt that the PCBC would benefit from having stronger evidence on how the new site will improve care and what the clinical advantages of the new integrated eye care, education, and research facility will be. They suggest that the proposed clinical models for the new facility and their co dependencies are developed further. This should include taking a whole system approach and a commitment to inter-operability between hospitals and primary care.

The Clinical Senate suggests that the final version of the PCBC would benefit from having more information:

- on the potential service improvements at St Pancras
- on how a whole pathway approach to Ophthalmology and eye health care including inter-operability between primary care and Moorfields
- on what the Trust needs to do between now and the expected opening of date of 2025/6 to meet its current clinical challenges
- on population health in relation to demand for eye health care, particularly the ageing and diabetic populations.

## Term of Reference 2

**Whether the proposals for the new integrated eye care, education, and research facility:**

- **enables improvements in clinical care**
- **are informed by best practice**
- **align with national policy and are supported by STP plans and commissioning intentions.**

## Findings

**Improvements in clinical care.**

*The Review Panel found that the proposed move will enable improvements in clinical care.*

The Review Panel heard from Moorfields' clinicians, local GPs and Optometrists about how the move would lead to improvements in clinical care. One example was the benefits to patient care that would come from the co-location of laboratory and clinical space. At City Road, whilst they are on the same site they are in separate buildings, restricting co-operation between clinicians and researchers.

The panel learnt that having separate sites for adult and paediatric services led to delays in treatment due to restricted access to diagnostics. Moorfields' clinicians argued that clinical care and access would be improved at the St Pancras by having integrated facilities and shared diagnostics whilst maintaining separate spaces for children and adults.

They heard how clinicians at City Road ingeniously adapt the building to offer new services: in one instance converting circulation (corridor) space into clinical space and how clinicians stratify referrals to better manage demand and improve flow through the care pathways.

The Review Panel suggests that the PCBC contains more detail on:

- the potential clinical models for the new facility
- the work to be done over the next 6 years to develop those models.
- how the new integrated eye care, education, and research facility will enable these improvements to happen.

The panel were unclear how the space allocations between clinical service, research and teaching would be allocated and how flexible the new building would be. There was a risk that demand for clinical service demand could grow and again limit interaction with research and laboratory.

**Informed by best practice.**

*The Review Panel found that the proposal to move to the new site is informed by best practice.*

The Review Panel was impressed by the work done by Moorfields and primary and community care clinicians to learn from, use and further develop clinical practice in eye health care. This is reflected in the draft PCBC and other documents they received. The panel suggests that the consideration of other examples of best clinical practice in Ophthalmology and eye health care would be beneficial to the Trust and the CCGs. This could include:

- inviting clinicians from outside Moorfields and North Central London to evaluate the current and proposed models of care for Ophthalmology and eye health care,
- a commitment to a systematic evaluation of other models of best practice,
- an engagement with Royal College of Ophthalmologists and their clinical and commissioning standards

**Alignment with national policy and supported by STP plans and commissioning intentions**.

*The Review Panel found that the proposal aligns with national policy: for example, the partnerships between the Trust and Primary Care, moving services out of hospital and nearer the patient, making better use of data, and using IT to support the delivery of care.*

They welcomed the NCL STP making Eye Health Care a workstream and the setting up of a unified commissioning group to oversee the proposed move from City Road site. However, the Review Panel would welcome clarification on:

- how the proposal meets the requirements for interoperability between Acute and Primary care and supports the development of integrated care systems
- how the proposal for specialised children's surgery and anaesthetics meets national best practice.

The Commissioners interest in exploring the devolution of primary care Optometry, General Optical Services (GOS) commissioning to the NCL CCGs to increase interoperability between hospital and primary care was welcomed.

## Term of Reference (3)

**Whether the proposed clinical models, workforce, clinical digital strategy and digital opportunities are sufficient to meet the growth in demand for ophthalmology and eye health services and can reduce the number of patients whose eye disorders could be avoided.**

## Findings

**The proposed clinical models.**

*The Review Panel found that the draft PCBC and, to a lesser extent, the presentations they heard on the 29th, sometimes lacked detail on how the Trust's proposed clinical models would meet demand for eye health services and reduce avoidable eye disorders.*

The PCBC would benefit from including more detailed models of the care pathways for glaucoma, cataracts, and retinal care. It should:

- show where, when and by whom patients are seen.
- include how the expected growth in demand in services will be met
- show how delays to treatment that may lead to avoidable eye disorders can be avoided; for example, the use of Virtual Clinics.

It is suggested that this work starts before Moorfields moves to the new site so that it can inform the design and capacity of the new building.

**Workforce**

The Review Panel heard compelling evidence of the workforce challenges faced by both Moorfields and primary care. They learnt of the steps already taken by the Trust to use clinical nurse specialists, ophthalmology scientists, and optometrists to deliver care. However, they found a tendency to assume that the new building is the solution to the workforce challenge.

To ensure that the there is a clinically sustainable eye health care workforce, the Panel suggests that the Trust and Commissioners consider:

- the development of an eye health workforce plan for hospital and primary care,
- how the current workforce can better used to meet demand and prevent avoidable eye disorders.
- the increased use of ophthalmic technicians to compensate for the limited availability of specialist nurses and better use of Optometrists

**The Clinical Digital Strategy**

The Review Panel welcomed the draft PCBC's commitment to the use of digital technology to meet demand and reduce the risk of avoidable eye disorders from delays in treatment. Clearly the integration of the IO with Moorfields and being part of the Med City development will further support the use of clinical digital technology. We learnt how recent research findings had identified opportunities for AI to quicken diagnosis and how the new facility can provide an opportunity to integrate this into care pathways.

However, the Review Panel noted concerns regarding the risks involved in the introduction of clinical digital technology. For example, that it might increase rather than decrease the clinical workload through identifying potential new patients in the community. It was also felt that the advantages of, for example Artificial Intelligence, may be overestimated. Panel members recommended that the use of tele medicine and clinical digital technology should always include a consideration of the psychological needs of the patient.

The panel found that PCBC would benefit from having more detail on the specifics of the digital strategy and how it can meet demand and avoid eye disorders through delays in treatment. Panel members would have like to have seen more information on what the move to the St Pancras site will mean for digital health care and the Trust's links with other NHS providers, academia and the private sector.

The panel recommended that in developing "Open Eyes" Moorfields' electronic patient record system (EPR) its interoperability with GP and Primary Care Optometry systems and the London Local Health Care Records Exemplar is prioritised.

## Term of Reference (4)

**Whether the proposed clinical model for the new eye care centre meets the needs of NHS Commissioners, including Specialised Commissioners**

## Findings

*As was mentioned, the panel found that the PCBC would benefit from containing more detail on the proposed clinical models for eye care.*

The Review Panel made the following observations.

**Adult specialised services**.
The PCBC would benefit from more detail on how the proposed move will affect the commissioning and provision of specialised(tertiary) services for adults.

It was understood that the current arrangements with Barts Health are unlikely to be extended and that the provision of intensive care beds for Ocular Oncology was likely to move from Barts. The Review Panel understands that the Trust is in discussion with other acute providers regarding the provision of ICU and Radio therapy beds for adult oncology patients. Considering this, an explanation of the Trusts future clinical model and proposed care pathways for adults needing ICU beds would be welcomed.

**Childrens' services**
Moving to St Pancras is likely to mean a closer relationship between Great Ormond Street Hospital (GOSH) and Moorfields. Panel members asked about the current and future arrangements for paediatric surgery and anaesthetics on a site (City Road) without in patient paediatric services.

Now, there are protocols for the escalation and transfer of patients to GOSH or The London Hospital. Risk stratification is used to ensure that only low risk surgery and anaesthesia occurs at Moorfields. Some panel members were concerned that, despite these risk mitigations, continuing surgery on a non-paediatric site might not comply with best practice.

The Review Panel asked to see more consideration given to the pathway for children's anaesthesia. They suggest that Moorfields and its commissioners identify what the risks of this pathway are and develop a plan to mitigate them. Moorfields and its Commissioners may also want to consider, if as part of the preparations for the move, a new clinical model should be devised which shifts, for reason of clinical safety, specialised paediatric anaesthetic work to GOSH or other paediatric supported sites. The same applies to the current arrangements for provision of IV treatment by Barts Health.

The Review Panel would welcome further information on how the Trust and Commissioners plan to manage patients transitioning from childrens' to adult services.

## Term of Reference (5)

**Whether the move to St Pancras Hospital site enhances opportunities for education, research and the adoption of innovation.**

*The Review Panel found that the proposed move to the St Pancras Site will enhance opportunities for education, research and the adoption of innovation.*

The Review Panel heard evidence of the potential advantages to patients and clinicians from the co-location and integration of education, and research. They heard of the opportunities for innovation that could occur through having a space where science and clinical work connect. The interaction of the IO and the hospital, it was claimed, would enable the Trust to continue to attract and retain clinicians and scientists. Education would be for the whole clinical team and so support the development of Nurses, Allied Health Professional, Optometrists and Ophthalmic scientists.

The Trust and the IO described how vision research change lives in London, the UK, and the world. They stressed the vital importance of vision in people lives but how it does not receive the attention it should. Hence, they argued, the importance of having a world class centre to raise the profile of eye health and disease.

We heard that the growth in demand for Ophthalmology and eye health care means that clinics at Moorfields are struggling to cope with treatable disease. Hence the need to develop new and better ways of diagnosing and treating eye disease. Being based at St Pancras as part of the Medcity Cluster should allow the creation of a critical mass of expertise to develop new methods of treatment and prevention.

The use of Artificial Intelligence (AI) and how it can be used to hasten diagnosis and treatment was discussed. At present the advantages of using AI at City Road are limited by the poor flow through the building. The Trust argues that the new building and its flexible space will enable them to keep up with the expected rapid changes in diagnostics and treatment.

Panel members asked about Moorfields future relationship with University College Hospital(UCH) and other nearby academic centres. The Trust and the IO said they foresaw a stronger and closer relationship with these providers. The Trust and the IO's future relationship with the Western Eye and the Imperial Health science network was not discussed.

The review panel suggests that there is a clearer strategy for research and development is developed which integrates Moorfields digital, research, and clinical plans.

## Term of Reference (6)

**That the commissioners and the Trust considers the effect of the proposed move to the St Pancras site on patient and carers.**

## Findings

*The Review Panel found that the Trust and Commissioner have considered the effects of the move on patients are carers.*

The Review Panel heard presentations from 5 patients, three of whom are also Trust governors. Patients told us of the paradox of Moorfields: that they get the best care despite the state of the building, long journey times for patients, and having to move around a building with a confusing geography. It received vivid descriptions of a patient's experience of being treated at City Road. Though Moorfields claims to be a world class service it is not being provided in a world class building.

The Review Panel noted and welcomed the work being done to engage patients and carers in the development of the proposal for the new building. However, they felt that further work was required to engage and consult with patients and carers in the development of both the PCBC and further business cases.

Whilst moving to the St Pancras site should mean better access to public transport for patients and carers, panel members felt that the draft PCBC would benefit from further development regarding how patients will get to the new site and further consultation with patients and carers on access. Though it was noted that the position of the proposed new hospital on the St Pancras Hospital site had yet to be agreed.

## Term of Reference 6

**Whether the Trust's proposed clinical model for services at the new eye care centre is both clinically safe and has the potential to improve the safety of care when compared to the current clinical model.**

## Findings

*The Review Panel found it difficult to fully assess the potential of the move to improve the safety of care when compared to the current clinical model*.

The panel would have welcomed more detail in the PCBC and its supporting documentation of the Trust's current and proposed clinical models. The Panel notes and welcomes "Our Vision of Excellence "the Trust's five-year strategy and that the Trust is currently developing a new clinical strategy

They heard how moving to new purpose built and flexible spaces would improve patient safety. However, the draft PCBC does not fully set out the Trust's current clinical risks

other than those associated with the City Road site, e.g. the complicated and challenging journey made by patients and staff and the outdated facilities that clinicians rely upon.

The Review Panel would welcome more information in the PCBC on how clinical safety would be improved at the new facility. Panel members who were involved in the development of new buildings stressed the importance of including clinicians and patients in the early stages of the design of the new building.

# 6) The Clinical Senate's advice and recommendations

## Overview

The London Clinical Senate thanks Islington CCG for their request for advice regarding the proposed move of Moorfields' services from City Road to a new integrated eye care, education and research facility in the grounds of the old St Pancras Hospital.

The Review Panel found that the proposal has a clear, clinical evidence base and that it:

- contains an articulation of patient and quality benefits,
- fits with national best practice
- is clinically sustainable.

The Review Panel suggests that the final PCBC would benefit from having more details on how the proposal meets these criteria.

The Review Panel proposed that before the new facility opens in 2025/26 the Trust and its commissioners further develop their network approach to the provision of Eye Health care by including a commitment to interoperability and take a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care.

However, the Review Panel felt there was a tendency to assume that the new facility alone will solve the clinical challenges eye health care faces over the next ten years. It was observed by one review participant that buildings alone do not make an organisation world class.

The Senate's advises the CCGs and the Trust to amend the PCBC so that it:

- takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care
- contains more information on the Trust's and Commissioners' current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.

## The Clinical Senate's recommendations

Based on the findings of the Review Panel the London Clinical Senate has the following recommendations for Islington CCG (acting as the lead commissioner) and Moorfields Eye Hospital.

## The PCBC

The Senate recommends that the final version of the PCBC:

- takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care
- contains more information on the Trust's and Commissioners' current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.
- contains a description of what the model for eye health care will be both at the new facility and in North Central London and how these clinical models will meet the expected increase in demand for Ophthalmology and Eye care services. This should include a commitment to inter-operability
- has more information and descriptions of the risks or patient safety challenges faced by the Trust and Commissioners and how the move to the new facility will eliminate or mitigate those risks, particularly regarding paediatric surgery and anaesthetics.
- has more detail on the specifics of their digital and research and development strategies
- contains better modelling of the demand for Ophthalmic and eye health care including population health data and how the proposed models of care will meet that demand
- has more information on the likely workforce at the new facility and their co dependencies and how that workforce will ensure the proposal is clinically sustainable

## Other models of best practice

The Senate recommends that both the Trust and Commissioners consider other examples of best practice in eye health care.

This could include:

- inviting clinicians from outside Moorfield to evaluate their current and proposed models of care
- committing to a systematic evaluation of their models of best practice
- engagement with Royal College of Ophthalmologists

## Relationships with other providers after the move to St Pancras

The Senate recommends that more thought is given to how the proposed move to the new site at St Pancras will affect relationships and dependencies with other NHS providers, for example the Western Eye, Great Ormond Street and University College Hospital.

## Learning from the Richard Desmond Centre and other hospital redevelopments

The Review Panel noted how the Richard Desmond Children's Eye Centre is now used by almost double the patients it was intended for.

The Senate therefore recommends that:

- commissioners and the Trust apply the lessons learnt from the building of the Richard Desmond Centre and other recent hospital developments
- clinicians and carers are involved from the start as partners in the design, development and fit out of the new hospital and that the design reflects the
- the new facility is large enough to be flexible and so accommodate the changes in demand, clinical models, and medical and scientific research

## Commissioning and Primary Care

The Senate recommends that to support their proposals for the better eye health care in NCL, commissioners explore the feasibility of devolving some parts of Optometry (General Optical Services) commissioning to the NCL CCGs

## Patient involvement and consultation

The Review Panel noted that a patient reference group for the proposed relocation to St Pancras was set up as early as 2014. The panel was impressed by the active engagement of "Trust Members "in the process and noted the restart of the engagement process in July 2018.

The Senate recommends that the Commissioners and the Trust:

- consult more widely about the proposed changes to Eye Health Care in North Central London and engage with patients, carers and stake holders outside the Trust's membership
- ensure that participation in the consultation reflects the diversity of the patients and carers who use Moorfields or who may be affected by the move
- learn from how other recent service reconfigurations have conducted consultation and patient engagement

## Patient access

Whilst Kings Cross and St Pancras stations are step free, unlike Old Street Station the nearest station to the City Road site, they are both significantly larger transport termini

than Old Street. Though the draft PCBC suggests it's a 15-minute walk from those two stations to the new hospital the reality is that it's likely to take longer, especially for people unfamiliar with the route or suffering from poor eyesight.

The Senate recommends that:

- there is early engagement with patients, carers, TFL, Network Rail and Camden Council regarding access to the site
- access to the new hospital site by patient and carers access is a key part of the consultation

## Conclusion

Having completed their review of the proposal for a new integrated eye care, education and research facility in the grounds of St Pancras Hospital the London Clinical Senate confirms that **there is a clear clinical evidence base for this proposal**.

The London Clinical Senate asks that the CCG and Trust:

- consider the Review Panel's finding and the Senate's recommendations
- amend the PCBC to take account of the Senate's findings and recommendations

## (7) Producing the report

This report was written following the Review Panel on the 29th of November and is based on the evidence received by the Review Panel at the hearing and the documentation submitted to the Clinical Senate by the Islington CCG and Moorfields.

**Checking for factual accuracy**

A final draft report setting out the advice was shared with the sponsoring organisation to provide an opportunity for them to check it for factual accuracy. All the comments and corrections received are incorporated into this report.

**Senate Council agreement of the report.**

The Senate Council is the Clinical Senate's governing body. The Review Panel following the factual accuracy check, submitted their report to the London Clinical Senate Council; they have agreed to the advice contained in this report.

**Submitting the final report to the Sponsoring Organisation.**

The London Clinical Senate Council has submitted the final report to the Sponsoring Organisation. The report and its advice are now part of the NHS England service change assurance process.

## (8) Communication and media handling

Islington CCG (and partner bodies) is responsible for the publication and dissemination of the report. It is expected to become publicly available as soon as possible following its completion. The Clinical Senate will post the report on their website at a time agreed with the Sponsoring Organisation.

Communication about the clinical review and all media enquiries will be dealt with by the Sponsoring Organisation.

When requested and where appropriate, the Clinical Senate will support the Sponsoring Organisations in presenting the review's findings and explaining the rationale for the advice provided.

**Disclosure under the Freedom of Information Act 2000**

The London Clinical Senate is hosted by NHS England and operates under its policies, procedures and legislative framework as a public authority. Unless the information is exempt, then all written material held by the Clinical Senate, including any correspondence sent to us may be considered for release following a request to us under the Freedom of Information Act 2000;

## Contact details of the key personnel coordinating the review process

**For the London Clinical Senate:**

Edward Ward
Head of Programme
Email: edwardward@nhs.net

**For the Sponsoring Organisation and partner bodies**

**Denise Tyrell**
**Programme Director**
**Camden CCG**
**Email: denise.tyrrell@nhs.net**

**Sarah Mansuralli**
**Chief Operating Officer**
**Camden CCG**
**Email: sarah.mansuralli@nhs.net**

***Author***

*Edward Ward, Head of Programme,* ***London Clinical Senate***

***31st January 2019.***

**Appendix (1)**

**Commissioners with contracts of over £2 million with Moorfields Eye Hospital NHS Foundation Trust for services provided at the City Road site.**

NHS England Specialised Commissioning, London Region.
NHS City and Hackney CCG
NHS Camden CCG
NHS Islington CCG
NHS Tower Hamlets CCG
NHS Newham CCG
NHS Barnet CCG
NHS Enfield CCG
NHS Redbridge CCG
NHS East and North Hertfordshire CCG
NHS Haringey CCG
NHS Herts Valley CCG
NHS Waltham Forest CCG
NHS Ealing CCG
NHS Havering CCG

**Appendix (2)**
**Agenda for the review day 29th November including participants**

**Request for advice on Moorfields Eye Hospital NHS Foundation Trust's proposals to move from its current location on City Road to a new building on the old St Pancras Hospital site**

**Stakeholders Review Day**

## Programme

**Date: Thursday 29th November 2018**

**Venue: Moorfields Eye Hospital – City Road**

**Boardroom, 4th Floor, Kemp House, 152 – 160 City Road, London EC1V 2NP**

| Timing | Item. | Objectives. | In attendance |
|---|---|---|---|
| **08.45 - 09.30** | **Clinical Senate Review panel convenes** | Panel prepares for the day. | Senate review panel. |
| **09.30 - 10.00** | **Moorfields proposed relocation to the St Pancras site** | Overview of the proposal.<br><br>Discussion between the SMT and the Review Panel of the Overall case for change and the:<br>• Local and national context<br>• Underpinning evidence for the propose move<br>• the expected benefits/ improvements in quality and outcomes | David Probert - Chief Executive, MEH<br><br>Jo Moss - Director of Strategy and Business Development, MEH<br><br>Tracy Luckett - Director of Nursing and Allied Health Professions, MEH<br><br>Sarah Mansuralli - Chief Operating Officer - Camden CCG |

| | | | |
|---|---|---|---|
| | | • the effect on local NHS providers of the proposed move to St Pancras | Marcel Levi - UCLH CEO |
| **10.00 - 10.45** | **The clinical case for change** | Discussion of the clinical case for change and the clinical context of the proposed relocation<br>• capacity planning for eye health services; 2025 onwards<br>• population health data<br>• modelling of activity/flow<br>• clinical digital strategy<br>• summary of the clinical implementation plan, key milestones, risks and mitigation | Nick Strouthidis - Medical Director, MEH<br>Peter Thomas - Consultant Ophthalmologist<br>Dawn Sim - Consultant Ophthalmologist<br>Parul Desai - Consultant Ophthalmologist, MEH<br>Deepak Hora - GP, Clinical Lead Planned Care and Camden Named GP Adult Safeguarding |
| **Break** | **10.45 – 11.00** | | |
| **11.00-12.10** | **Proposals for the following eye health care pathways from 2025**<br>• Glaucoma<br>• Medical Retina<br>• Cataract<br>• Paediatric Ophthalmology<br>• Emergency Care. | Discussion of:<br>• the clinical evidence for these care pathways<br>• Whether they will enable improvements in clinical care<br>• Whether they are informed by best practice and aligned with national policy<br>For Ophthalmic ED – how this will fit in with another London Eye ED services | Gus Gazzard - Consultant Ophthalmologist, MEH<br>Joanne Hancox - Consultant Ophthalmologist, MEH<br>Vincenzo Maurino - Consultant Ophthalmologist, MEH<br>Louisa Wickham - Consultant Ophthalmologist, MEH<br>Emma Jones – Consultant Ophthalmologist, MEH<br>Robin Hamilton - Consultant Ophthalmologist, MEH<br>Adam Mapani - Nurse Consultant, MEH |

| | | | |
|---|---|---|---|
| **12.10 - 13.00** | **Proposals for Specialised services from 2025 and their care pathways**<br><br>Will the new eye care centre proposed clinical model meets the needs of NHS England's Specialised Commissioners? | Discussion of:<br>• the clinical evidence base for these care pathways.<br>• Whether they will enable improvements in clinical care<br>• Whether they are informed by best practice and aligned with national policy | Alison Davis - Divisional Director – South, MEH<br><br>Richard Lee - Consultant Ophthalmologist, MEH<br><br>Mandeep Sagoo - Consultant Ophthalmologist, MEH<br><br>Joanne Hancox - Consultant Ophthalmologist, MEH<br><br>Deborah Nicholson - Quality and Transformation Manager - NHS England Specialised Commissioning<br><br>Victoria Osborne-Smith - Programme of Care Manager - NHS England Specialised Commissioning<br><br>Caroline Blair - Programme Director Renal and Cancer - NHS England Specialised Commissioning & NCL STP Lead<br><br>Nicola Symes – Highly Specialised Commissioner |
| **Lunch** | **13.00 - 13.45** | | |

| | | | |
|---|---|---|---|
| **13.45-14.15** | **Moorfields and the Institute of Ophthalmology 's academic strategy for the proposed new hospital** | Discussion of how the Trusts' academic and research strategy fits with the clinical services at the proposed new hospital<br>Will it enhance opportunities for education, research and the adoption of innovations that will benefit patients? | Peng Khaw - Director of Research and Development<br>James Bainbridge – Consultant Ophthalmologist<br>Paul Foster - Consultant Ophthalmologist<br>Nora Colton - Joint Director of Education |
| **14.15 15.00** | **Primary Care** - view of GPs and Optometrist of the proposed move | Established and discuss primary care's views of the proposed move and its effect on primary care eye care. | Deepak Hora - GP, Clinical Lead Planned Care and Camden Named GP Adult Safeguarding<br>Neel Gupta - GP and Chair of Camden CCG<br>Neelesh Bowry - Clinical Lead for Ophthalmology for Islington CCG<br>Eshan Alkizwini - GP West Hampstead Medical Centre, Clinical lead for Sustainable Insights and IT systems<br>Adrienne Dalcher, LOC representative |
| **15.00-15.45** | **Patient and carer's views and opinions of the proposal to move to the St Pancras Hospital site.** | Meet with patients and carers<br>Discuss their views on the proposed move<br>Hear and record their views- with reference to access. | Pearse Keane -<br>Consultant Ophthalmologist, MEH<br>Patient representatives & governors |
| **Break** | **15.45 – 16.00** | | |

| | | | |
|---|---|---|---|
| **16.00 – 16.45** | **STP and Commissioners .**<br>Commissioning Eye Health Services in London | Discussion with STP/ Commissioners on the proposed move and its overall effect on eye health services through to 2030 from a commissioning perspective<br>Discuss and further understand STP/ Commissioners Eye Health Commissioning Strategy through to 2025 & thereafter.<br>The effect on local NHS providers of the proposed move to St Pancras. | Melanie Hingorani - Consultant ophthalmologist, MEH<br>Dilani Siriwardena - Divisional Director - City Road, MEH<br>Will Huxter - Director of Strategy, North Central London CCGs<br>Caroline Blair - Programme Director Renal and Cancer - NHS England Specialised Commissioning<br>Sarah Mansuralli - Chief Operating Officer, Camden CCG<br>Tony Hoolaghan - Chief Operating Officer, Haringey CCG and Islington CCG<br>Michael Marsh - Medical Director Specialised Services NHS England |
| **16.45-17.30** | **Review of the day** | Panel considers evidence heard during the day. Key points for the report agreed | Review panel members. |

# Appendix (3)

**Review Panel members and biographies**

## Moorfields Clinical Review Panel Members

| Name | Role | Biography |
|---|---|---|
| Dr Mark Spencer, Joint panel chair | GP and London Senate Vice Chair<br><br>Medical Director, NWL Health and Care Partnership | West London GP, MD of the NW London STP. Experienced Regional Medical Director with a demonstrated history of working in the hospital & health care industry. Skilled in Family Medicine, Service Change and Innovation. Clinical Lead to the largest transformational change programme in the NHS. Strong community and social services professional with many years as GP |
| Mr Mike Burdon, Joint Review Joint panel chair | Ophthalmologist (neuro).<br><br>President of the Royal College of Ophthalmologists | Consultant ophthalmologist with an interest in neuro-ophthalmology at the Queen Elizabeth Hospital, Birmingham.<br><br>Established reputation as a teacher of neuro-ophthalmology, speaking at numerous national and international meetings, and co-authoring "*The Neuro-Ophthalmology Survival Guide"* with Anthony Pane and Neil Miller. Has extensive experience in the diagnosis and management (including surgical correction) of adult motility disorders.<br><br>Main research interests are papilloedema and idiopathic intracranial hypertension. |
| Mr Michael Clarke | Consultant **Ophthalmologist ,** Royal Victoria Infirmary, **Newcastle** upon Tyne. | An ophthalmologist with a specialist interest in the visual problems of children. Undertake clinical research in this area with the aim of improving the effectiveness and efficiency of the delivery of children's ophthalmic services.<br><br>Developed a multidisciplinary service for the assessment of visual symptoms experienced by patients with dementia and other neurodegenerative diseases |
| Miss Saaeha Rauz | Clinical Senior Lecturer at the Centre for Translational | Clinical Senior Lecturer at the Centre for Translational Inflammation Research, College of Medical and Dental Sciences, University of Birmingham (UK) and Consultant |

| | | |
|---|---|---|
| | Inflammation Research, College of Medical and Dental Sciences, University of Birmingham (UK).<br><br>Consultant Ophthalmologist at the Birmingham and Midland Eye Centre. | Ophthalmologist at the Birmingham and Midland Eye Centre, Birmingham (UK) where she runs supra-regional inflammatory ocular surface disease and immunosuppression clinics.<br><br>Her specific clinical and research interests are conjunctival scarring disorders such as mucous membrane pemphigoid and Stevens-Johnson Syndrome / Toxic Epidermal Necrolysis together with other causes of dry eye including Primary Sjögren's Syndrome. |
| Professor Ian Rennie | **Professor** of Ophthalmology and Head of the Academic Unit of Ophthalmology and Orth optics at the University of Sheffield,<br><br>Honorary Consultant Ophthalmologist at the Royal Hallamshire Hospital, Sheffield. | Professor of Ophthalmology and Head of the Academic Unit of Ophthalmology and orthoptic at the University of Sheffield, United Kingdom. He is an Honorary Consultant Ophthalmologist at the Royal Hallamshire Hospital, Sheffield, where he is currently Clinical Director of the Department of Ophthalmology.<br><br>Founded the Sheffield Ocular Oncology service in 1985. He established the use of stereotactic radiosurgery for eye melanomas in the UK and founded an internationally-renowned research department.<br><br>Professor Rennie obtained his medical degree at the University of Sheffield in 1976. He became a Fellow of the Royal College of Surgeons of Edinburgh in 1981 and a Founder Fellow of the Royal College of Ophthalmologists in 1989. He was elected a Fellow of the Royal College of Physicians and Surgeons of Glasgow in 2010.<br><br>Professor Rennie is a former senior vice-president of the Royal College of Ophthalmologists, section editor of the British Journal of Ophthalmologists, editor of the |

| | | |
|---|---|---|
| | | journal Eye and Master of the Oxford Ophthalmological Congress. He is currently a member of the International Advisory Board for the Indian Journal of Ophthalmology.<br><br>Professor Rennie's clinical and research interests are in the areas of ocular oncology and inflammatory eye disease. |
| Ms Rebecca Turner | Ophthalmology Nurse Consultant<br><br>Oxford Eye Hospital<br><br>Oxford University Hospitals NHS Foundation Trust | Joined the Oxford Eye Hospital team in October 1986 as a specialist nurse, following post-registration training at Moorfields Eye Hospital in London.<br><br>Rebecca has held ward sister and senior nurse roles and has been the Matron for Specialist Surgery since 2007.<br><br>2013 to 2016 was the Clinical Lead in Ophthalmology and has also acted as Head of Nursing in the Neurosciences, Orthopedic, Trauma and Specialist Surgery (NOTSS) Division.<br><br>Rebecca was appointed to the role of Nurse Consultant in September 2016: she is facilitating the development of nurse-led clinical practice in the Eye Hospital and is an integral part of the planning committee for a postgraduate certificate in Ophthalmic care. |
| Poonam Sharma | Optometrist<br><br>Lead Optometry Adviser for NHS England (London); | Lead Optometry Adviser for NHS England (London); the role and her remit include improving eye health across London.<br><br>Since qualifying as an optometrist in 1996, Poonam has had a varied career including practising as a community optometrist, a hospital clinician, diabetic eye screening practitioner, visiting tutor at City University and recently held more strategic roles with the Local Optical Committee Support Unit and Clinical Commissioning Groups.<br><br>Poonam has been involved in large scale ophthalmology service redesign, she has a keen interest in ophthalmic public health in |

| | | |
|---|---|---|
| | | reducing eye health inequalities and unwarranted variation in eye care services. |
| Dr Mary Backhouse | GP partner at Tyntesfield Medical Group<br><br>Chair of North Somerset Clinical Commissioning Group 2017-2018<br><br>Member of the South West Clinical Senate | Mary is an experienced GP from North Somerset where she has worked since 1990. She trained as a GP in NE London and then worked in Highams Park for 4 years.<br><br>She is an experienced commissioner having been part of a wave one practice-based commissioning practice from 1990, a practice-based commissioning in 2006 -2010, a member of North Somerset Primary Care Trust Professional Executive Committee 2007-2011, Chair of North Somerset Primary Care Trust Professional Executive Committee from 2011-2013. She was appointed Chief Clinical Officer (Accountable Officer) of North Somerset Clinical Commissioning Group 2013 -2017 and then when a single accountable officer was appointed for Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups. She has been a member of the South West Clinical Senate since 2013. |
| Mr Asif Chadury | Consultant Upper GI/Oesophagogastric Surgeon<br><br>The Royal Marsden Hospital | Mr. Mohammed Asif Chaudry qualified from Oxford University with distinction in 1999. His subsequent training in GI and Oesophagogastric Cancer Surgery was at various centres of excellence in London such as St Mark's Hospital, Barts and The Royal London, University College London and finally The Royal Marsden. His training had a focus on a minimally invasive, laparoscopic approach.<br><br>Upon gaining his CCT he undertook Senior Fellowships at St Thomas's Hospital with an additional focus on complex open revisional Upper GI surgery. This was followed by international laparoscopic and robotic training at the Seoul National University Hospital in |

| | | |
|---|---|---|
| | | South Korea, the highest volume gastric cancer centre internationally and in Japan.<br><br>He returned to The Royal Marsden as a Consultant and has a focused high-volume, minimally invasive and open oesophageal and gastric cancer practice dealing with complex cases.<br><br>A founding member of the European Gastric Cancer Association with an active interest in translational research at the ICR and Biomedical Research Centre. He has publications in high impact factor journals and several books published by Oxford University Press. |
| Sally Kirkpatrick | Chair of the London Clinical Senate Patient and Public Voice group | Sally's background is financial consultancy in the city but since retirement she has been volunteering in the NHS and other health organisations.<br><br>Sally is the chair of the London Clinical Senate Patient and Public Voice group. She is also a volunteer with both her local Healthwatch.<br><br>Sally has participated in several NHS clinical reviews as a panel member representing the patients and the public. These service reviews include reorganisation proposals for cardiovascular and complex cancer; maternity, neonatal and paediatric; mental health; and emergency and urgent care.<br><br>She is also involved in several hospital PLACE audits and Enter and View visits. As a patient representative Sally also sits on the Clinical Quality and Patient Safety board for her local hospital.<br><br>She was a patient-public member of the Pan London End of Life Alliance and the Programme Board for the Senate's Helping Smokers Quit (HSQ) programme which involved closely working with her own Mental Health trust. |

| | | |
|---|---|---|
| | | Sally was a member of the procurement team for integrating NHS111 and GP out-of-hours services in North Central London. She is now a patient representative of the NCL IUC Clinical Quality Reference Group.<br><br>Sally is currently an expert by experience representative for the reference group developing the Mental Health STPs for North Central London |
| Richard Ballerand | Member of the London Clinical Senate Patient and Public Voice group | Franco-British policy advisor and Axolotl Associates partner, Richard leads his practice's PPG, and is a lay member, NIHR Health Technology Assessment Prioritisation Committee B, and<br><br>NICE Technology Appraisal Committee A. An EMA European patient expert, 2017/18 NIHR<br><br>CLAHRC NWL improvement leader fellow, and member of multiple health networks, he serves in various capacities on four London NHS Trusts. An aphantasic syncretist with degrees in economics, strategy, and psychology, and a financial and defence sector background, he has travelled widely as a reservist military liaison officer.<br><br>Former trustee of several charities and think-tanks, e.g. Royal Institution and Royal United Services Institute (still a fellow), his earlier roles include Zoological Society of London vice-president, Birkbeck College governor, and London University senator.<br><br>Extensive lived experience of the British, French, and American healthcare systems,<br><br>including family caring, and care-coordination. Based in London, he also trained and volunteered as a counsellor. During his doctoral studies he was hit by a car, sustained several injuries, including a TBI, with various sequelae. Richard has a special interest in |

| | | |
|---|---|---|
| | | those with invisible disabilities and in the challenges facing the ex-military and diverse communities |

NHS Camden Clinical Commissioning Group

NHS Islington Clinical Commissioning Group

Moorfields Eye Hospital NHS Foundation Trust

# London Clinical Senate review: response to recommendations

Overall, we welcome the Clinical Senate's review and their finding that there is a strong and clear clinical evidence base for the proposed move of Moorfields Eye Hospital's City Road hospital to a new, purpose-built facility at St Pancras.

In terms of the senate's specific recommendations;

## 1. The PCBC

**The Senate recommends that the final version of the PCBC:**

- **takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care**
- **contains more information on the Trust's and Commissioners' current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.**
- **contains a description of what the model for eye health care will be both at the new facility and in North Central London and how this will meet the expected increase in demand for Ophthalmology and Eye care services. This should include a commitment to inter-operability**
- **has more information and descriptions of the risks or patient safety challenges faced by the Trust and Commissioners and how the move to the new facility will eliminate or mitigate those risks, particularly regarding paediatric surgery and anaesthetics.**
- **has more detail on the specifics of their digital and research and development strategies**
- **contains better modelling of the demand for Ophthalmic and eye health care including population health data and how the proposed models of care will meet that demand**
- **has more information on the likely workforce at the new facility and their co dependencies and how that workforce will ensure the proposal is clinically sustainable**

We welcome the senate's comments on the draft PCBC and will seek to incorporate all additional information they have recommended in the final PCBC.

- We will detail how Moorfields has worked with the Clinical Council for Eye Health Commissioning to develop the SAFE framework, which is designed to reflect that the planning and provision of eye health care and services are increasingly being taken at STP level. SAFE sets out how local partners can work together to provide the basis for transformational change in how eye health services are organised and delivered, taking a whole systems approach. We are also working to revise our consultation governance structure to reflect the importance of whole system working and will include membership from the Local Optical Committee (LOC) and voluntary sector as well as patient/carer representatives within our programme governance structure going forward.
- We will provide more detail on the current models of care for eye health and the clinical challenges as drivers for change. This will include detail on the current patient experience (in particular care pathways in outpatients) and delivering efficient care in line with best practice as evidenced through the recent Getting It Right First Time review of hospital eye services across England.
- We will provide a high level description of the model for eye health care, reflecting the current formative stage of development of our clinical strategy. We are committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital Health Information Exchange platform being implemented across North London Providers. Additionally, through the STP digital work stream, we will encourage other providers to adopt interoperable digital solutions where there are material benefits to patient care.
- We will explain the current risks faced by the trust and commissioners, and how a move to the proposed new facility serve to mitigate these. This will include detail on improved patient experience, improved access to counselling services and patient support groups, improved care pathways and improved quality of hospital care.

- We detail below (section 8) how we will provide more information and assurance in relation to surgical services for children and young people in the proposed new facility.
- We will outline the digital strategy, which will demonstrate how the new site will be a significant enabler to service innovation using new technology. The proposed relocation will facilitate improvements to the physical IT infrastructure, improvements to the clinician-technology interface, improvements to the patient-technology interface and enable interdisciplinary working. We will also outline the research and development strategies, in particular how the proposed new facility will create an unrivalled global hub for world-leading eye health, encompassing patient experience, clinical practice, biomedical research, clinical trials and innovative treatments, public impact and commercial collaboration.
- We will use the Eye Health Network for London: Achieving Better Outcomes report as well as ONS, STP and trust population data to provide more detailed population modelling. We will explain how the proposed models of care will help meet this projected demand, in the context of the project's affordability for commissioners and the trust.
- We will provide detail on how the new facility will provide a better environment for staff, leading to increased staff satisfaction, better recruitment and retention as well as opportunities for evolving new roles. Detailed workforce planning will be undertaken as part of the development of the underpinning clinical strategy, with a workforce strategy included in the Outline Business Case and detailed workforce planning included in the Full Business Case.

## 2. Other models of best practice

**The Senate recommends that the Trust and Commissioners consider other examples of best practice in eye health care. This could include:**

- **inviting clinicians from outside Moorfield to evaluate their current and proposed models of care**
- **committing to a systematic evaluation of their models of best practice**

- **engagement with Royal College of Ophthalmologists**

We are keen to continue working with other providers of eye care to learn from national and international best practice as we develop plans for Oriel. We thank the senate for highlighting the importance of engaging with the Royal College of Ophthalmologists as we work with partners across the health, social care and voluntary sectors to develop new models of care.

We are keen to work with other providers to help us evaluate our proposed models of care. We will learn from exemplary practice elsewhere in the UK as highlighted through national programmes including Getting It Right First Time (GIRFT). This will be enabled by Dr Alison Davis, Divisional Director for Moorfields south division, who is the joint national GIRFT lead for ophthalmology and recently appointed as the clinical ambassador for GIRFT in London. Oversight of how this learning is influencing our future models of care will take place at Moorfields' monthly trust management committee.

The trust will continue collaborating with and learn from global partners through membership of the World Association of Eye Hospitals (WAEH). This will be enabled through multi-disciplinary attendance of Moorfields staff at the annual WAEH conference, which is being hosted by Moorfields in London in June 2019, and through Moorfields' Chief Executive who is the current WAEH chair.

In developing the clinical strategy, Moorfields have adopted a process of systematic evaluation of models of best practice. This has been facilitated by McKinsey & Company (McKinsey) who was appointed to lead the first wave development of clinical strategies for Moorfields' highest volume sub-specialities: in glaucoma, medical retina, cataract and urgent & emergency services. Multi-disciplinary colleagues were invited to a series of workshops to discuss the strengths, challenges and opportunities of current services today, agreeing immediate operational priorities and longer term strategic options. Workshop colleagues included medical, nursing, optometrists, orthoptists, pharmacists, fellows, clinician scientists, workforce, digital, finance and service improvement colleagues.

As part of their approach, McKinsey reviewed best practice models for ophthalmology and other clinical specialties from across the world, using their global network. Examples of innovative practice were used to challenge and test assumptions about potential future models of care for each subspecialty, including exploring how we might develop more integrated pathways across primary, community and social care. Work is ongoing with the trust management committee (all executives, clinical leaders and senior management across the network) to develop the plan to implement the strategies, recognising that a number of initiatives will need collaborative working with other NHS organisations. This approach will be replicated in the development of future clinical subspecialty strategies.

### 3. Relationships with other providers after the move to St Pancras

**The Senate recommends that more thought is given to how the move to the new site at St Pancras will affect relationships and dependencies with other NHS providers, for example the Western Eye, Great Ormond Street and University College Hospital.**

Moorfields will engage with other providers of eye care in North Central London through the relevant STP programmes and their membership of UCL Partners. Moorfields will also continue to engage with the leadership of Imperial Healthcare NHS Trust and Barts Health NHS Trust so that any material impact on existing relationships and dependencies of the proposed move to the new site at St Pancras are fully understood. This engagement will be co-led by Moorfields' medical director and the director of strategy.

Moorfields have well established clinical relationships with a number of other providers, summarised below.

i. *Barts Health NHS Trust*

The ocular oncology service was transferred from Barts to Moorfields in 2014. Since the service transfer, some inpatient services for ocular oncology have continued to be delivered from the St Bartholomew's Hospital site in the City of London. This is because some patients require access to intensive care units or high dependency units (ICU/HDU) post-operatively and the City Road

hospital is not able to support this level of care as a standalone eye hospital. Barts Health has indicated that in the longer term they wish to dedicate the St Bartholomew site to cardiovascular services, and as a consequence Moorfields is currently reviewing options for establishing an alternative partnership in the medium term. UCLH, which has a head and neck cancer service and will in future host one of two national proton beam therapy centres, is located in close proximity to the proposed St Pancras site and early discussions about a potential collaboration are ongoing.

Moorfields also works very closely with the Royal London Hospital and has a number of joint paediatric, strabismus and neuro-ophthalmology consultant posts. There is also an agreed orbital cellulitis pathway for children needing hospital admission for intravenous antibiotics.

ii. *Homerton University Hospital NHS Foundation Trust*

Moorfields' paediatric consultants have joint posts and work between Moorfields and the Homerton Hospital. This further strengthens links with local care. Moorfields provides the paediatric ophthalmology service at the Homerton Hospital as well as retinopathy of prematurity (ROP) screening and a regional ROP treatment service there.

iii. *Great Ormond Street Hospital NHS Foundation Trust*

Clinical teams at GOSH and Moorfields have worked closely together over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. GOSH provides specialist ophthalmology care to children and young people who have multiple comorbidities; they also provide all inpatient overnight stay for Moorfields' paediatric patients and out of hours emergency surgery facilities. All speciality training colleagues (STs) have joint appointments at GOSH as the paediatric ophthalmology on-call service is shared between the two organisations. Any emergency surgery that needs to take place after 4pm Monday to Friday or at any time at weekends is undertaken at GOSH.

Moorfields have been instrumental in strengthening the subspecialty service provision at GOSH with key joint appointments in vitreoretinal surgery, uveitis, genetics and glaucoma. A key advantage of this approach is the ability to

develop transition pathways for these patients as they enter adulthood, when their care will transfer to Moorfields.

iv. *Imperial College Healthcare NHS Trust (Western Eye Hospital)*

All services currently offered at the City Road site will be moving across to the proposed new site, including the eye health accident and emergency department, subject to consultation. This will mean two eye health accident and emergencies will be located in close proximity – the Western Eye Hospital in Marylebone and Moorfields in St Pancras. Moorfields will work closely with Imperial and all commissioners to ensure continued good co-ordination of services for the local populations.

The director of redevelopment at Imperial and director of strategy at Moorfields regularly communicate to ensure both organisations are aware of their respective redevelopment plans.

v. *University College London Hospitals NHS Foundation Trust (UCLH)*

There are close links between Moorfields and UCL Queen Square Institute of Neurology, with three of Moorfields' neuro-ophthalmologists having joint appointments there (a further two have links to St Thomas's). Two consultant radiologists are also primarily based at Queens Square. MRI scanning for Moorfields patients takes place at Queen Square and admissions can be organised by Moorfields' consultants with joint appointments there.

There is an existing SLA between Moorfields and UCLH to facilitate patients with new onset neurological symptoms to accessing the acute stroke unit.

*vi. Royal Free London NHS Foundation Trust*

UCLH's main site on Euston Road no longer has dedicated ophthalmology services. The clinics and operating lists for these transferred to the Royal Free, with clinic patients being seen at St Pancras Eye Clinic (SPEC) on the St Pancras Hospital site. The numbers seen at SPEC are relatively low and the largest service there (glaucoma) is run primarily as a virtual clinic with more complex cases repatriated to the main Royal Free site in Hampstead. This is overseen by a glaucoma consultant as a joint post between Moorfields and the Royal Free. The material impact of Moorfields moving to the St Pancras site is likely to be low, given the numbers involved. We will work with colleagues at the Royal Free to ensure that there is a seamless transition of care for these patients.

## 4. Learning from the Richard Desmond Centre and other hospital redevelopments

**The Review Panel noted how the Richard Desmond Centre is now used by almost double the patients it was intended for. The Review Panel recommends that:**

- **commissioners and the Trust apply the lessons learnt from the building of the Richard Desmond Centre and other recent hospital developments**
- **clinicians and carers are involved from the start as partners in the design, development and fit out of the new hospital and that the design reflects the**
- **that the new facility is large enough to be flexible and so accommodate the changes in demand, clinical models, and medical and scientific research**

Moorfields will engage with patients and staff to ensure that we learn and incorporate feedback from experience of building the Richard Desmond Eye Centre. As part of this, Moorfields will undertake a 10 year evaluation of the building project for the Richard Desmond Eye Centre. This will include members of staff, patients, their families and carers. The project evaluation will be completed in the Spring of 2019.

Moorfields will also work with other providers across the NHS and internationally who have recent experience of new hospital developments. We anticipate that this will include University College London NHS Foundation Trust (Phase 4 and Phase 5), Guys and St Thomas' NHS Foundation Trust (Guys Cancer Centre), Great Ormond Street Hospital NHS Foundation Trust (The Zayed Centre for Research into Rare Disease in Children), Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital), Singapore National Eye Centre, St Erik Eye Hospital in Sweden and the Royal Victorian Eye and Ear Hospital in Melbourne, Australia.

During 2019 a programme of learning will be established as part of the Oriel strategic planning workstream to incorporate international best practice into the design of efficient future operating models, and effective patient flow through physical environments.

The commissioners and trust will work together to ensure that the new facility has sufficient capacity and flexibility in the context of the project's affordability for the health system.

## 5. Commissioning and primary care

**The Senate recommends that to support their proposals for the better eye health care in NCL, commissioners explore the feasibility of devolving of Optometry (General Optical Services) commissioning to NCL CCGs.**

Commissioners support this proposal in principle through the North London Partners in Health and Care Estates Strategy, a key component of North Central London's sustainability and transformation plan. The estates strategy highlights Oriel and plans for the redevelopment of the St Pancras site as priorities for Wave 4 of the plan. The NCL estates strategy is intended as an iterative document and as such has been discussed and agreed by the NCL STP Programme Delivery Board, NCL Estates Board and the STP Directors of Finance meeting during 2018.

As the demand for services increases, improvement in operating efficiency will be vital. In addition, efficient care pathways that are integrated across hospital, community and primary care settings will become increasingly important.

Commissioners and the trust will work together to develop and pilot pathways which enable more out of hospital care. Proposals for the new facility will be considered in the context of improved opportunities for integration of health with social care and voluntary sector organisations, to ensure that patients receive the best possible holistic care and support, tailored to their needs.

In London, the landscape includes over 30 NHS hospital ophthalmology departments and sites, private ophthalmology providers who offer NHS services, community provider organisations, nearly 900 optical and optometry practices and some 900 providers holding contracts to deliver primary care domiciliary services. In addition, there are borough-based social care services for people with visual impairment, and a range of charitable and voluntary organisations involved in sight loss services.

This is a complex provider landscape in which the commissioners will explore the opportunities and interest for the devolution of optometry commissioning within NCL CCGs as a way of increasing interoperability between hospital and primary care. This will need to be in the context of developing STP planned care pathways and integrated care arrangements that are currently work in progress.

It is our joint ambition to develop a facility that is able to meet the growing demand for ophthalmic services, helping support the health system in London and beyond to manage waiting lists and times. A purpose-built ophthalmic accident and emergency department would enable faster throughput for patients seeking emergency treatment.

The new site could enable improved pathways across care settings:

- Primary care: optometrists would be better supported in the community with defined pathways (tele-ophthalmology or co-management) via direct electronic communication and referral advice
- Primary care in north central London: through the co-design of new pathways with local patients, GPs and primary care staff

## 6. Patient involvement and consultation

**The Review Panel noted that a patient reference group was set up as early as 2014 in relation to the proposed move to St Pancras. The panel was impressed by the active engagement of "Trust Members "in the process and restart of the engagement process in July 2018. The Senate recommends that the Commissioners and the Trust:**

- **consult more widely the proposed changes to Eye Health Care in North Central London and engaging with patients, carers and stake holders outside the Trust's membership**
- **ensure that participation in the consultation reflects the diversity of the patients and carers who use Moorfields or who may be affected by the move**
- **learn from how other recent service reconfigurations have conducted consultation and patient engagement**

We are in full agreement with the recommendations of the Clinical Senate regarding the importance of involving a wide range of patients, partners, community representatives and local people in planning, designing and delivering the proposed new centre.

We have already strengthened our professional communications and involvement resources and undertaken an intensive period of wider patient and public involvement to inform the PCBC.

We have broadened our scope and added rigour to our strategy and action plan for involvement and consultation. The more detailed plan, which will be included with the PCBC, takes on board all of the Clinical Senate's specific recommendations and provides a firm foundation for continuing patient and public involvement to inform the next business cases and future phases of implementation.

Commissioners and the trust commissioned The Consultation Institute, a well-established not-for-profit best practice institute promoting high quality public and stakeholder consultation, to review the current consultation programme. The recommendations of this review (expected in January 2019) will be considered by the consultation steering group and an implementation plan to address any areas identified will be enacted. Oversight of this will be done by the consultation steering group.

The latest involvement and consultation plan is summarised in the following stages:

*Stage 1 – Shaping the plan*

During this stage, in addition to the People's Advisory Group noted by the Clinical Senate, we are building a comprehensive stakeholder map that will ensure we reach a wide range of people and in different ways according to their diverse interests and needs. This links to our equality impact assessment and specialist involvement work for protected groups.

We are currently consulting patients, local residents and community representatives to gather a range of views that will inform the PCBC. This includes:

- Four surveys, examining major themes. One survey focuses on access, as highlighted by the Clinical Senate.
- Seven interactive drop-in sessions to gather views from patients, staff and visitors to Moorfields Eye Hospital and clinics across London.
- 10 focus group sessions across North Central London, which enable deliberative discussions around issues that are important to patients and local people.

To date, for example, we have gained insights on:

- Transport and access to the proposed new centre
- Ideas regarding the environment and design of the proposed new centre
- Opportunities to improve the patient experience
- Ideas for potential changes in patient pathways across the whole system, including social care issues
- How the proposed move might affect patients and local people, including advice on managing the transition from the current service to the new service
- Maximising the opportunity offered by the new centre to strengthen and build system-wide partners and improve inter-relationships for the benefit of patients.

*Stage 2 – Wider involvement*

Using the communications channels of all health and social care partners involved, we will continue to reach the wider audiences, as recommended by the Clinical Senate. This will include proactive and specific connections with vulnerable and seldom-heard groups.

Digital methods, including a dedicated website and social media channels will support face to face discussions, further focus groups and survey work.

During this stage, we anticipate being able to explore the major planning themes in greater depth, which will inform the next stage of consultation and developing business case. Throughout this stage, we will continue to convey feedback to the relevant strategic and service workstreams, planning teams and the architectural design team.

We will actively recruit people to continue working with the programme's workstreams, and this will include patient advisory work on transport, access and design. The People's Advisory Group will provide a central coordinating steer, acting as a "critical friend" and co-producer for the involvement and consultation programme.

*Stage 3 – Consultation*

*Stage 4 – Outcome of consultation*

By stage 3, there will be significant and detailed outcomes from previous engagement that will identify what matters to people concerning the proposed change. We will build on this to inform the consultation document and range of discussions during a consultation period.

At the end of this stage a full report on the findings from consultation and pre-consultation engagement, and the recommendations of local authority health overview and scrutiny will be considered as part of the decision-making business case.

The scale and complexity of the programme requires close collaboration between multiple organisations to listen to the views of people who may be affected by the proposed service change.

Key points to support successful delivery of the involvement and consultation plan:

- Camden, as the lead CCG, has established a Communications Working Group, with representatives of the main commissioners (with contracts over £2 million) and the Oriel partners. The Group reports to the Programme Director and Consultation Steering Group.
- A core team is funded to manage delivery of the plan, supported by a director-level Communications Adviser with experience of consultation and involvement in major reconfiguration, and recently commended by NHS England and the East of England Clinical Senate.
- The Communications Adviser is able to share lessons from the pre-consultation and consultation experience of the Essex Success Regime, later the Mid and South Essex STP, which brought together three acute

hospital trusts and a plan to centralise a number of specialist services across Essex.

- Through the partnership of the Communications Working Group and working closely with the North Central London STP, we are also learning from the experience of consultations associated with the relocation of mental health services from St Pancras Hospital and review of trauma and orthopaedics.

## 7. Patient access

**Whilst Kings Cross and St Pancras stations will be step free, unlike at Old Street Station, these are both significantly larger transport termini than Old Street. Whilst the draft PCBC suggests it will be a 15-minute walk from the stations to the new hospital the reality is that this likely to be longer, especially for people unfamiliar with the route and/or suffering poor sight. The Senate recommends that there is:**

- **early engagement with patients, carers, TFL, Network Rail and Camden Council regarding access to the site**
- **patient and carer access to the site is a key part of the consultation on the proposals**

We recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras. Moorfields will engage with patients, carers, TFL, Network Rail, Camden Council and other stakeholders as we progress our designs for the new site. There are a number of principle routes to and from the site, each of which will need to be explored further as part of an integrated design access statement, to form a key component of future planning proposals.

Developing a patient access strategy will form a key input for the Outline Business Case (OBC) submission and Moorfields have identified the need to appoint professional resource to support with this task. It is the intention to carry out a review of all potential patient routes to and from the new facility as part of the design process, commencing in January 2019. We will include this analysis within the OBC. Upon approval of the OBC Moorfields will seek to engage more formally with external stakeholders including TFL, Network Rail and the Local Borough of Camden so that a final agreed patient, staff and

public access strategy can be completed as part of the FBC submission and formal planning application to the local authority.

**8. Children and young people's services**

**There is further consideration of the provision of paediatric surgery on a site (City Road) that does not have the full range of paediatric support services.**

**The Review Panel would like to see more consideration given to the pathway for children's anaesthesia. We suggest that Moorfields and its commissioners identify what the risks of this pathway are and develop a plan to mitigate them. Moorfields and Commissioners may also want to consider, if as part of the preparations for the move, a new clinical model should be devised which shifts, for reason of clinical safety, specialised paediatric anaesthetic work to GOSH or other paediatric supported sites. The same applies to the current arrangements for provision of IV treatment by Barts Health.**

Subsequent to receiving the senate's report, the trust has clarified that the clinical senate has no concerns about the safety of any of the trust's current surgical service for children and young people.

The trust is confident that it provides a safe and effective surgical service to children and young people which fully complies with best practice. It believes the model of care for children and young people requiring elective surgery is appropriate both now and in the future.

The Care Quality Commission (CQC), the independent regulator of health and social care in England, completed a comprehensive inspection of the trust, including children and young people's services, in May 2016. In its inspection report (published 6 January 2017) it rated children and young people's services at City Road as "good" overall with the domains of safe, effective, responsive and well-led rated "good" and the domain of caring rated as "outstanding".

Robust clinical protocols are used to risk stratify patients to ensure only low risk anaesthesia and surgery takes place at the City Road site. Children assessed as ASA1 or ASA2 are operated on at the City Road site. Children assessed as ASA3 and above are operated on at Great Ormond Street Hospital (GOSH). During pre-assessment any potential concerns regarding children are

flagged by pre-assessment nursing staff, triggering a review by the paediatric consultant anaesthetist pre-assessment lead or her deputy. Any borderline cases will be discussed with other paediatric anaesthetic consultants at Moorfields so there is consensus view. If a patient is deemed unsuitable then this is discussed with the surgeon and the usual outcome is that the surgery is undertaken at GOSH.

Clinical teams at Moorfields and GOSH have worked closely together over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. The combined paediatric ophthalmology consultant on-call rota between Moorfields and GOSH provides consultant paediatric ophthalmology opinion 24 hour a day, 7 days a week. It is the only unit in the UK to offer this service, meaning non-paediatric ophthalmology consultants caring for children and young people in London and the UK often call for advice out of hours. GOSH provides specialist ophthalmology care to children and young people who have multiple comorbidities; they also provide all surgery requiring an overnight stay and out of hours emergency surgery facilities.

The Paediatric Anaesthetic Trainees Research Network (PATRN) surveyed 63 hospitals to establish national rates of unplanned admissions following paediatric day case surgery (across all surgical specialties). The audit established a median unplanned admission rate of 3.9% (range 1.2% - 16.5%) per annum following paediatric day case surgery. Moorfields does not have paediatric overnight inpatient beds hence the equivalent metric is transfer after surgery. The trust's 2018 audit of unplanned transfer of paediatric patients following surgery identified a 0.09% transfer rate (1 case in 1150). The previous transfer rates were 0% for 2017 and 0% for 2016. These data represent evidence demonstrating the safety of the trust's pre-assessment triaging of paediatric patients prior to surgery at City Road.

In response to the issues raised by the senate, the trust will commission an independent review of its plan for future provision of children and young people's surgery at the proposed new site. This review will include input from the Royal College of Paediatrics and Child Health, and the Royal College of Anaesthetists. The trust will share the outcome of the review with its

commissioners to inform development of its future models of care. This review will be completed by Autumn 2019.

This page is intentionally left blank