

# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

---

FRIDAY, 31 JANUARY 2020 AT 10.00 AM  
COUNCIL CHAMBER, HARINGEY CIVIC CENTRE, HIGH ROAD, LONDON N22  
8LE

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

## SUPPLEMENTARY AGENDA

Wards

7. **PROPOSED MOVE OF MOORFIELDS EYE HOSPITAL'S CITY  
ROAD SERVICES**

(Pages 3 -  
186)

This report summarises the outcome of consultation on a proposed service change for Moorfields Eye Hospital NHS Foundation Trust, in order to consult the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC), which represents all health scrutiny bodies with an interest in the services of Moorfields Eye Hospital at City Road, London.

Appendices 2 to 5 are available on-line and also under separate cover.

**SUPPLEMENTARY AGENDA ENDS**

Issued on: Thursday 23 January 2020

This page is intentionally left blank



## **Proposed move of Moorfields Eye Hospital's City Road services**

A consultation document for discussion and views

**24 May – 16 September 2019**

**Closing date for feedback – 16 September 2019**

Published by NHS Camden Clinical Commissioning Group and NHS England Specialised Commissioning,  
in partnership with Moorfields Eye Hospital NHS Foundation Trust.

24 May 2019



Moorfields Eye Hospital NHS Foundation Trust is proposing to build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology. We, the NHS commissioners of Moorfields' services, are holding a public consultation between 24 May and 16 September 2019 to consider the proposal outlined in this document. Please visit our website to download this document and find further information – [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

From the website, you can download a summary document as well as large type, Easy Read and audio versions. If you would like printed copies or versions in braille, audio or another language, please contact the consultation team on 020 7521 4684.

### Türkçe

Matbu kopya ya da Braille, sesli veya başka bir dilde yazılmış sürümler isterseniz, lütfen 020 7521 4684 numaralı telefondan ya da [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net) adresinden istişare ekibiyle irtibata geçiniz.

### বাংলা

আপনি যদি ছাপানো কপি, ব্রেইল-এর, কানে শোনার ব্যবস্থায় অথবা অন্য কোন ভাষার সংস্করণ চান, চান, তাহলে (০২০ ৭৫২১ ৪৬৮৪) নম্বরে অথবা [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net) ঠিকানায় কনসাল্টেশন টীমের সাথে যোগাযোগ করবেন

### ਪੰਜਾਬੀ (ਭਾਰਤ)

ਜੇ ਤੁਸੀਂ ਛਪੀਆਂ ਹੋਈਆਂ ਨਕਲਾਂ ਜਾਂ ਬੁਰੇਲ, ਆਡੀਓ ਜਾਂ ਵਸਿ ਹੋਰ ਭਾਸ਼ਾ ਵੱਚ ਰੂਪਾਂਤਰ ਚਾਹੋਗੇ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਸਲਾਹ-ਮਸ਼ਵਰੇ ਵਾਲੀ ਟੀਮ ਨਾਲ 020 7521 4684 'ਤੇ ਜਾਂ [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net) 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

### ગુજરાતી

જો તમે બુરલિ, ઓડિઓ અથવા બીજી ભાષામાં છાપેલ નકલો અથવા આવૃત્તિઓ ઇચ્છો છો, તો કૃપા કરીને 020 7521 4684 અથવા મોરફિલ્ડ્સ.ઓરીલ [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net) પર સલાહકાર ટીમનો સંપર્ક કરો.

### Español

Si desea copias impresas o versiones en braille, en audio o en otro idioma, por favor póngase en contacto con el equipo de consulta a través del teléfono 020 7521 4684 o del correo electrónico [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net).

### العربية

إذا كنت ترغب بالحصول على نسخ مطبوعة أو نسخ بلغة برايل أو نسخة صوتية أو مترجمة إلى لغة أخرى، فيرجى منك التحدث مع فريق الاستشارة على رقم الهاتف 020 7521 4684 أو إرسال رسالة إلكترونية حول هذا الأمر إلى العنوان التالي [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net).

### اردو

اگر آپ کوچھ بھی بوٹی نقول یا ورژن بریل، آڈیو یا کسی اور زبان میں درکار ہیں، تو براہ مہربانی مشاورتی ٹیم سے 020 7521 4684 پر یا [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net) پر رابطہ کریں۔

### Polski

Aby uzyskać wersję drukowaną, audio, w alfabecie Braille'a albo w innym języku, proszę o kontakt z zespołem ds. konsultacji: 020 7521 4684 lub [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net).

### தமிழ்

உங்களக்க பிரெய்லி, ஆடியோ அல்லத வறே மொழியில் அச்சிடப்பட்ட நகல்கள் அல்லத பதிப்புகள் தவேபைப்பட்டால், தயவ செய்த 020 7521 4684 என்ற தொலைபேசி எண்ணிலோ அல்லத [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net) எனம் மின்னஞ்சலிலோ ஆலோசனை கழுவதை தொடர்பு கொள்ளவம்.

### Somaali

Haddii aad rabto nuqullo daabacan ama tarjumaad ku qoran farta indhoolaha, maqalka ama luuqad kale, fadlan la soo xiriir kooxda la-talinta 020 7521 4684 ama [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net).



# Contents

<b>6</b>	<b>Introduction</b>
7	Our vision for the future
<b>8</b>	<b>Section 1 – Summary</b>
10	What will we do with your comments?
<b>12</b>	<b>Section 2 – Why change?</b>
14	How the current facilities affect patients
<b>16</b>	<b>Section 3 – The proposed move and options</b>
16	An opportunity to build for the future
18	How we identified the options for a new integrated site
19	Summary of option advantages and disadvantages
21	Updated options appraisal – 2019
28	Why is it important to be in London?
28	Why a new build at St Pancras is our preferred way forward
29	Travel times
31	Access from public transport to the proposed new centre
32	Views from patients and public
35	Impact on equalities
<b>37</b>	<b>Section 4 – How much would it cost?</b>
<b>38</b>	<b>Section 5 – Decision-making process</b>
38	The major decisions that would lead to the start of construction
40	Next steps
41	Alternative options
<b>42</b>	<b>Section 6 – How to give your views</b>
43	How to contact us
44	Open discussion groups
<b>46</b>	<b>Appendix 1: Organisations that are involved in the proposal</b>

## Glossary

<b>A&amp;E</b>	Accident and Emergency
<b>BAME</b>	Black and Minority Ethnic
<b>CCG</b>	Clinical Commissioning Group
<b>CQC</b>	Care Quality Commission
<b>DMBC</b>	Decision-Making Business Case
<b>EIA</b>	Equality Impact Assessment
<b>GP</b>	General Practitioner
<b>IoO</b>	UCL Institute of Ophthalmology
<b>MEH</b>	Moorfields Eye Hospital
<b>NHS</b>	National Health Service
<b>NCL STP</b>	North Central London Sustainability and Transformation Partnership
<b>ONS</b>	Office for National Statistics
<b>PCBC</b>	Pre-Consultation Business Case
<b>RDCEC</b>	Richard Desmond Children's Eye Centre
<b>RNIB</b>	Royal National Institute of Blind People
<b>UCL</b>	University College London

## Introduction

This document outlines our proposal to build a new centre for eye care, research and education.

The NHS in north central London is working with NHS England Specialised Commissioning, in partnership with Moorfields Eye Hospital, University College London (UCL) and Moorfields Eye Charity, on a proposal to bring together services from Moorfields' main City Road hospital site and the UCL Institute of Ophthalmology (IoO) in a new purpose-built centre.

We call this proposal Oriel and, if supported, we believe it would deliver world-leading eye care for patients, the best education for students and research for the benefit of the whole population.

**“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

## Our vision for the future

Our partnership shares a vision for our community to be happier, healthier and to live longer in good health. Sadly, sight loss is an increasing reality for many people. People are living longer and with more complex illnesses, many of which harm the critically important sense of sight. It is estimated that by 2050, four million people in the UK will live with sight loss.<sup>1</sup>

Moorfield's ability to provide modern, efficient and effective treatment is achieved despite the limitations of its current City Road site. Outdated buildings – some more than 125 years old – mean that patients do not always get the best experience of care, delivered in modern ways.

That is why we are looking at moving both the hospital currently on City Road, and the nearby Institute of Ophthalmology (IoO), to a new purpose-built centre where we can create a world-leading centre for the prevention, diagnosis and treatment of eye disease. In the process, we would be able to transform lives, turn research into new treatments faster and share our knowledge and understanding with the clinicians of tomorrow.

We have sought input from the public, patients and clinicians on various options of how we could create this new centre which you can read about in this document and on our dedicated website. From this work, we have now selected one preferred way forward.

The preferred way forward is the creation of a new centre on land available at the St Pancras Hospital site near King's Cross with the money realised from the sale of the City Road land, as well as contributions from central government and from our generous donors.

**This document outlines our proposal. We are asking you to share your thoughts and views on this potential move.**



*Helen Pettersen*

**Helen Pettersen**  
Accountable Officer for the  
North Central London Clinical  
Commissioning Groups and Convenor  
for North London Partners in Health  
and Care



*David Probert*

**David Probert**  
Chief Executive  
Moorfields Eye Hospital  
NHS Foundation Trust



*Sir David Sloman*

**Sir David Sloman**  
London Regional Director,  
NHS England and Improvement



## Section 1 – Summary

Moorfields is proposing to build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.

Services would move to the new centre from the current hospital facilities on City Road in Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology.

If the move were to go ahead, Moorfields and UCL would sell their current land on City Road and all proceeds of the sale would be reinvested in the new centre.

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

- in the interests of the health of our populations, 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 about the proposed change, including access to the proposed new site, from:

- people who use Moorfields' services, their families and carers, including people who may need services in the future
- other people who live with sight loss
- local residents and the public
- community representatives, including in the voluntary sector
- staff and partners in health and social care
- relevant local authorities.



We are holding a public consultation between **24 May and 16 September 2019**. The outcome of this will influence our Decision-Making Business Case (DMBC), which will be presented to NHS England and Improvement for assurance and for decision-making to the CCGs and NHS England Specialised Commissioning.

We are working with The Consultation Institute, an independent advisory body, to ensure that our consultation process, from pre-consultation to evaluation, meets the highest standards.

If commissioners support this proposal, the hospital and university would develop their plans and related business cases reflecting views received during the public consultation. If approved, these business cases would result in Moorfields and UCL taking the decision to sell the current City Road site, buy land at St Pancras and appoint a construction firm.

[www.oriel-london.org.uk](http://www.oriel-london.org.uk)



There are several ways in which you can give your views during the consultation.

- There is an online feedback questionnaire
- The feedback questionnaire is available in printed versions to fill in and post to us for free
- The feedback questionnaire is also available in braille, or another language (on request)
- We will be holding events and attending meetings where you can hear more about the proposal, join the discussion and give us your views
- You can write to us or phone us.



See Section 6 for full details on how to give us your views.

If you would like further information, please visit the Oriel website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk)

**The closing date for feedback is 16 September 2019**



## What will we do with your comments?

Once the consultation has closed, your comments and responses will be collated and analysed by an independent organisation. This analysis will be written into a draft report, which we will publish on our website: [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

The draft report will be shared with stakeholders and consultees so they can raise anything they feel has been missed before further decisions are made.

Local authorities will also be engaged to ensure they feel the consultation has been undertaken satisfactorily. We will consider all feedback received before preparing the final consultation report.

This will inform the final decision on whether to proceed with the proposal, a decision to be made by the CCGs (a committee made up of CCGs that have contracts with Moorfields spending over £2 million per year) and NHS England Specialised Commissioning.

If the Decision-Making Business Case were approved by the commissioners, Moorfields would proceed to the next stage of detailed planning.





## Section 2 – Why change?

The Office for National Statistics (ONS) forecasts that London's population will grow faster than any other English region between 2016 and 2026, increasing by 774,000 to 9.5 million in mid-2026 (up 8.8%).<sup>2</sup>

By then, the number of people aged 65 and over in London is expected to increase by nearly 25% from 1.02 million to 1.27 million.

We need to plan for future health care services that can meet the needs of a growing population, especially for those aged over 65.

This means the NHS needs to be agile and adapt how hospitals and other NHS organisations provide services for patients, taking advantage of changing clinical and technological advances.

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years. Our ageing population means greater and more complex demand for eye services as almost 80% of people aged 64 and over live with some form of sight loss.

As more and more people will need treatment for eye conditions in the future, we need to put them at the centre of care to help support and care for them and their families.

In order to do this, we need to replace traditional hospital-based eye services with new models of care. By using technology and by training other health professionals, more patients could be seen in community settings near where they live.

“We need spaces that will improve our lives, that build independence and confidence. We want to leave a building feeling empowered.”

Moorfields patient



The rising incidence of eye disease also requires the development of new techniques and technology to diagnose and treat conditions better. The closer clinicians and researchers work, the faster they can find new treatments.

Moorfields Eye Hospital on City Road, the largest hospital in the Moorfields network, offers routine, emergency and complex eye services to local patients and is also the regional, national and international referral centre for complex eye diseases.

The City Road site includes a 24/7 accident and emergency (A&E) eye department and the Richard Desmond Children's Eye Centre, the world's largest specialist children's eye hospital. In addition, it acts as the central research and education facility for Moorfields.

However, the ageing facilities of the City Road site do not meet modern standards. In particular the way clinics and buildings are laid out limits the innovation and interaction that could lead to the development of new treatments.





## How the current facilities affect patients

Feedback from patients and carers, particularly over the past five years, is very positive about clinical care, but often includes criticisms about the quality of patients' experience when visiting the hospital. During inspections our regulator, the Care Quality Commission, has agreed with these comments.

Some patients have said that their 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 necessary. Facilities for people with disabilities, such as wheelchair users, are restricted.

The current model of care has been adapted to fit the layout of the outdated buildings at Moorfields' City Road site, rather than designed to meet patient needs. For example, a routine appointment can involve several different tests in different locations away from the initial consultation room. This is inconvenient for patients, particularly those who find it hard to navigate the building, and makes the flow of patients through the hospital less efficient, meaning appointments take longer than they should. Our proposal will address these issues by putting patient experience at the centre of the building design.

Clinicians who look after adults and children have said having separate buildings for children and adults presents challenges. They have suggested 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, while maintaining a separation between the two groups.



**Navigating through the hospital** has been highlighted as a concern for some patients, who talk about the layout of the City Road buildings as confusing, especially on first visits. Typical comments included, 'like a maze', 'rabbit warren', 'daunting', 'challenging', 'overwhelming'.

**Waiting areas** have also been raised as areas of difficulty for patients, who highlighted overcrowding and a lack of space, uncomfortable and insufficient seating (with seats in corridors in some areas), and insufficient natural light.

Small changes over many years have resulted in a hospital that hinders, rather than enhances, the delivery of modern, ground-breaking healthcare. For example:

- There are support columns in the centre of the main outpatient corridor which create obstacles for people who are visually impaired.
- Ceilings have been lowered in some areas to install essential electrical cabling. This makes the environment feel dark and cramped.
- The layout of outpatient and surgical departments was designed in the days when we had far less diagnostic imaging and patients routinely stayed overnight after surgical procedures.
- Many departments do not have step-free access which creates physical access difficulties. Adaptations have been made to ensure that patients can access clinical care, and that disabled staff are not disadvantaged, but these fall short of best practice.



## Section 3 – The proposed move and options

### An opportunity to build for the future

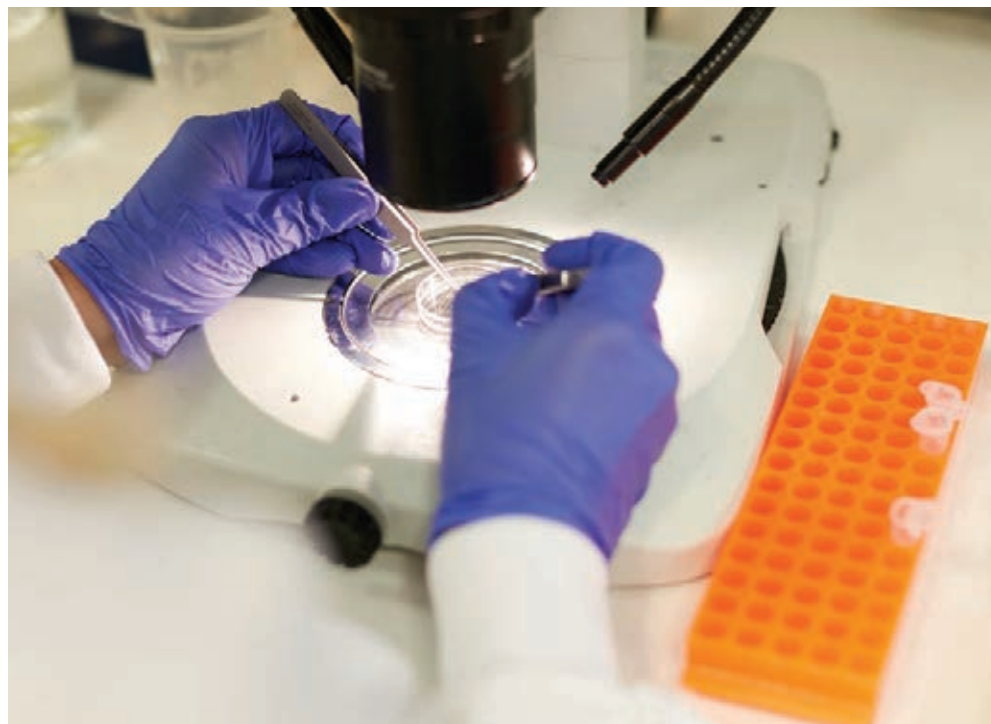
Moorfields and its partners agreed in 2013 that there was a clear opportunity to address these key issues and meet the increasing demand for eye care services, placing patients at the centre of care.

They agreed that they wanted to:

- create a partnership between UCL, Moorfields and eye care specialists in the community to design eye care services around the needs of patients, residents and professionals
- bring together eye care, research, and education in one place, and create links to care and social support in other parts of London
- support even closer collaboration between patients, clinicians, students and researchers.

They identified they could do this by:

- Staying at the City Road site making minor modifications to the existing buildings.
- Demolishing some or all of the existing City Road buildings and replacing them.
- Constructing a purpose-built environment at another location.



“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



## How we identified the options for a new integrated site

The partners and other interested parties drew up a long list of options, which had to meet a set of agreed criteria:

1. Improved patient care and better 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. Location close to MedCity, the Francis Crick Institute and other UCL departments to facilitate collaboration.
4. Creation of more research and education programmes.

A list of 12 possible options which met these criteria was considered. A number of these options were then discounted for not meeting the criteria. You can see more detail on this on our website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

This left the following shortlist of options:

- Do nothing (which would mean no reconfiguration, continued maintenance and little improvement for patients).
- Develop the current site (of which there were seven sub-options, all requiring moving services temporarily during the building phase).
- Do the minimum (part new build and part refurbishment).
- Move from City Road and build a new purpose-built centre (for all the current eye care services at City Road, including A&E and the children's services in the Richard Desmond Children's Eye Centre and UCL).



## Summary of option advantages and disadvantages

Rebuilding at the current site or rebuilding and refurbishing current facilities has the advantage of continuing to serve patients from the location that people know and find relatively easy to access from Old Street tube station and bus routes.

However, there are potential disadvantages compared with the opportunity to build a new centre at another site:

### Disruption

Services would have to leave the current buildings to make way for construction and then move back into the new or refurbished accommodation. This would jeopardise the principle of minimising disruption and maintaining service continuity – a principle that is valued by many people who have expressed their views so far.

### Compromise in terms of our ambition

Expanding and adapting the current site offers the potential to improve patient experience, but it only partially achieves the strategic objectives to bring together eye care with research and education. The scope for redesign is limited compared with the opportunity for a purpose-built design.

A more flexible and integrated facility would allow patients to be seen and treated more quickly and efficiently, as well as enabling closer working between clinicians and scientists so they can identify what needs to change and work together to discover new treatments.

### Projected cost comparison

Building on land that Moorfields already owns would remove the costs of buying new land. However, with little or no opportunity to gain income from land sales, the projected costs of building and maintaining facilities at City Road over the next 50 years are much greater than the option to build elsewhere.

To examine these advantages and disadvantages further, the partners and others, came together again to score the options against further criteria. These covered the benefits and drawbacks of each option and reflected the project vision and objectives – care, research, education, efficiency, flexibility and diversity.





## Updated options appraisal – 2019

The options appraisal was refreshed as part of this consultation process in early 2019 and, in line with the latest national guidance for business planning, the long list of options was reviewed against updated success criteria. You can read and download a full report on the options review by visiting our website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk)

The success criteria and options were reviewed at:

- A patient and public workshop which reviewed the critical success factors against which the options are appraised.
- A commissioner workshop which reviewed the critical success factors, investment objectives, and checked and challenged the options framework
- A combined Moorfields executive, commissioner and patient and public workshop which reviewed the critical success factors and checked and challenged the options framework
- A UCL workshop with representatives from the Institute of Ophthalmology, UCL finance and UCL estates which reviewed the critical success factors and checked and challenged the options framework.

These workshops concluded that moving to St Pancras and creating a purpose-built integrated centre was still the preferred way forward at this stage.





The following table and the London map shows the long-list of options from Option 0 (Business as usual) to Option 12 (Relocate to a site near Elephant and Castle)

Option	Advantages	Disadvantages	Conclusion
<b>0</b> 'Business as usual': all occupants remain in existing estate and works undertaken to enable premises usage for 50 years	<ul style="list-style-type: none"> <li>+ The main advantages are services currently delivering remain in situ, minimising disruption to those who access MEH and IoO services</li> </ul>	<ul style="list-style-type: none"> <li>- Minimal scope for delivering improvement owing to the estate</li> </ul>	This site option will not enable sufficient transformation of services
<b>1</b> Development of land between Moorfields and UCL IoO's current sites (various)	<b>Option A</b> <ul style="list-style-type: none"> <li>+ Links to the existing UCL IoO facility</li> </ul>	<ul style="list-style-type: none"> <li>- Limited scope for delivering improvement owing to the estate</li> </ul>	Unlikely to meet the needs of the Oriel partners
	<b>Option B</b> <ul style="list-style-type: none"> <li>+ Existing RDCEC facility to be used for UCL IoO growth</li> <li>+ Development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Limited scope for delivering improvement owing to the estate</li> </ul>	
<b>2</b> Development of the easternmost end of the current hospital site bordering City Road (various)	<b>Option A</b> <ul style="list-style-type: none"> <li>+ Some development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Limited scope for delivering improvement owing to the estate</li> <li>- Decanting required during construction works</li> </ul>	Provides the best redevelopment option for the City Road campus
	<b>Option B</b> <ul style="list-style-type: none"> <li>+ Residual land area post development for onward development sale</li> </ul>	<ul style="list-style-type: none"> <li>- Limited scope for delivering improvement owing to the estate</li> <li>- Offsite decant options required for both Moorfields and UCL IoO</li> </ul>	
	<b>Option C</b> <ul style="list-style-type: none"> <li>+ Connectivity created to IoO</li> </ul>	<ul style="list-style-type: none"> <li>- Does not meet space requirement</li> <li>- Offsite decant required</li> <li>- No development opportunities</li> </ul>	
<b>3</b> Development of the southernmost side of the City Road hospital site bordering Peerless Street	<ul style="list-style-type: none"> <li>+ Development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Limited scope for delivering improvement owing to the estate</li> <li>- Offsite decant required</li> </ul>	Unlikely to meet the needs of the Oriel partners
<b>4</b> Part new build and part refurbishment, City Road	<ul style="list-style-type: none"> <li>+ Development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Does not meet the space requirement</li> <li>- Some decanting requirements</li> </ul>	Unlikely to meet the needs of the Oriel partners
<b>5</b> Relocation to St Pancras Hospital	<ul style="list-style-type: none"> <li>+ Allows disposal of freehold interests on City Road site</li> </ul>	<ul style="list-style-type: none"> <li>- Complexity of move as site is not yet vacant</li> </ul>	This site option passes all the critical success factors required for Oriel

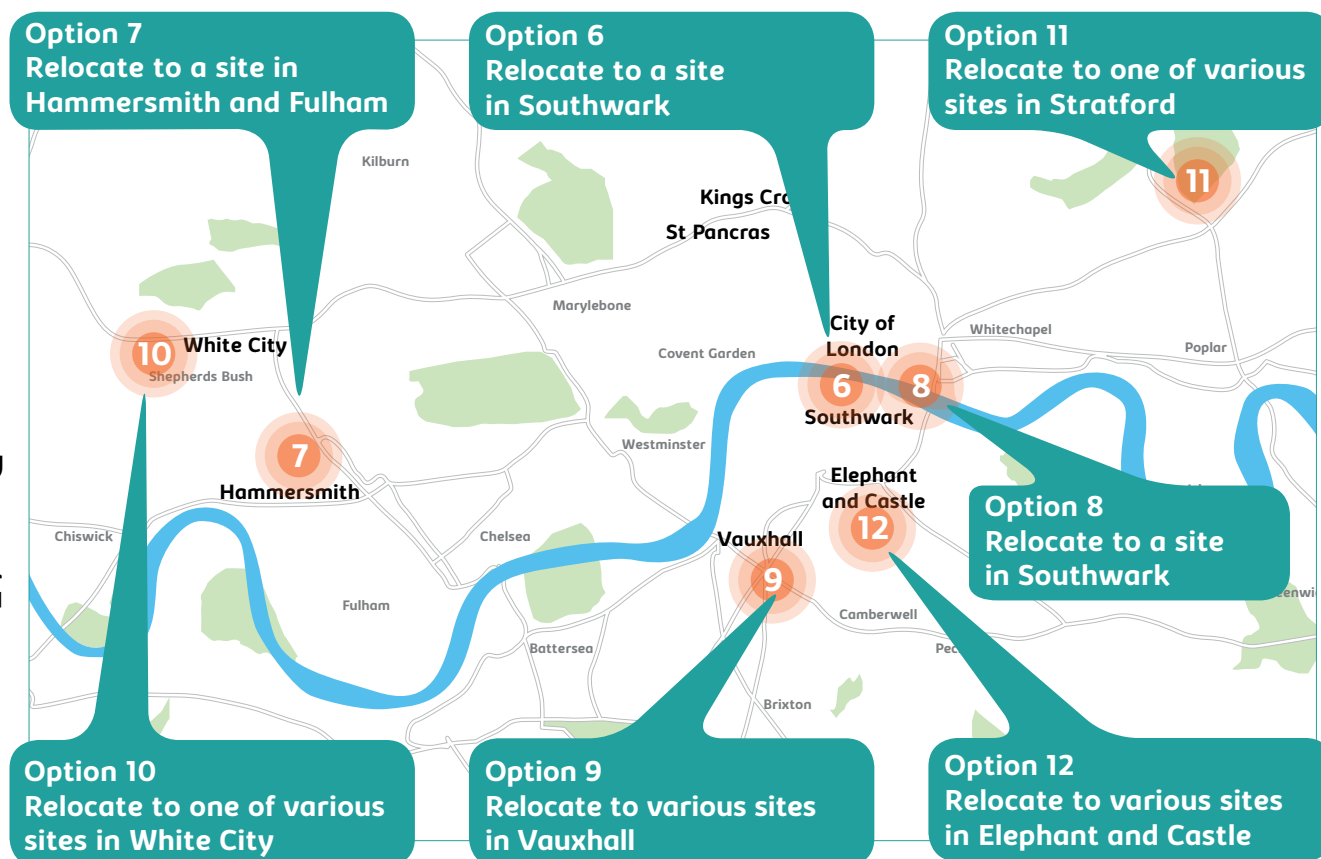


The following map shows a number of potential sites in London that are in the long-list as options 6 to 12.

These sites were identified by a review of the Greater London property market to find available sites that met the criteria set out in the original options appraisal.

Due to the commercial sensitivities relating to these sites, confidential disclosure of this information has been limited to members of the Oriel Board and selected individuals involved in the options evaluation process.

Page 15



**Advantages of options 6-12**

- + All locations in options 6-12 allow for a new build, which should be able to meet building requirements.
- + A new build allows existing services to continue without the need to decant.

**Disadvantages of options 6-12**

- Options 6 and options 8-12 have high land costs.
- Option 7 is unlikely to achieve improvements owing to heritage considerations on the estate and limitations on future flexibility.
- Options 9-12 are distant from the Knowledge Quarter in the area around Kings Cross, the Euston Road and Bloomsbury (which is the focal point of one of the greatest knowledge clusters in the world).

**Conclusion for options 6-12**

None of the locations in options 6-12 are likely to meet the needs of the Oriel partners.

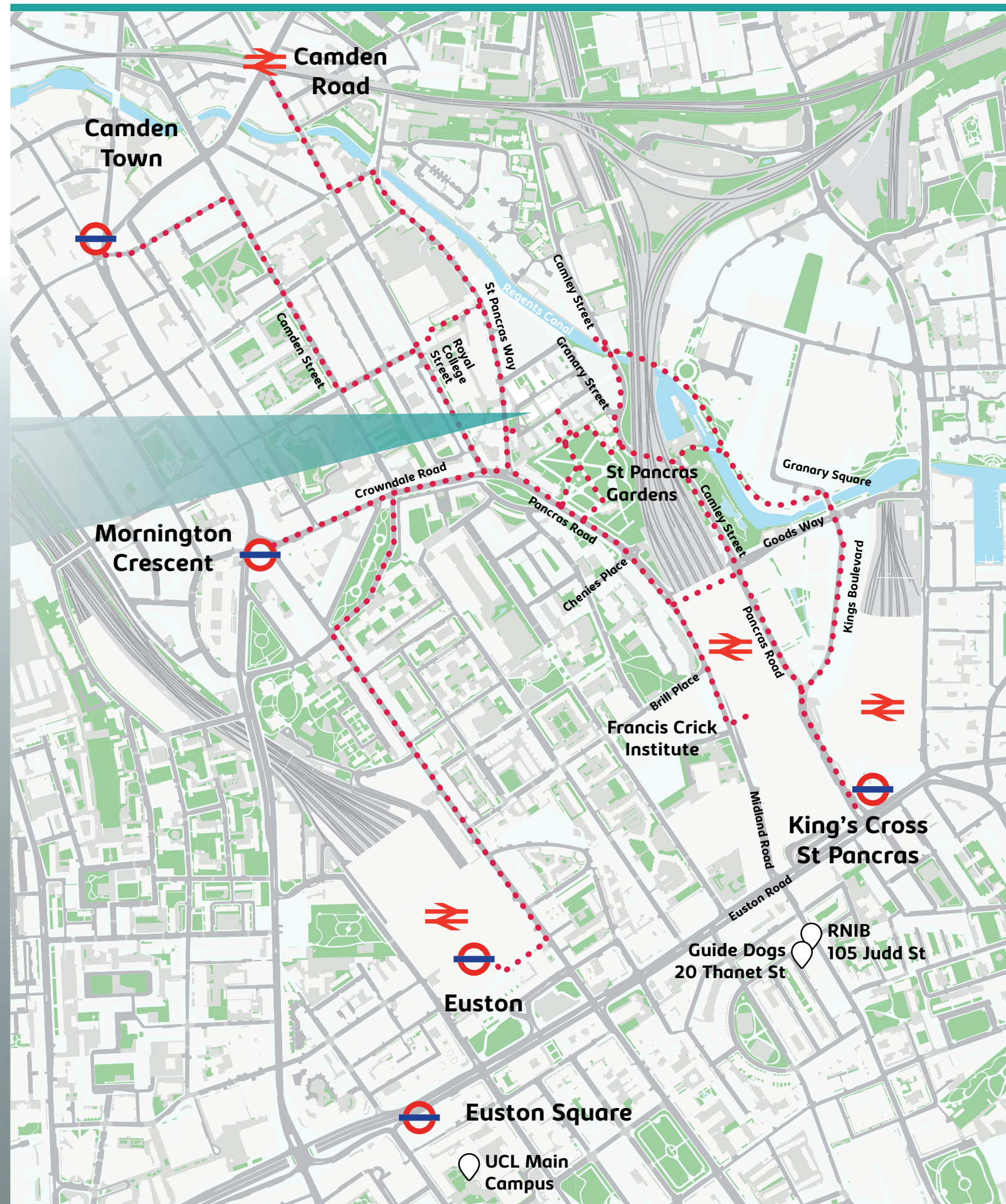




The following illustration shows the location of the proposed site for Option 5, the option to relocate to St Pancras. The illustration shows the current St Pancras Hospital site with the blue shaded area indicating the land that is available for the Moorfields' purchase.

The map shows the local area with mainline rail stations, Euston, King's Cross and St Pancras, nearby underground stations and other notable establishments in the area, such as RNIB, Guide Dogs and the Francis Crick institute for health research.

The red dotted lines show some of the current access routes to the St Pancras Hospital site, however there would be further work on access as part of the later design and planning stages, with the involvement of patient and public representatives.





## Why is it important to be in London?

London is the recommended location for the proposed new centre for two main reasons.

- London is the most accessible location for most people, regardless of where they live in England.
- London is the best place to recruit and retain specialists, technicians, researchers and students, which is crucial for the development of future services.

## Why a new build at St Pancras is our preferred way forward

Through our property search, seven locations offered potential development opportunities, similar accessibility and the opportunity to improve patients' experience but did not meet other criteria, such as value for public money.

The site at St Pancras meets all the critical success criteria. Subject to consultation, our preferred way forward is:

- to purchase the land that has become available at the St Pancras Hospital site
- to build a new centre, designed to bring together eye care, research and education
- to provide the highest quality of care and accessibility for patients, carers, staff, innovators and students.

The main advantages of a new build at the St Pancras Hospital site are:

- a purpose-designed centre would achieve fully our strategic objectives to bring together eye care with research and education for the best possible patient care
- a new design offers the space and flexibility to meet changing patient and service needs in the future
- creating the centre at a new location allows continuation of services at City Road until the proposed new centre is ready, offering greater potential for a smooth transition for patients, carers, staff and students
- a new site has the additional cost of purchasing the land, but by vacating the City Road site, the land can be sold and the proceeds invested in the proposed new centre.

The main disadvantages of a new build at the St Pancras Hospital site, informed by feedback from people who have participated in discussions so far, are:

- changes in transport routes and access for people who have used Moorfields' services for many years
- potential challenges in getting to the new proposed site via bigger and more complicated rail and underground stations
- potential challenges of a longer route from public transport hubs to the proposed new site.



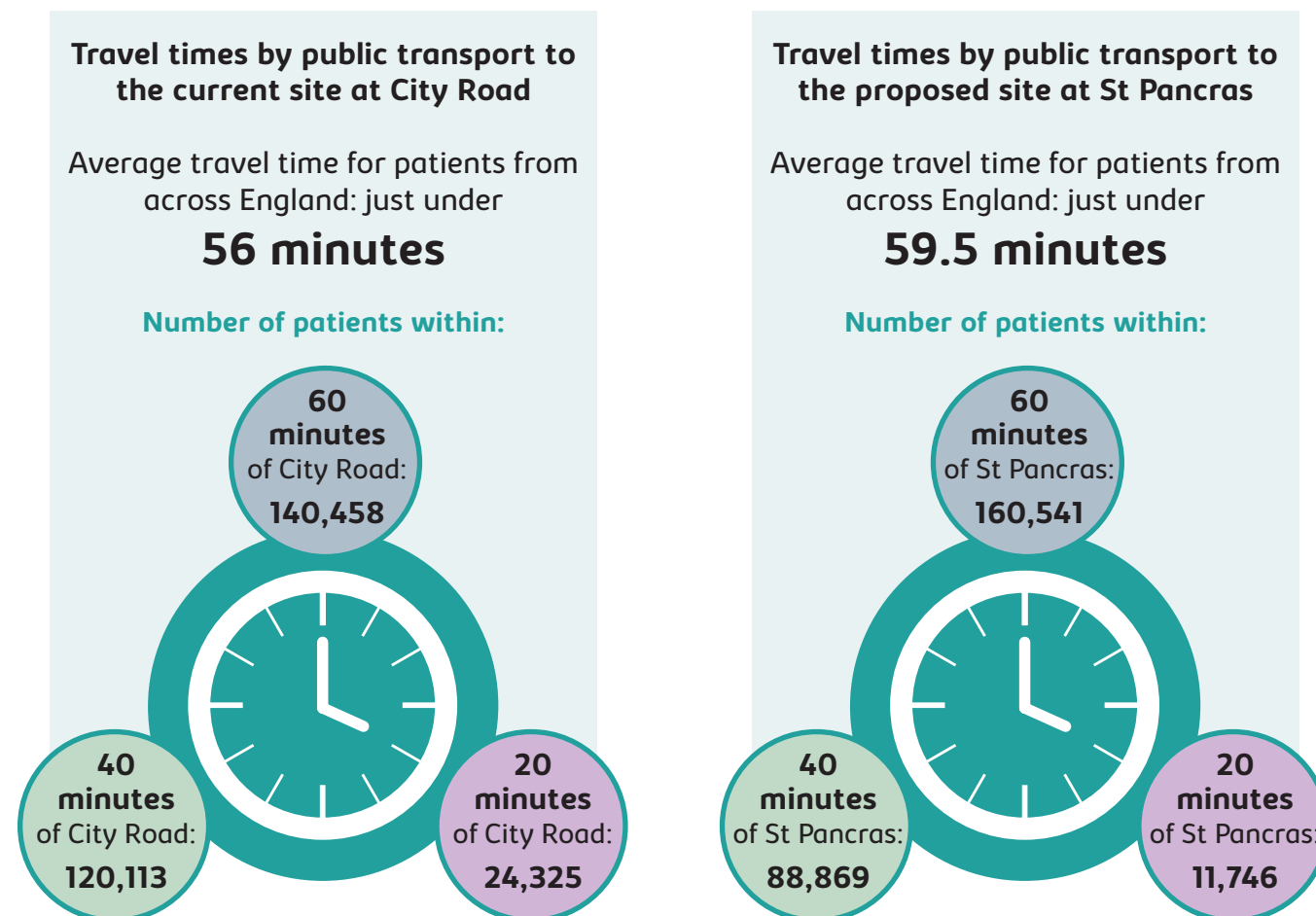
The current proposal to relocate the hospital from City Road to St Pancras does not include changes to Moorfields' services at its 30 other sites, although over time these will be considered as part of a wider review of ophthalmology services across London by the North Central London Sustainability and Transformation Partnership.

## Travel times

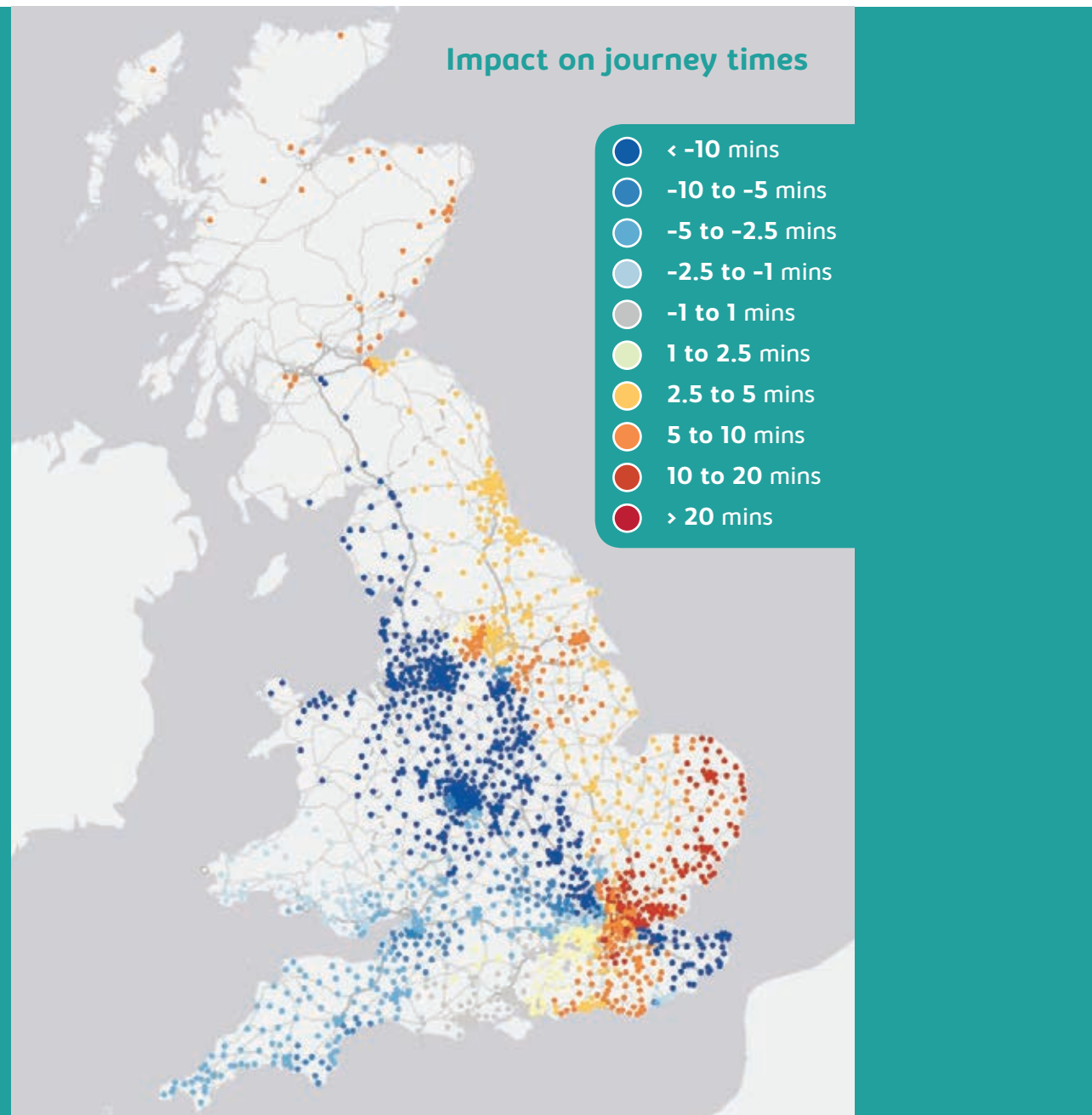
An independent organisation has completed a study of the average travel times by public transport for people attending the City Road site compared with average travel times to the potential site at St Pancras.

The study was based on the postcodes of all patients who attended Moorfields Eye Hospital, City Road in 2017/18.

The analysis looked at routes by rail, London Underground, light rail and Metro services, buses and trams. It also took into account the future Crossrail and Elizabeth line links.



The blue dots on the map below show that the majority of areas across the UK would benefit from a shorter travel time to St Pancras than the journey time to City Road. The red dots covering parts of east London, Essex, Suffolk and Norfolk show where the journey times are potentially longer.



To read and download the report on travel times, please visit the Oriel website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk)

## Access from public transport to the proposed new centre

Our discussions with people so far have shown us the importance of accessibility and that overall travel times for people with sight loss may be less important than the ease or difficulty of getting to the proposed new centre, particularly the journey to the hospital from rail, underground or bus routes.

The current routes to the St Pancras hospital site have some advantages, but also several challenges. King's Cross and St Pancras stations have undergone major refurbishments in recent years, which have created step-free access and high-quality pedestrian walkways. However, they are both very large and busy stations with more entrances and exits than the underground station at Old Street.

Wherever the proposed new centre is located, we would develop an accessibility plan in partnership with mobility experts, transport authorities, local authorities, patients and their families. As part of a future planning application to the local authorities, we would work with Camden Council's planning department and others to include an audit of access routes and any necessary improvements and adaptations.

Leading eye charities, the Royal National Institute of Blind People (RNIB), and Guide Dogs for the Blind Association, are working with us to explore the issues and possible solutions. We are starting this work with a symposium in July 2019 that will bring together accessibility experts and people with sight loss.





## Views from patients and public

At each stage of developing our proposal, we have invited people to give their views.

### How we involved people in our proposal

During 2013 we undertook a range of engagement activities with patients, the public and staff groups. The key findings from these preliminary activities were used to shape the options for a future eye care centre. In late 2013, there was a 12-week consultation which asked patients, public and staff for their views on a proposed move of services from the City Road site to a new eye centre to be built in a preferred location in the King's Cross/Euston area. People were also asked to rank and comment on a list of decision-making criteria.

There is a growing list of people who have let us know they want to stay informed and involved in the project. A core group of patient and public representatives – the Oriel Advisory Group – has been established to help us with this work.

We also assembled a group of patients and members of the public to take part in the most recent options review in April 2019.

Building on many ideas about improving patient experience, this group agreed the following as a summary of what matters to patients, carers and their families:

- Clinical expertise above all else, even if this means travelling further to receive the highest quality specialist care
- A smooth clinical pathway through the whole system from getting the first appointment to follow-up care and support
- Getting to the hospital, including in an emergency
- Efficient and caring experience at the hospital
- Good communications and information
- Person to person support, when needed.

The group also highlighted the following as important:

- Proximity to public transport hubs
- Manageable and obstacle-free journey from transport hub to the hospital
- Interior design to support wayfinding for people with sight loss
- Provision for access by ambulance and motor vehicles.

For further information on how we have involved people and a detailed summary of feedback, you can see a full report on our website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk).



## The main themes of feedback

### Support in principle for a new centre

Most people who participated in discussions indicated strong support in principle for a new purpose-built centre of excellence for eye care, with the potential benefits of combining research and education with frontline eye care.

People who responded to an online survey were less positive about our proposal than those who attended a discussion, their main concern being disruption caused by change.

### Critical to success

Most people in discussions expressed the following views:

- The level of current hospital services should continue, with an expectation of improvements in both clinical care and patient experience.
- Any change should be managed with minimal disruption, smooth transition and continuity of service.
- Accessibility is a high priority, both in terms of getting to and around the hospital.

### Improving patient experience

People expressed a great deal of confidence in Moorfields' clinical care but not in the patient experience at City Road.

Most people expect that the proposed move to a new centre could and should improve the physical aspects, as well as the whole culture of eye care – people saw a real opportunity to achieve world class standards in all aspects of care for patients.

#### Improvements in physical design

- Logical layout of facilities to ensure a smooth flow of patients through the various stages of their appointment.
- Good signage and information.
- Comfortable access to toilets, water and food. Comfort is important, particularly for people who may have to wait for some time and may have had to travel a substantial distance from home.
- Comfortable environment that is socially and emotionally supportive to patients and carers.

#### Improvements in personal interactions

- Efficient reception, able to communicate clearly and help people to access the service in the best possible way.
- Efficient check-in, accessible for people with sight loss.
- Friendly staff, trained in supporting people with visual impairment and other disabilities, such as hearing loss and dementia.
- People available to help with wayfinding, not necessarily employed staff.

## Other feedback

### Opportunities for information and support

People offered ideas on using space in a new centre for access to wider support and counselling services, possibly in collaboration with the voluntary sector.

### Access to research

People were appreciative of the potential benefits of integrated eye care, research and education. They were keen to see faster translation from discovery and innovation to frontline care and for more patients to have access to clinical trials.

### Support for staff

People showed a keen interest in how staff felt about the proposed move and how the proposal could support recruitment and retention.

### Wider strategic view

Some people raised the need to embrace new technology and treatments with a potential shift towards more care for people at home and in primary care.

Community-based optometrists, social care and voluntary sector professionals who participated in discussions highlighted the benefits of closer relationships to ensure more “joined-up” care for patients.

People were also interested in what might happen to the City Road site if it were sold. We will continue to offer the opportunity in the future for people to give us their thoughts on these and other aspects, should the proposal be approved to proceed to the next stage.

## Impact on equalities

We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service.

To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes and are analysing these through an equality impact assessment (EIA).

The EIA process is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or minority groups. As well as helping us to improve services, EIAs also help to ensure that we meet our responsibilities under the Equality Act and fulfil our public sector equality duty.

The EIA for the proposals to move Moorfields from its site on City Road to the St Pancras hospital site is being conducted in two parts, with the initial (desktop research) phase completed for the pre-consultation business case (PCBC), and the second stage to be conducted during this consultation.

Recommendations to address the impact on equality will be included in the Decision-Making Business Case.



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

- How the services might impact on people with protected characteristics under the Equality Act 2010
- 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.

You can read our initial assessment on our website [www.oriel-london.org.uk](http://www.oriel-london.org.uk), and we are seeking views on which equality impacts you feel we should be considering and how we can minimise any impacts.

As part of the April 2019 options appraisal, and using existing data sets, we re-examined which sections of the population might be most affected by the proposed changes. We focused on the CCG areas which are the closest to Moorfields and whose populations receive 45% of the care provided by Moorfields at City Road.

This analysis found that:

- The relocation of Moorfields from City Road to the St Pancras Hospital site could result in more patients attending Moorfields from some areas such as Enfield and Newham.
- North east London CCGs have a high number of people with long-term limiting illness or disability that significantly hinders their ability to carry out normal daily activities, so have the potential to be disproportionately impacted by any change.
- North east London has a high prevalence of black and minority ethnic (BAME) people for whom the impact of the co-morbidities on eye health could be higher, and therefore could have the potential to be disproportionately impacted by any change.
- In the Moorfields catchment area, Tower Hamlets is in the top 10% most income-deprived in England and five other north east London boroughs are in the top 20% most income-deprived. It is therefore likely that income-deprivation related presentations to the Moorfields service would most likely arise from these areas.

We will ensure that the people living in the areas we think will be most affected understand the implications of the proposed move. This will build on engagement activity already undertaken with people in particular groups and in north east London.

## Section 4 – How much would it cost?

A proposed new centre for eye care, research and education is a large and complex development.

A project of this scale requires years of planning, a major transition for patients and staff and a significant investment of public money.

We have had financial experts working over the past few years to ensure that this proposal is affordable and would not impact on the long-term financial position of Moorfields Eye Hospital.

To build a new centre to support integrated delivery of world-leading eye care, education and research would cost the NHS around £344m which would come from various sources:

- The sale of the City Road site
- Donors to Moorfields Eye Charity
- Central government funding
- Funds from Moorfields Eye Hospital NHS Foundation Trust.

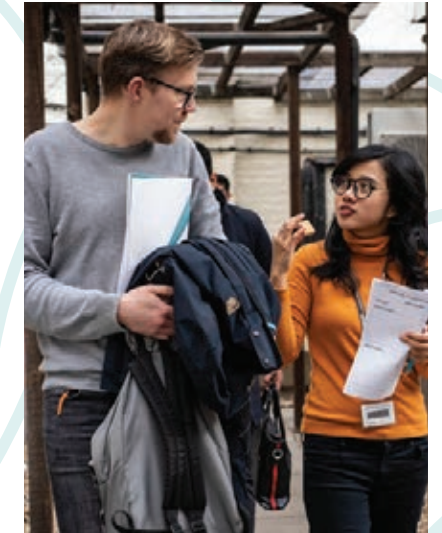


## Section 5 – Decision-making process

### The major decisions that would lead to the start of construction

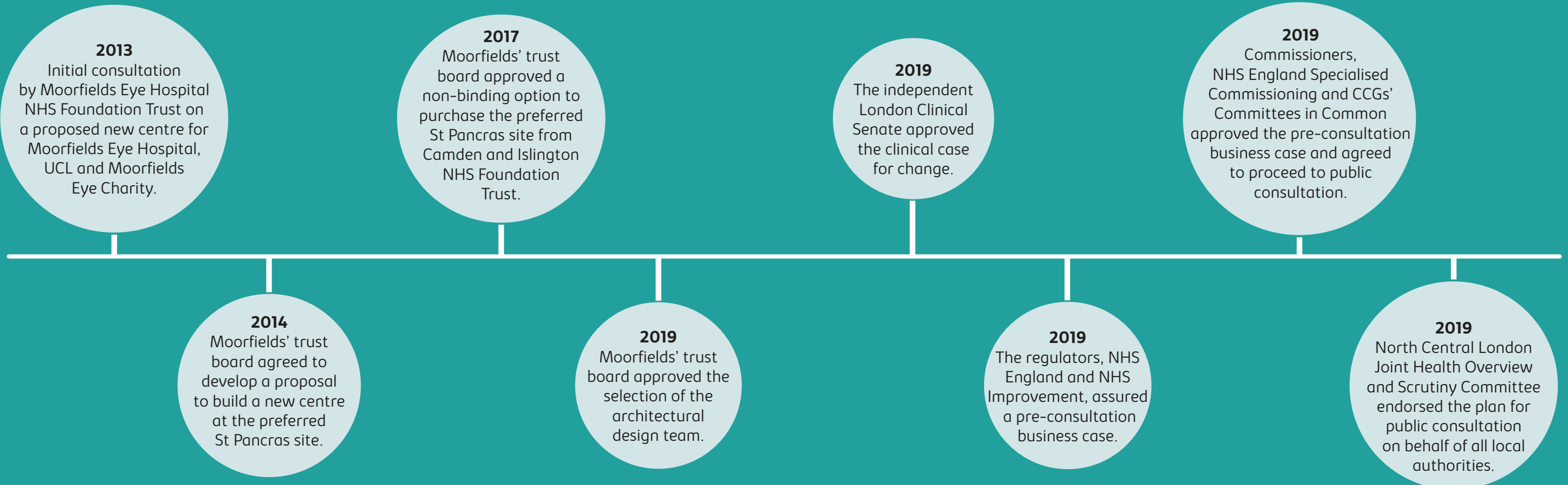
NHS Improvement requires Moorfields to submit a strategic outline case, outline business case and full business case for capital investment proposals of this value.

In this section, we explain some of the main decision-making steps taken to date and next steps, including where plans would be tested before proceeding to the next phase.



#### Decisions to date

Page 22

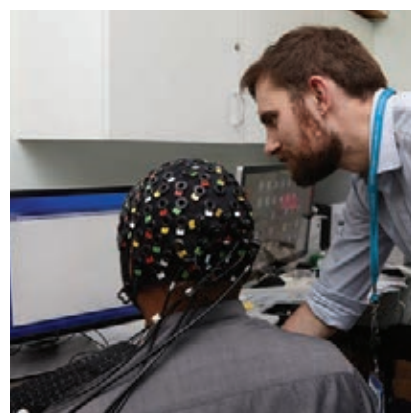
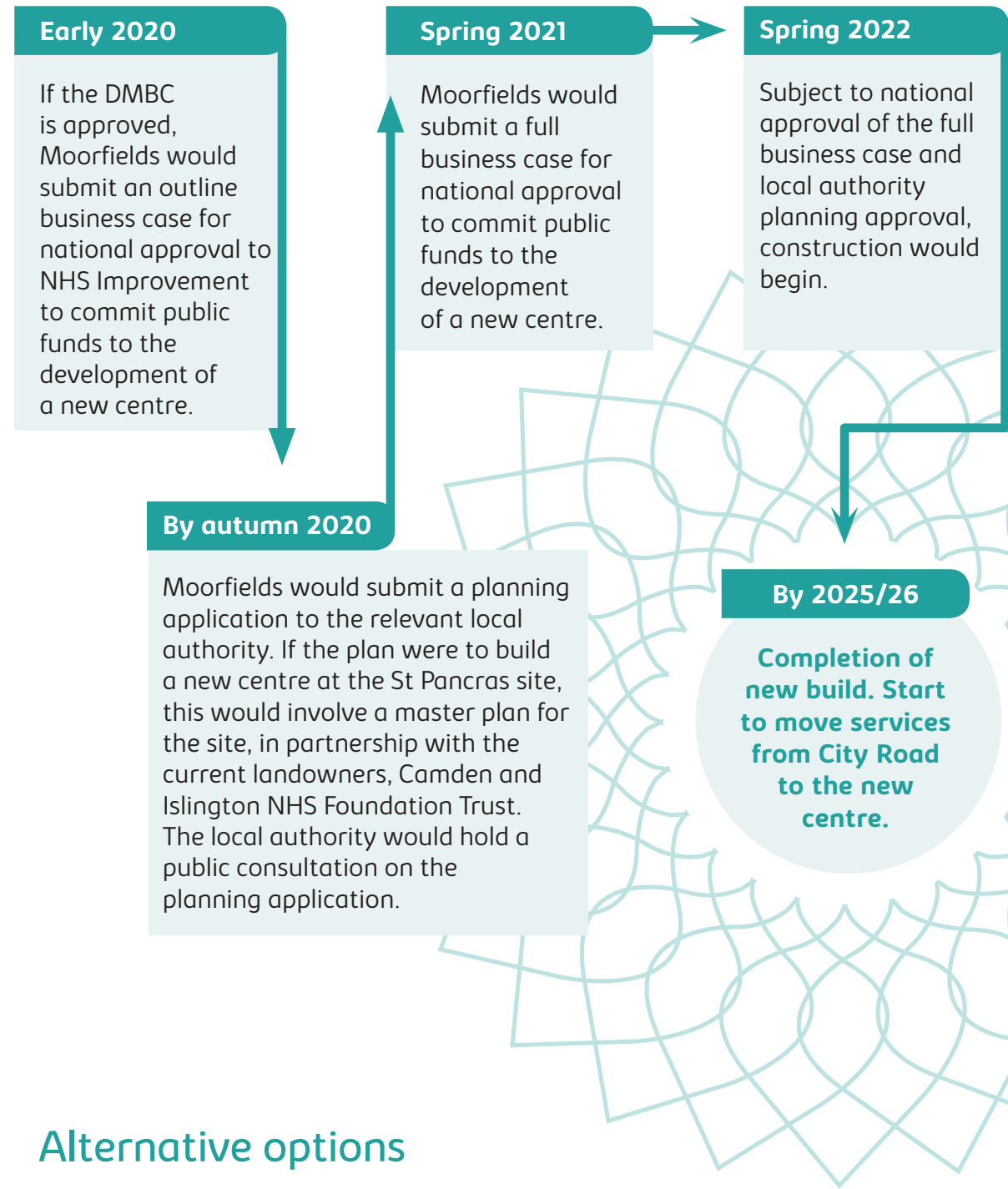
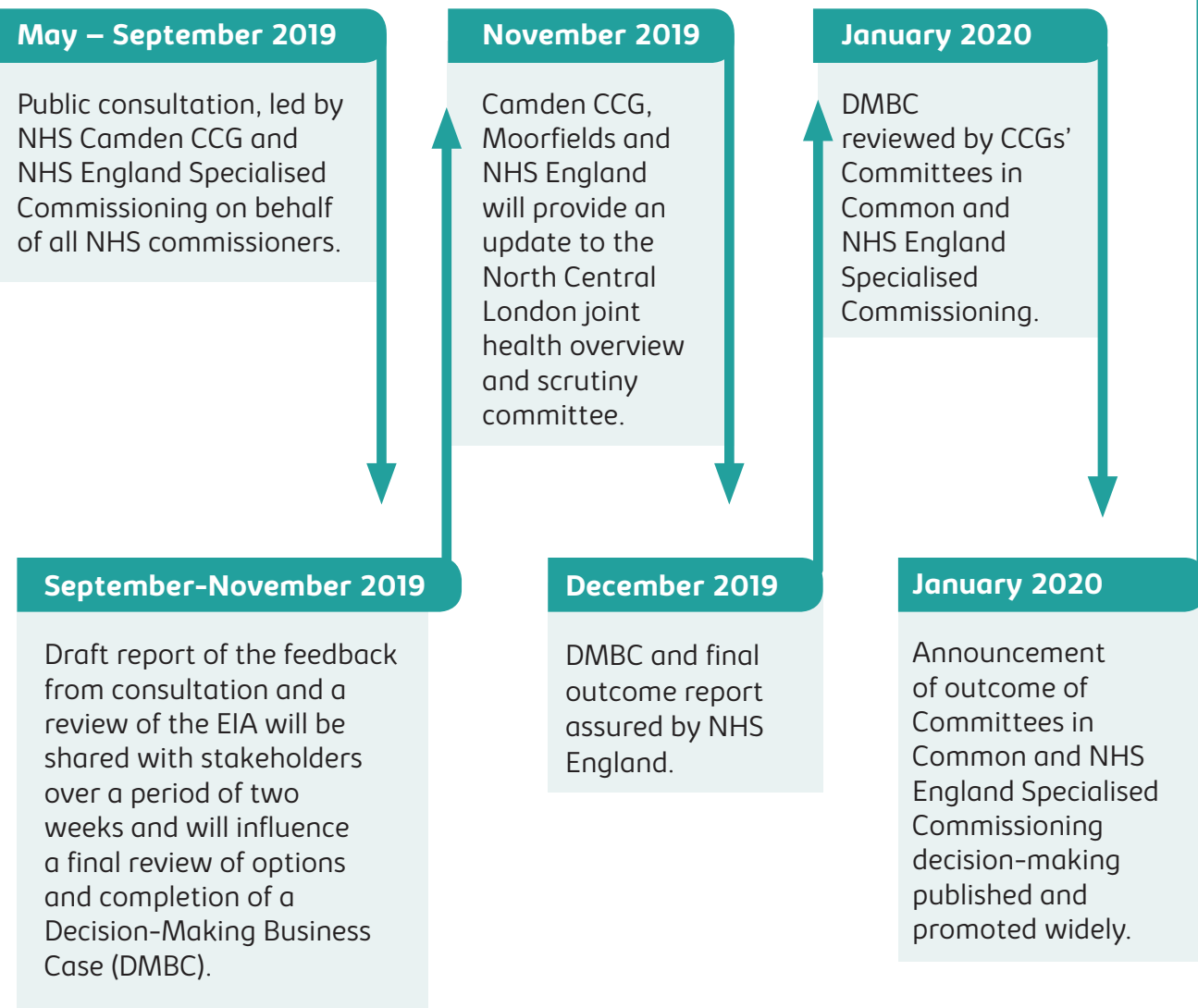




## Next steps

The phases of the programme will depend on what decisions are made at several key stages but the following outlines what the timeline may look like:

Page 23



## Alternative options

While the current preferred option is to build a new centre at the St Pancras Hospital site, we remain open to other potential locations and are seeking suggestions as part of this consultation process.

Any new locations would be subject to the same appraisal process and all options (including any new ones) will be re-appraised after the consultation as part of the Decision-Making Business Case process.

## Section 6 – How to give your views

We want to receive the views of as many patients, public, staff and partners as possible to inform our plans during our public consultation – running between **24 May and 16 September 2019**.

Taking into account your views, as well as other evidence for service change and value for public money, commissioners will decide during the winter of 2019/2020 whether the proposed move of Moorfields' services from City Road should proceed to the next stage of planning.

This consultation is focused on the proposal to move Moorfields' services and the IoO from their site at City Road, Islington to the St Pancras Hospital site in Camden, including the important issue of access.

We are also seeking your views on whether you have suggestions for alternative suitable solutions for the proposed centre.

You are welcome to make suggestions about what the buildings might look like, but that is not what we are consulting on at this stage. There will be opportunities in the future for you to give us your thoughts on these and other aspects of the new centre, should the proposal proceed to the next stage.

**We hope you will  
take this opportunity  
to join the discussion  
and send us your views**

### Here are the ways to get involved:

- Come along to one of our open discussion groups. The dates and venues are listed overleaf.
- Visit the Oriel website [www.oriel-london.org.uk](http://www.oriel-london.org.uk), where you will find this consultation document and other information, including a summary of the proposal, large print, audio versions and Easy Read.
- Let us know your views by completing the feedback survey available online at <http://oakhamwarp.dinksurveys.com/Moorfields>.
- You can download copies of the survey from [www.oriel-london.org.uk](http://www.oriel-london.org.uk) and return your completed survey by email or freepost (no stamp needed).
- If you would rather write to us by post or email, send your views to the consultation team at the address below.
- If your group or organisation would like to meet to discuss the proposed move, please contact the consultation team at the address below. The team can also arrange printed copies, other formats (including braille) and language versions of the consultation document or summary.

### How to contact us

Please contact us via our consultation team, using the contact details below:

Email:	<a href="mailto:moorfields.oriel@nhs.net">moorfields.oriel@nhs.net</a>
Phone:	020 7521 4684
Mail to:	Freepost ORIEL (No need for a stamp or any other address details)



## Open discussion groups

The proposed move for Moorfields needs your views. Come and join the discussion at any of the open discussion groups listed opposite.

You can book your place at any of these events by visiting <https://oriel-consultation.eventbrite.co.uk> or you can contact us and book your place by phone or email using the contact details on page 43.

Tuesday <b>4 June</b>	2pm to 3.30pm	<b>London Vision South East,</b> 7-14 Great Dover Street, London SE1 4YR
Monday <b>10 June</b>	11am to 12.30pm	<b>St Pancras and Somers Town Living Centre,</b> 2 Ossulston Street, King's Cross, London NW1 1DF
Monday <b>10 June</b>	2pm to 3.30pm	<b>St Pancras and Somers Town Living Centre,</b> 2 Ossulston Street, King's Cross, London NW1 1DF
Thursday <b>13 June</b>	1pm to 3pm	<b>Albert Jacob House,</b> Room 101, 62 Roman Road, Bethnal Green E2 0PG
Monday <b>17 June</b>	2pm to 3.30pm	<b>The Beehive Centre,</b> Healthwatch Thurrock, West Street, Grays, RM17 6XP
Wednesday <b>19 June</b>	11am to 12.30pm	<b>Voluntary Action Islington,</b> 200A Pentonville Rd, London N1 9JP
Wednesday <b>19 June</b>	2pm to 3.30pm	<b>Voluntary Action Islington,</b> 200A Pentonville Rd, London N1 9JP
Thursday <b>20 June</b>	2pm to 3.30pm	<b>Welwyn Garden City Central Library,</b> Campus West, Hertfordshire AL8 6AJ
Monday <b>24 June</b>	2pm to 3.30pm	<b>The Pocklington Hub,</b> Entrance D Tavistock House South, Tavistock Square, London WC1H 9LG
Tuesday <b>25 June</b>	2pm to 3.30pm	<b>Tooting Library,</b> 75 Mitcham Rd, Tooting, London SW17 9PD
Wednesday <b>26 June</b>	2pm to 3.30pm	<b>West Acton Community Centre,</b> Churchill Gardens, West Acton, London W3 0JN
Monday <b>1 July</b>	2pm to 3.30pm	<b>Kesgrave Community Centre,</b> Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF
Thursday <b>4 July</b>	2.30pm to 4pm	<b>London Vision East,</b> Waltham Forest Resource Hub (South), 90 Crownfield London E15 2BG
Thursday <b>4 July</b>	6pm to 7.30pm	<b>London Vision East,</b> Waltham Forest Resource Hub (South), 90 Crownfield London E15 2BG

# Appendix 1: Organisations that are involved in the proposal

## Service providers and partners

The proposal to build a new centre for eye care, research and education has been developed by Moorfields Eye Hospital and its partners, UCL and Moorfields Eye Charity.

The proposal is being put to the public by the NHS commissioning organisations who plan and buy the services of Moorfields Eye Hospital. These are CCGs who buy hospital eye care for their local residents, and NHS England Specialised Commissioning who buy specialised eye care for people from the whole of England.

### Moorfields Eye Hospital NHS Foundation Trust

Moorfields is the leading UK provider of eye health services and a world-class centre of excellence for ophthalmic research and education. Its reputation for the highest quality eye care has developed over 200 years. About 2,120 staff provide services to more than 750,000 people each year at a network of around 30 sites across London and the south east. Moorfields' largest site is located at City Road in Islington.

### UCL Institute of Ophthalmology (IoO)

UCL's Institute of Ophthalmology opened in 1948 as a training facility specialising in research. By the 1990s, the IoO had moved to Bath Street, next to Moorfields on City Road which helped to strengthen its links with the hospital. Today it conducts cutting-edge science, attracting research workers of the highest international calibre, working in partnership to lead the way in vision research.

### Moorfields Eye Charity

Moorfields Eye Charity is the main fundraising and grant-making charity for Moorfields Eye Hospital and the UCL Institute of Ophthalmology. It provides targeted funds, above and beyond the responsibility of the NHS, to research cures and find treatments for millions of people affected by eye disease in the UK and around the world.

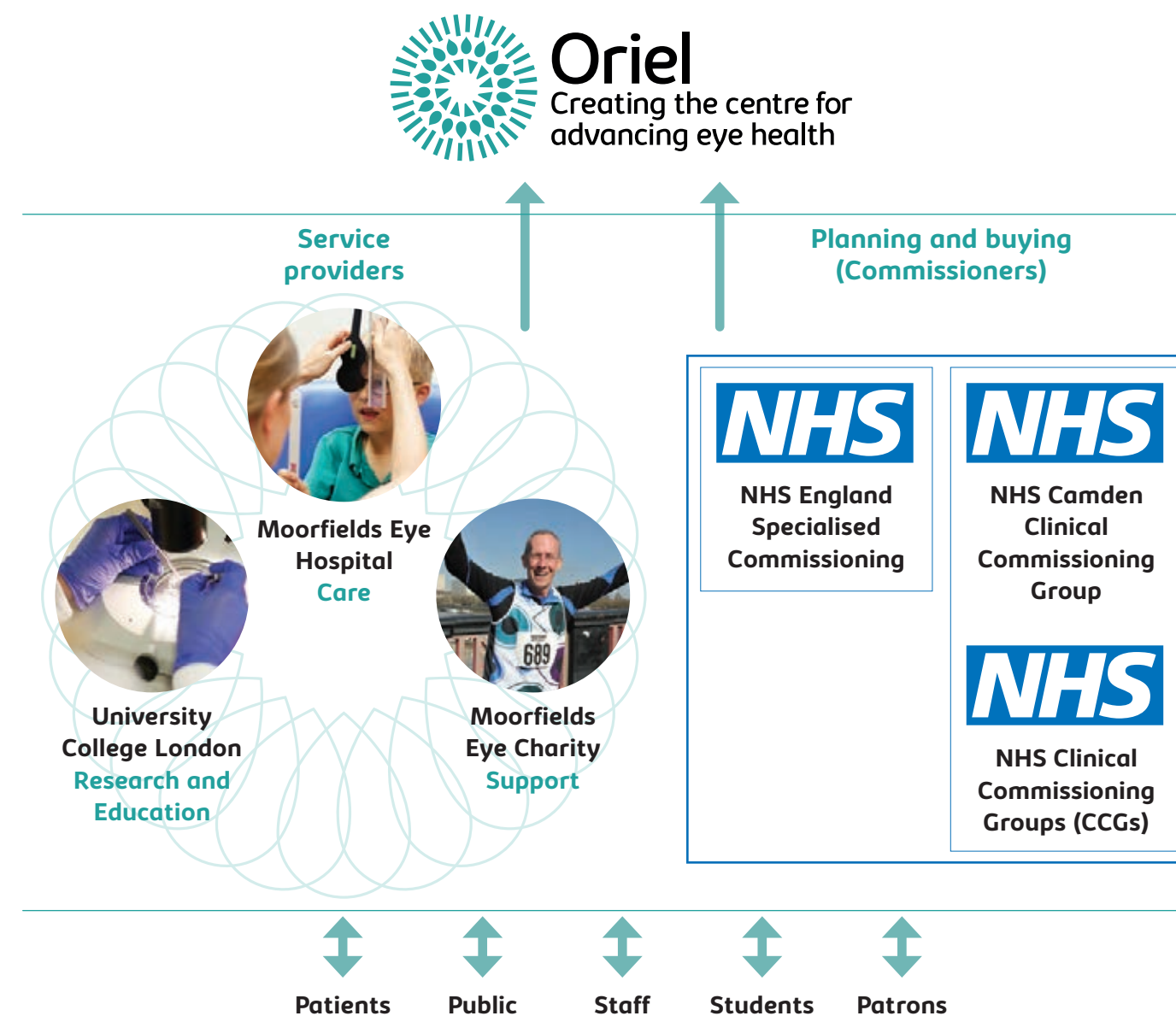
## The NHS commissioners

### NHS Clinical Commissioning Groups (CCGs)

Moorfields' services are commissioned by 109 CCGs across England, and NHS England, with 14 London and Hertfordshire commissioners holding contracts with Moorfields of more than £2 million a year in 2017/18. The trust's services are commissioned by NHS Islington CCG, the lead commissioner, on behalf of all associate clinical commissioning groups. NHS Camden CCG, on behalf of NHS Islington CCG, is acting as the designated lead commissioner in relation to these proposals.

### 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).







Please contact us via our consultation team, using the contact details below:

Email: [moorfields.oriel@nhs.net](mailto:moorfields.oriel@nhs.net)  
Phone: 020 7521 4684  
Mail to: Freepost ORIEL  
(no need for a stamp or any other address details)



This page is intentionally left blank



# Proposed Move of Moorfields Eye Hospital's City Road Services

Consultation Findings Report  
24<sup>th</sup> May – 16<sup>th</sup> September 2019



## Document Control Sheet

<b>Client</b>	NHS Camden Clinical Commissioning Group (CCG) and NHS England (Specialised Commissioning)
<b>Document Title</b>	Proposed Move of Moorfields Eye Hospital's City Road Services Consultation Findings Report
<b>Version</b>	08
<b>Status</b>	Final
<b>Client Ref:</b>	
<b>Author</b>	Louise Bradley and John Poole
<b>Date</b>	13th January 2020
<b>Further copies from</b>	<a href="mailto:info@participate.uk.com">info@participate.uk.com</a>



# Contents

1. Summary of Findings	4
2. Introduction	12
3. Consultation Methodology	16
4. Approach to Analysis	24
5. Potential Equality Impacts and Profiling Information	25
6. Survey Data Feedback	33
7. Discussion Groups and Meeting Notes Data	64
8. Responses from Professional Groups	88
9. Social Media, Feedback Forms and Chatbot	109
10. Other Responses	112

# 1. Summary of Findings

The following summary of findings draws out the themes from the following forms of dialogue undertaken during the consultation on the proposed move of Moorfields Eye Hospital's City Road services.

- The analysis of 1,511 surveys with closed and open-ended questions.
- Themes from other forms of response including: 261 emails, letters, telephone logs, social media and 29 formal responses from a wide range of professional bodies. A Chatbot was also set up and generated 1,249 questions.
- The coding of hundreds of comments from 99 discussion groups and other forms of meetings.
- The detailed findings from all of these dialogue methods can be found in Sections 5 -10 this report.

There is overall support for the proposal to create a new centre at the St Pancras site. It is felt the new site will give the opportunities needed to enhance facilities, join-up services, support staff, improve accessibility and create a world class centre of excellence. Some views (e.g. 8% of survey responses) suggest services should remain at City Road mainly due to the anxiety of what any change could mean and concerns over travel, disruption to current services and loss of heritage. Many suggestions have been made to address any transport and travel issues, improve patient experience overall, give staff the facilities they need and ensure all accessibility needs have been met. It will be important to involve service users, carers, staff and representatives of other groups in the development of the proposed new centre at St Pancras.

In terms of demographic reach of the consultation, Table 2 in the "Potential Equality Impacts and Profiling Information" section demonstrates that there is a broad representation of profiles in response to the survey. 62% (937 out of 1,511) of respondents were current or former service users. The reach is further strengthened with feedback gathered during nearly 100 meetings, plus letters and emails received.



## Detailed Summary

### Overall agreement with the proposal to build a new centre at St Pancras

Throughout all feedback received there was overall agreement and support with the proposal to build a new centre at the St Pancras site. The highest levels of agreement among survey respondents came from current and former service users and staff. Overall support from survey respondents was 73%. Supportive comments have highlighted:

- To create a centre of excellence: it was felt that the new centre would benefit both service users and staff, in that a specialist and highly regarded hospital such as Moorfields needs 21<sup>st</sup> century purpose-built facilities providing a world class centre of excellence.
- Current City Road site in need of modernisation: there are concerns that the current site is run down and in need of modernisation. Some comments from survey responses stated that it is a 'rabbit warren' and hard to navigate. The proposed new centre would enable changes to the organisation of services and departments to help service users make their way around the facilities.
- Meeting future demand: it was felt that the new centre is important to allow Moorfields to expand and cope with future demand from population growth and an ageing population.
- Working closely with other organisations based around St Pancras: from a research and collaborative learning perspective it was stated that the location of the proposed new centre would open up the opportunity for closer working with organisations such as the Francis Crick Institute, Royal National Institute of Blind People (RNIB) and University College London (UCL).
- Good transport links: it was highlighted that being near to two mainline stations with the King's Cross area being a transport hub, should make it easier for those travelling from outside London. The area was also seen as upwardly mobile by some, however, there were other concerns about the busy nature of King's Cross which could cause concern for some service users.
- To build better training and staff facilities: it was felt a new centre would potentially improve staff morale as people prefer to work in modern professional environments. It was asked that the design should also incorporate facilities such as quiet areas for contemplation. It was also stated

that thought should be given to the needs of administration staff as well as clinical professionals, such as offices with natural light. Investing in training staff was seen as crucial to help them widen their understanding and enhance patient experience. Therefore, new centre could give an opportunity to become a 'training centre of excellence' too.

- Provide enhanced facilities for service users, carers and families: the proposed new centre gives the opportunity to improve patient facilities, for example better toilet facilities, TV services, toys, books (including Braille), vending machines, reasonably priced food and beverages, seating, outdoor space (especially for guide dogs) and quiet areas. Some felt the waiting areas should have enough seating and toilets close by so that people do not miss appointments. With reference to the current waiting areas at City Road, some people felt that they should not be located in a basement without natural light and proper ventilation (as is the case currently at City Road).
- Deliver reduction in waiting times and reduce issues with appointments: if the new centre offers enhanced service capacity and more joined-up communication, it was hoped that this will result in improved waiting times. People asked that a wider range of times should be available to avoid rush hour travel. Others requested more accurate information about potential delays and how long they would need to be at the centre, so that they could plan their day better.

## Redevelopment at City Road

A number of survey responses (126 of 1511 responses) from all groups stated a preference for staying at City Road. Comments suggested that the building has historical significance and that the heritage of Moorfields' world leading status could be lost in any potential move.

There was an opportunity to explore these views in face-to-face discussions:

- Service users are familiar with travelling to and from the present site: familiarity with routes was especially important for people with sight loss. If they had to move it was felt that there needed to be assistance provided.
- City Road site is seen to be more accessible: the City Road area was seen by a small proportion of people as being less busy than the proposed new site. Therefore, it was felt it is potentially easier to access, with less potential



distress and anxiety for service users and carers or family members. The City Road location was seen as being nearer for some people meaning less travel time and less cost of travel, this is especially the case for those in north east London.

- Selling off NHS assets and what becomes of the old site: there were concerns about 'selling off NHS assets' and questions in regard to what will become of the City Road site. Some respondents were worried that Moorfields' network sites could be adversely affected and stated that these should continue, as care should be provided as close to home as possible. There were requests that any equipment no longer required at City Road should be redistributed to the Moorfields' network sites to help provide better facilities.

### **Choice of location and alternative sites**

- The majority of responses (e.g. 73% of survey responses) support St Pancras as a location for the proposed new centre: it was felt that it is a central London location, next to major transport links and remains an NHS asset. Any alternative site should have good transport access.
- Some alternative solutions were listed: in answer to Q6 of the survey, some alternative sites were listed. These were considered as part of a further options review for the decision-making business case.
- Services closer to home or east London: among survey respondents, there were slightly higher levels of disagreement with the proposal of a new centre from those living in north east London. In discussions, people frequently expressed a the view that services in their locations should be developed to provide more services closer to home and reduce patient flow to Moorfields' specialist centre.

### **Transport to and from the proposed St Pancras site**

There were a number of aspects listed that were key concerns for people in regard to travel and transport to and from the St Pancras site. The main themes are listed below, however, it should be noted that overall it was stated that improved clinical quality is more important than any travel issue which could be overcome:

- Travelling the last half mile: views on the routes from the main transport hubs to the proposed site highlight current challenges, such as limited bus services.

Feedback from discussions suggest that Moorfields and partners should consider the impact of this on service accessibility.

- Transport for London engagement: the need to work with TfL was seen as crucial to provide joined up services and to ensure these are widely communicated.
- Help with travel: some people identified a potential increase in costs of travel, for example from east London. Some respondents also suggested that there should be a link with Guide Dogs and RNIB which offer help with mobility for people with sight loss.
- Difficulties posed by a busy area: the King's Cross area was seen as being very busy with the perception by some of an increased risk of crime for vulnerable people. There were concerns that this would be daunting for service users, carers and family members and especially older people, which could cause anxiety and confusion.

### **Accessibility to the proposed site**

A number of suggestions and solutions were listed to help with accessibility to the proposed new centre:

- The green line and tactile flooring: the green line painted on the pavement from local stations to the hospital was highlighted as a key assistance mechanism as well as tools such as cats' eyes and tactile flooring.
- Move bus stops: it was suggested that current bus services should be re-routed to the proposed new centre.
- Provide a shuttle bus: some suggested that the Trust could provide a shuttle bus service from the hospital to nearby stations.
- Operate a meet and greet facility: it was suggested that a 'meet and greet' facility could be offered at stations manned by volunteers.
- Station announcements: specific assistance and announcements could be incorporated into station services meaning their staff would need to be aware of patient needs and trained to help.
- Parking issues: it is felt that there is limited parking available at the proposed site, however, most respondents were more concerned about public transport as a preferred method of travel. Staff and carers were most concerned about there being sufficient onsite parking with permit and blue badge spaces being available.



- Pick-up and drop-off points: the design of the new centre should incorporate pick-up and drop-off points for taxis and cars.
- Better signage: signage to the centre and for getting around it was seen as being very important. This included aspects such as maps, large print, technological signposting such as talking lampposts, smart-phone based GPS apps and other systems.
- Road crossing: it was mentioned that there is a need to consider road crossings as these are potentially dangerous and frightening for people with sight loss.
- Assistance after appointments: some service users need assistance after their appointment to get to their mode of travel, especially if they have reduced vision following treatment.

### **Accessibility around the proposed site**

A number of suggestions were made to improve accessibility around any potential new centre. Overall it was felt that it would be crucial that staff, service users, carers and representatives from supporting groups and charities are involved in the design and development of the proposed centre to ensure it meets a wide range of needs. The suggestions for accessibility include:

- Better use of space: minimise the need for walking between appointments and other clinics or diagnostic areas by using layouts that help to place complementary services on one floor. Also provide easy access to lifts on all levels with highly visible Braille buttons or talking lifts.
- Use of colour: use different coloured lines or coloured tiles between different clinics and colour code areas.
- Tactile markings for directions: include the use of tactile markings to give directions to different areas.
- Natural light: include lots of natural light and avoid white where possible on the walls, as green and blue are better colours for people with sight loss. It was also stated that glass doors should also be avoided.
- Practical solutions: even though there is a desire to incorporate technological solutions, it was stated that other applications should not be forgotten or dismissed. These include printed maps, signposts, volunteers (help to get around) and colour coded clinics. The design should ensure that not all aspects require computers, screen readers or apps to navigate the centre.

- Train staff in issues: all reception staff should be trained in visual awareness and potential accessibility issues so that they can offer assistance.
- Navigating the system: enhanced support functions were seen as important to make the patient journey easier. This could be achieved by clinics linking in with each other to make appointments on the same day. This approach could also be achieved by incorporating the help of voluntary groups and charities to assist service users and carers in navigating the system. It was felt that it can currently be difficult to find clinics as they are sometimes in other buildings or other locations for follow-up, so assistance with this aspect is also needed.

### Other aspects of patient experience

- Communication with service users, carers and family: some other aspects were suggested to improve patient experience. Communication was seen as an area for improvement, for example, not all service users and carers access email and texts. There were anecdotes about mistakes in template letters and other miscommunications causing confusion. Service users also stated that they receive little or no updates on waiting times, which makes it difficult to plan for appointments.
- Better patient facilities: facilities could be improved in terms of areas for treating service users, which do not always allow privacy. There were comments on the benefits and drawbacks of gender specific wards and toilets and non-gender specific areas. There were a number of requests in terms of cultural needs, which are listed within the Potential Equality Impacts section. The need for signage and information in non-English formats was also mentioned.

### Transition to the proposed new centre

- Communicate progress updates: some respondents felt it was important to maintain open and varied communication of progress on changes as they happen. As the move is planned in stages, keeping Moorfields City Road site open as the new site commences services, it is important that service users know if they need to attend the old or new site and where to go.
- Multi-channel communication approach: it was recommended that all communication channels should be used as some service users will be reached better by text while others will prefer a phone call or a letter.



- Keep City Road open and slowly migrate: the gradual move of services over time was commended as it allowed continuation of care in the event of delays. Timelines should be provided and updated as the new centre is developed. It was felt by some that the Trust should produce an audio guide and maps for the new centre, which could be available on the website. This would help service users understand the centre and how to navigate it before their appointment.
- Include service users and staff in the new design: some groups expressed the need to include people with disabilities and other protected characteristics in the design of the new centre. People have a range of expertise and special knowledge about what is accessible and what doesn't work. The breadth of involvement during the consultation was commended.

## 2. Introduction

Participate Ltd has been commissioned by NHS Camden Clinical Commissioning Group (CCG) and NHS England (Specialised Commissioning) to independently analyse and report upon the data from the '**Proposed Move of Moorfields Eye Hospital's City Road Services**' consultation. The following summary report sets out the analysed and thematic data from the consultation that concluded in September 2019.

### Introduction

Sight loss is becoming an increasing reality for many people. By 2050, it is estimated that around four million people in the UK will be living with sight loss.

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years. It is estimated that by 2035 around eight in ten people aged over 64 are likely to be living with some form of sight loss.

As the number of people living with complex eye conditions increases, it is essential that they are able to access the specialist care and support they need.

### Moorfields Eye Hospital NHS Foundation Trust

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. As well as the main hospital site based at City Road in Islington, Moorfields also provides specialised treatment and care at over 30 sites in and around London including; Kent, Bedfordshire and Hertfordshire.

Due to the complex and specialist nature of the care and treatment delivered, services provided at Moorfields City Road are commissioned by 109 NHS clinical commissioning groups (CCGs) and by NHS England Specialised Commissioning.

The main hospital at City Road has been at the forefront of providing the highest quality eye care for over a century and whilst the way eye care is delivered is now very different, the building remains largely the same. Moorfields' ability to provide



modern, efficient and effective treatment is achieved despite the limitations of the current City Road site. Outdated buildings – some around 125 years old – mean that service users do not always get the best experience of care, delivered in modern ways.

## **Oriel – a Vision for the Future**

The NHS in north central London alongside NHS England Specialised Commissioning, is committed to transforming ophthalmology health and care services by putting the needs of those affected by sight loss firmly at the centre of their plans for the future.

The NHS in north central London is working with NHS England Specialised Commissioning, in partnership with Moorfields Eye Hospital, University College London (UCL) and Moorfields Eye Charity, on a proposal to bring together services from Moorfields' main City Road hospital site and the UCL Institute of Ophthalmology (IoO) in a new purpose-built centre on the St Pancras hospital site in Camden.

The proposal is called Oriel and, if supported, it is anticipated that it would deliver world-leading eye care for service users, the best education for students and research for the benefit of the whole population. Specifically, a new centre would enable:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care
- More space to expand and develop new services and technology to improve care, including care that could be available locally, without the need for a hospital visit
- A smooth hospital appointment process, particularly where there are several different tests involved
- Shorter journeys between test areas and reduced waiting times
- Modern and comfortable surroundings that would provide easier access for people with disabilities and space for information, counselling and support

## The Journey to Consultation

In 2013, NHS commissioners ran an initial consultation exercise with service users, the public and other organisations, to help inform and explain the need for a new, purpose built centre. Views were sought from the public, service users and clinicians on various options.

Based on this initial feedback, Moorfields' Trust Board agreed in 2014 to develop a proposal to build a new centre at the preferred St Pancras site.

In April 2019, led by Camden Clinical Commissioning Group and NHS England Specialised Commissioning, a pre-consultation business case (PCBC) was published and set out in detail the proposal to move Moorfields Eye Hospital on City Road to a new location at the St Pancras Hospital site.

As part of the pre-consultation work, between December 2018 and April 2019, several surveys, discussion groups and drop-in events were held to gain an initial understanding of the impact of a possible move. What is clear from the feedback is that for many people who visit Moorfields, their relationship with City Road services is a critical part of their lives. Many people are regular visitors to the hospital and have been for many years. Any potential change could have a significant impact.

## Public consultation

Formal public consultation on the proposal took place from 24 May until 16 September 2019. The consultation incorporated almost 100 public consultation events and meetings and people were invited to complete a questionnaire either online or by filling out a paper copy and returning it via Freepost to the Oriel consultation team.

As part of this consultation process to inform the next stage of decision making, views on the proposed change, including access to the new site, were sought from:

- People who use Moorfields' services, their families and carers, including people who may need services in the future
- Other people who live with sight loss
- Local residents and the public



- Community representatives, including in the voluntary sector
- Staff and partners in health and social care
- Relevant local authorities.

## Next Steps

Led by Camden Clinical Commissioning Group (CCG), and in partnership with NHS England (Specialised Commissioning), the views from service users, carers, the public, as well as colleagues from across Moorfields and UCL, discussed in this report will inform a decision in February 2020 on whether the proposed move is:

- In the interests of population health, locally and nationally
- In line with long-term plans to improve health and care
- An effective use of public money.

NHS England and Improvement requires commissioners to submit a decision-making business case for assurance. If the decision-making business case were approved by the commissioners, Moorfields would proceed to the next stage of planning.

### 3. Consultation Methodology

**“There is a strong clinical case for the proposed move of City Road services, but only by listening to and learning from people who currently use or who may need our services in the future can we be truly confident of reaching the best decisions.”**

Nick Strouthidis, Medical Director, Moorfields Eye Hospital NHS Foundation Trust

#### **Commitment to Delivering Best Practice**

The NHS commissioners who led the consultation agreed with Moorfields that together they would adopt best practice in public consultation. The plan was to stretch beyond the minimum requirement routine of publishing proposals for public views, to achieve the following with meaningful consultation:

- To understand more about the diverse interests and perspectives of people who may be affected by the proposed move.
- To expand the range of people and groups involved.
- To ensure sufficient information for intelligent consideration and response.
- To improve public awareness and confidence in change.
- To inform a plan for continuing and sustainable involvement in future planning and implementation.

For further information, please see “Consultation Plan for Public and Service users” 15 April 2019” available from <https://oriel-london.org.uk/committees-in-common-documents/>

#### **Engagement from the Earliest Planning Stages**

The commissioners and partners already had the benefit of previous patient and public involvement. Between 2013 and 2018, people contributed to building the business case, developing potential site options, creating a design brief, selecting design partners and shaping the proposal for public consultation.

Between December 2018 and April 2019, extensive preparations for consultation included four surveys, a programme of events and discussion groups and detailed planning with voluntary and community representatives. Over 1,700 contributions



from service users, public and staff helped to frame the proposal and provided some early insights into what is important to service users and families.

A patient and public representative group, the Oriel Advisory Group (OAG), was established in January 2019 to consider the findings from pre-consultation and advise on process and plans. The Chair of the OAG is a member of the Consultation Programme Board and the OAG has remained a strong reference group at the centre of an extensive and active network.

For further information, please see "Views from service users and public" 24 May 2019 available from <https://oriel-london.org.uk/patient-views-documents/>

### **Summary of the Main Consultation Process**

The consultation process itself, ran from 24 May to 16 September 2019. Recognising this period covered the usual summer holiday period, the timeframe was set at 16 weeks, rather than the more usual 12 weeks for consultation.

A feedback survey offered a way for people to submit their views individually, while a programme of 99 events and meetings enabled deliberative discussions. The survey, which could be completed online or by hand and mailed freepost, measured overall views and common themes. The discussion programme provided deeper insights, including those from 43 meetings and conversations with people with protected characteristics and rare conditions.

Although the proposal for consultation was based on one preferred option, to build a new centre for eye care, research and education on two acres of land at the site of the current St Pancras Hospital, there was an explicit invitation for people to suggest alternative solutions. These suggestions are currently being appraised as part of an options review against agreed criteria and critical success factors.

By the end of the consultation period, around 4,600 contributions via the various feedback channels showed a consistent and repeating pattern of feedback. This confirms the main influences on decision-making, design and implementation in the months ahead.

## Delivery Teams

A communications working group with representatives from 15 commissioning organisations and Moorfields Eye Hospital ensured an effective cascade and coordination of consultation activity across London's communities and nationally with special interest groups. The communications working group reported to the consultation programme board.

Alongside this, a joint consultation team of commissioner and provider communications specialists managed day to day operations, working closely with the Oriel Advisory Group (OAG) and reporting to the consultation programme board.

The Trust Membership Council, commissioner executives and senior clinicians remained closely involved, listening to and discussing views at events, in the media and in individual correspondence.

Weekly reports maintained close attention to progress, in response to which the consultation team made appropriate adjustments to the consultation plan with the advice of the OAG and the assurance of monthly reviews at the consultation programme board.

## Publication and Distribution

- The voice of service users and public heavily influenced the style and content of consultation documents and support materials.
- Publication and distribution of a main consultation document was supported by accessible summaries and leaflets, available in a range of printed and digital formats, audio versions and languages.
- A dedicated consultation website provided a digital hub for all information and background papers showing the reasoning and decision-making processes behind the proposed change, plus information and access to feedback channels and discussion events.
- The website was designed to Web Content Accessibility Guidelines and tested by people with sight loss and learning disabilities to ensure compatibility with the most commonly used assistive technologies. Throughout the consultation the website team responded to suggestions for improvement, including feedback from Seeability's accessibility champion for people with learning disabilities, autism and sight loss.

- Working with digital company, IBM, the consultation team developed a “chatbot” which provided round-the-clock, immediate answers to 49 frequently asked questions, and asked people for their views.
- Detailed stakeholder mapping supported a wide distribution to service users, public, staff and professional bodies, with notifications and invitations to get involved in the months leading up to the consultation and throughout the consultation period.

#### Summary of publication and online activity:

Number of visits to the consultation website	5,615
Number of documents downloaded from the website	679
Number of questions answered via the chatbot	1,249

#### **Face to Face Discussions**

- The initial consultation programme advertised 14 dates for open discussion workshops. Three further dates were added in the last week of consultation to provide opportunities for people who had been unable to attend the previous sessions.
- The consultation team proactively reached out to community and voluntary sector groups to set up discussions at times and in locations that were more convenient for interested groups. Table 25 on page 64 provides a complete list of engagement events.
- Discussions were designed to be interactive, structured with prompts (in line with the feedback survey) to give maximum time and support to debate and participant contributions. Methods were equally accessible for sighted people and people with sight loss, and flexible to accommodate different communications needs.
- Examples of adapting to audience needs include:
  - Child-friendly information and survey.
  - Easy Read information and relaxed discussions for people with learning disabilities.
  - Informal discussions at weekend social events.
  - Telephone discussions for people who preferred to talk from home.



- In addition to existing commissioner and trust membership and involvement networks, the consultation team engaged around 450 close followers of the consultation, which brought in participants in deeper-dive workshops to inform decision-making. Examples include:
  - Patient and public input to the options review.
  - Workshops and field visits to explore issues concerning accessibility of the proposed location.
  - Workshops to explore accessibility and potential service design of the proposed new service.

## Written Responses

- The feedback survey, available online, in hard copy and in an Easy Read format, attracted over 1,500 responses, which have been summarised and analysed in this report. In addition to multiple choice, tick boxes, the survey included space for free style comments and additional information.
- It was also clear in consultation materials that people could respond in writing to a single email address or by telephone for those who preferred to talk.
- In one particular case, a member of the team made a special visit to support an individual to express their views.
- All emails, notes of telephone calls and individual conversations were recorded and submitted for independent evaluation.

## Managing Feedback

- Feedback was captured and recorded in the following forms:
  - Online survey responses.
  - Hard copy survey responses, including Easy Read version.
  - Written letters and emails.
  - Notes of face-to-face conversations at City Road and other locations.
  - Notes of all meetings compiled within a standard template.
  - Notes of phone conversations compiled within a standard template.
  - Notes of social media comments
  - Mini survey conducted by website chatbot.

- All original data and notes were transferred for independent evaluation. A complete record of all data is stored under GDPR guidelines in an engagement log, feedback log and issues log.

### **Building Momentum, Awareness and Confidence in Change**

Throughout the consultation a communications campaign promoted the consultation and opportunities for as wide an audience as possible to get involved.

Elements of the campaign included:

- Frequent posts to social media channels.
- Press releases and notices to local and trade press and media including Talking Newspapers who distribute audio recordings of local news to people with sight loss.
- Blogs and articles for Moorfields and partner websites.
- Radio programmes and podcasts, including RNIB Connect and local community radio stations.

To make a personal connection and ensure significant reach to those who may be directly affected by the proposed change, over 84,000 personal letters from Moorfields Chair and Chief Executive went out to people with appointment letters during the consultation period. From these, there was an increase in the number of emails and calls received by the consultation team.

Three separate weeks were designated for intensive activity to increase awareness of the proposed change. These “intensification weeks” included senior managers and clinicians talking and listening to service users and staff at City Road and other locations. The intensification weeks delivered peak numbers of survey responses and increased social media and website activity.

## Comparisons in Activity between the Start and Finish of Consultation

Table 1 – activity comparison analysis

Week 1 activity	Number	Peak activity	Number
Website visits at the end of week 1	<b>926</b>	Website visits as at 23 September	<b>5,615</b>
Social media reach in week 1	<b>7.5k</b>	Social media reach at its peak	<b>33k</b>
Number of discussion sessions planned at start of consultation for patient and public representatives	<b>14</b>	Actual number of events and meetings with patient and public representatives	<b>99</b>
Number of direct patient letters sent out in week 1	<b>0</b>	Number of direct patient letters sent out by the end of consultation	<b>Around 84,000</b>
Number of feedback surveys received at the end of week 1	<b>75</b>	Number of survey responses at the close of consultation	<b>1,511</b>
Number of planned discussions with people with protected characteristics	<b>20-25</b>	Actual number of discussions with people with protected characteristics	<b>43</b>
Number of responses gathered from pre-consultation	<b>Over 1,700</b>	Number of responses gathered from consultation	<b>Over 4,600</b>

### Continuing Involvement with Interpretation and Decision-making

This outcome report will be published for comment prior to completion of the final decision-making business case in February 2020.

Following the end of the public consultation, there are a number of discussions with stakeholders to complete the interpretation of the findings and key issues to influence decision-making. These include:

- Review of the options in the light of consultation feedback.
- Programme of discussions with commissioning leaders and governing bodies.
- Consideration of findings by the Oriel Advisory Group.



Post-consultation discussions will influence the content of a decision-making business case and recommendations for decision makers.

A comprehensive summary of the findings of consultation, the response to the findings and other decision-making information, such as service modeling, financial planning and reiteration of the clinical case, will be presented to a Joint Health Overview and Scrutiny Committee for a meeting in public on 31 January 2020, prior to final decision-making by commissioners in February 2020.

## 4. Approach to Analysis

The body of this report (Section 5-10) contains the detailed analysis and feedback from all responses received. The raw coded data and the full set of responses have been passed to the commissioners and partners for consideration within the decision-making process.

**PLEASE NOTE:** Some respondents may have answered the formal consultation survey as well as giving feedback in another way, such as emailing a document or sending in a letter or fed back in meetings, giving responses which mirror their survey response in some aspects. Therefore, we have analysed the emailed documents, letters and meeting notes using the same process and have presented the data findings separately within this report.

Individual comments from letters, emails and to the open ended questions within the survey have been collated into key themes, which have been broken down in terms of frequency with which a comment is made in the analysis. This enables the most frequent themes to emerge. Please note that comments may cover more than one theme, which is why the frequencies total more than the number of responses in some cases. It should also be noted that:

- Through cross tabulation of the data by postcode we have aimed to extract the findings by area.
- Themes have also been extracted by professional groups and these are outlined in Section 8 of the report.

## 5. Potential Equality Impacts and Profiling Information

The following section sets out the findings in terms of potential equality impacts that can be derived from the consultation findings. It should be noted that most, if not all, of the service users at Moorfields can be categorised in terms of the protected characteristics outlined within the Equality Act 2010. Some will have multiple disabilities or characteristics. Therefore, the summary of findings section of this report highlights many of the themes that have emerged overall which could have a disproportionate impact on people with protected characteristics such as age, gender and disability.

The aim of this section is to draw out any specific nuances that have emerged for certain groups that should be taken into account should the proposal to move services to a new site at St Pancras be approved.

The following outlines themes that have been extracted when mentioned in open ended survey responses, in discussion group meetings or during other forms of response.

### Age Related Findings

- Many Moorfields service users are older people as sight issues are often age-related. The needs of this group need to be addressed, such as not having an over-reliance on new technology.
- Concerns were expressed that older people may find King's Cross confusing, busy and difficult to navigate.
- Older people, people with disabilities and those with mobility issues may experience difficulty with the walk from transport hubs to the proposed new centre. Other solutions need to be considered.
- Older people should have an outside area for respite
- There are transport difficulties for older people, for example knowing where services are and how to get to them. Specific communication with these service users and their carers or family members will be important.



## Deprivation Related Findings

- There is a need to consider the impact of additional transport costs for those from low-income households.
- The cost of accommodation should be considered for those who need to stay locally to access the new centre.
- There is a need to consider the cost of parking or taxis for those on limited income.

## Disability (Physical and Mental Health) Related Findings

- Some people with sight loss may also live with a hearing impairment. There is a need to ensure these and other complex needs are addressed.
- There is a need to provide support for complex multiple conditions that require a joined-up approach, especially when it comes to treatment planning.
- There is a slight hill involved in accessing the proposed site which may cause difficulty for wheelchair users and people with mobility issues.
- Some people with sight loss find bus services easier to access than the underground. These and other forms of transport should be included in accessing the proposed new centre.
- Design should look to minimise noise and crowds, which can be disturbing for people with learning disabilities. However, it should be noted that some service users requested an open plan approach allowing service users to mix.
- The new building should include accessibility in design.
- Need to provide individual care plans for vulnerable people taking into account all their needs – not generic care plans.
- Staff are perceived as sometimes lacking empathy because they are not familiar with the service user's specific needs or disabilities. Training for public-facing staff would help remedy this situation.

## Ethnicity Related Findings

- Black, Asian and Minority Ethnic (BAME) groups stated that some people are often unaware of what health options are available. They felt that they are 'not in the loop'. This finding infers there is a need to work more closely with BAME support community groups to build awareness of services and the facilities at the new centre.

- Language barriers were seen as an issue that need to be addressed. For example, some service users rely on their children to read signage and documents, which may have an impact on equality of access.
- Proposals and decision-making should have ethical orientation in that there should be a code of ethics which underpins policy, so that it is referenced when changes are made. The cornerstones are honesty, morality and rightness.
- It was asked what specific facilities would be available for BAME, where cultural differences may require attention.

### **LGBT+ Related Findings**

- LGBT+ representatives stated they are often isolated from family and friends, which may affect their need for support.
- It was stated that LGBT+ service users often feel more vulnerable and anxious in a hospital environment. Staff and volunteer understanding and awareness of this is important to help LGBT+ service users feel supported during their appointments and in navigating services.
- Staff should receive training to understand the inequalities that can be faced by LGBT+ people and how this affects needs.
- Processes, such as patient letters, should be reviewed to ensure they are inclusive
- The design of facilities, such as toilets and wards, should consider the needs of LGBT+ people.
- It was felt that staff in administration departments may benefit from equality and diversity training in relation to handling confidential patient information.
- It should be clear, visibly and culturally, that services at Moorfields are inclusive and aware of the needs of LGBT+ people.

### **Parents and Children Related Findings**

- Provide suitable facilities such as a crèche, toys, games and child friendly food

## Religion or Belief Related Findings

- It was asked that all services should abide by Employment, Equality, Religion or Belief Regulations and that should be demonstrated throughout the development of the new centre.
- Choice of food in restaurants should reflect religious belief, such as Halal and Kosher options.
- There should be access to a multi faith prayer room.
- Art, food, religious and cultural beliefs should be taken into account in the new centre design.

Table 2 that follows demonstrates the demographic reach in terms of the survey undertaken, which shows a broad representation of profiles in response to the survey. It should be noted that although the Survey Findings section of this report demonstrates that 62% of respondents are current or former service users, only 9% have stated they are registered blind or partially sighted. Others may have varying degrees of sight loss or temporary sight loss.



## Profiling Table

Table 2 – Profiles of respondents from demographic questions

Profiling Information	Total	North East London STP	North Central London STP	North West London STP	South East London STP	South West London STP	Outside London	Details not given
<u>Age</u>								
16 – 18	3	0	0	0	0	0	2	1
19 – 34	140	35	32	17	12	7	23	14
35 – 49	257	48	45	24	22	20	76	22
50 – 64	381	65	66	31	35	23	130	31
65 – 79	467	84	114	50	39	30	138	12
80+	120	15	36	15	12	10	27	5
Prefer not to say	143	1	5	3	0	3	4	127
<u>Gender</u>								
Female	806	149	186	72	71	54	213	61
Male	556	90	105	65	47	37	184	28
In another way	5	2	1	1	0	0	0	1
Prefer not to say	144	7	6	2	2	2	3	122
<u>Gender Reassignment Is your gender identity the same as you were given at birth?</u>								
Yes	1340	232	288	135	118	90	393	84
No	5	3	1	0	0	0	1	0
Prefer not to say	166	13	9	5	2	3	6	128

Profiling Information	Total	North East London STP	North Central London STP	North West London STP	South East London STP	South West London STP	Outside London	Not answered
<u>Married or in a civil partnership</u>								
Yes	822	122	165	85	69	53	285	43
No	486	106	116	49	46	35	104	30
Prefer not to say	203	20	17	6	5	5	11	139
<u>Do you consider yourself to have a disability or health condition?</u>								
Yes	341	66	74	39	19	31	98	14
No	974	161	211	96	96	59	286	65
Prefer not to say	196	21	13	5	5	3	16	133
<u>Are you registered blind or partially sighted?</u>								
Yes	118	14	21	15	4	14	42	8
No	1213	215	269	121	112	76	350	70
Prefer not to say	180	19	8	4	4	3	8	134
<u>Please indicate which option best describes your religion or belief:</u>								
No religion	329	59	74	28	29	17	106	16
Buddhist	13	5	2	1	0	1	2	2
Christian	677	101	142	52	59	53	227	43
Hindu	36	9	6	15	0	1	3	2
Jewish	34	2	15	7	3	3	4	0
Muslim	72	25	17	13	4	5	5	3
Sikh	10	2	0	1	0	1	4	2
Atheist	54	7	14	6	7	4	15	1
Any other religion	26	7	3	2	7	1	6	0
Prefer not to say	260	31	25	15	11	7	28	143

Profiling Information	Total	North East London STP	North Central London STP	North West London STP	South East London STP	South West London STP	Outside London	Not answered
<u>Please select what you consider your ethnic origin to be:</u>								
Asian/Asian British Indian	64	16	12	19	2	1	7	7
Asian/Asian British Pakistani	12	3	4	2	0	1	1	1
Asian/Asian British Bangladeshi	22	15	3	1	1	1	1	0
Asian/Asian British Any other Asian background	26	6	6	6	1	4	3	0
Black or Black British Black – Caribbean	29	8	7	4	3	0	4	3
Black or Black British Black – African	42	9	8	4	5	8	4	4
Black or Black British Any other Black background	10	3	1	1	5	0	0	0
Mixed White and Black Caribbean	5	2	2	0	0	1	0	0
Mixed White and Black African	7	2	1	0	2	0	1	1
Mixed White and Asian	8	2	1	2	1	0	1	1
Mixed Any other mixed background	14	4	5	3	0	1	1	0
White Welsh/English/Scottish/Northern Irish/British	849	122	167	64	70	51	330	45
White Irish	44	6	13	3	9	6	3	4
White Gypsy or Irish Traveller	0	0	0	0	0	0	0	0
White Any other White background	124	16	42	13	16	13	21	3
Other ethnic background Chinese	10	4	2	1	1	0	2	0
Other ethnic background Any other ethnic background	23	4	7	5	0	1	6	0
Prefer not to say	222	26	17	12	4	5	15	143



<b>Profiling Information</b>	<b>Total</b>	<b>North East London STP</b>	<b>North Central London STP</b>	<b>North West London STP</b>	<b>South East London STP</b>	<b>South West London STP</b>	<b>Outside London</b>	<b>Not answered</b>
<u>Please indicate the option which best describes your sexual orientation:</u>								
Heterosexual	1133	201	243	111	100	81	338	59
Gay	34	8	5	6	8	1	4	2
Lesbian	10	2	1	0	0	2	5	0
Bisexual	14	3	2	0	4	1	4	0
Other	8	1	2	3	0	0	2	0
Prefer not to say	312	33	45	20	8	8	47	151
<u>Base</u>	1511	248	298	140	120	93	400	212

## 6. Survey Data Feedback

The following section sets out the analysis of the survey data collated from the proposed move of Moorfields Eye Hospital’s City Road services consultation survey.

### Cross Tabulation by Postcode

In total there were 1,511 responses to the survey.

These have been sub-split into areas NEL (North East London Sustainability and Transformation Partnership (STP)) = 248 responses, NCL (North Central London STP) = 298 responses, NWL (North West London STP) = 140 responses, SEL (South East London STP) = 120 responses, SWL (South West London STP) = 93 responses, OL (Outside London) = 400 responses and NA (Not answered) = 212 responses). The full responses have been shared with the consultants, to inform the decision-making process.

Chart 1 – Response by coded areas from postcodes actual numbers

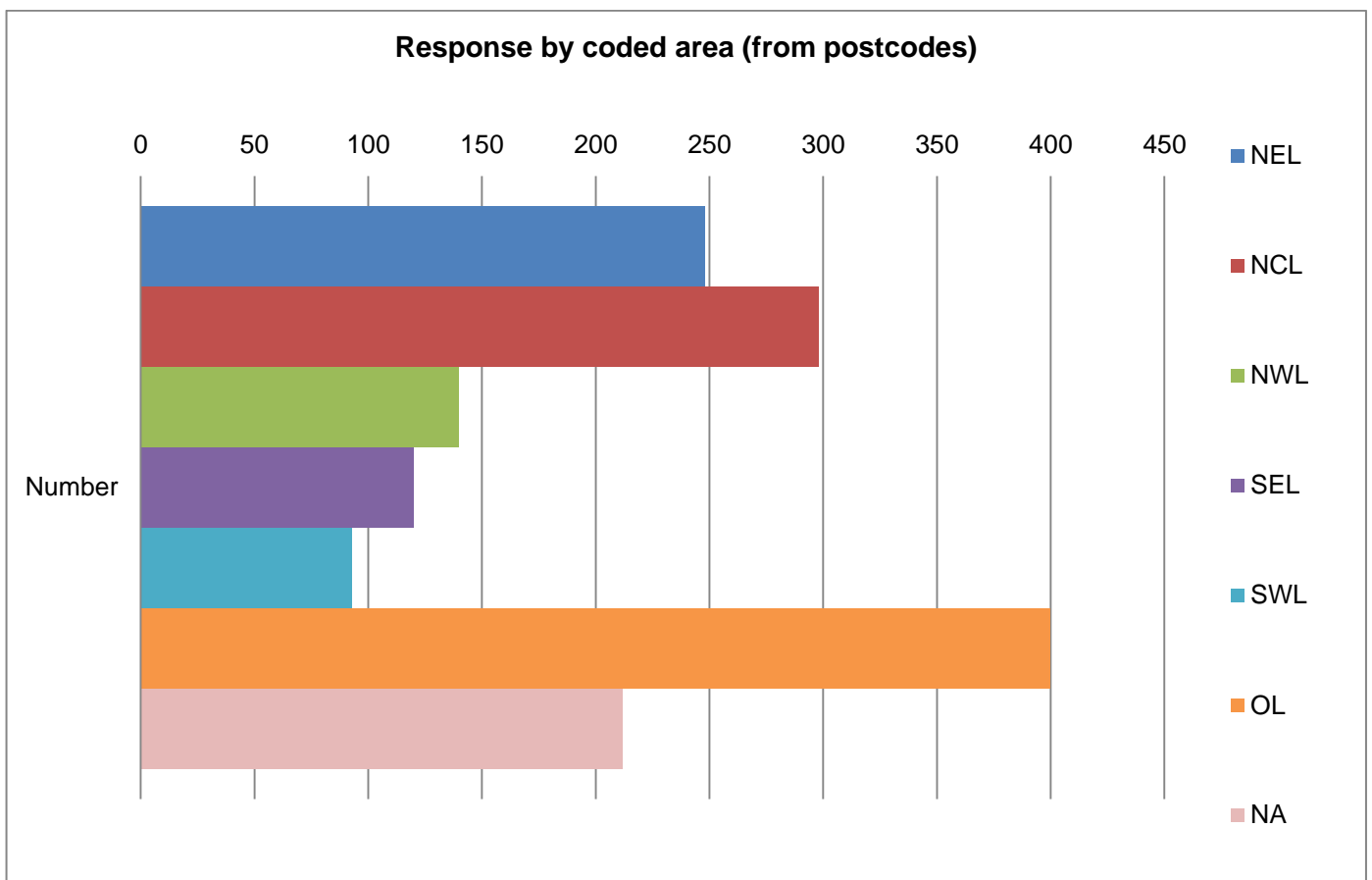
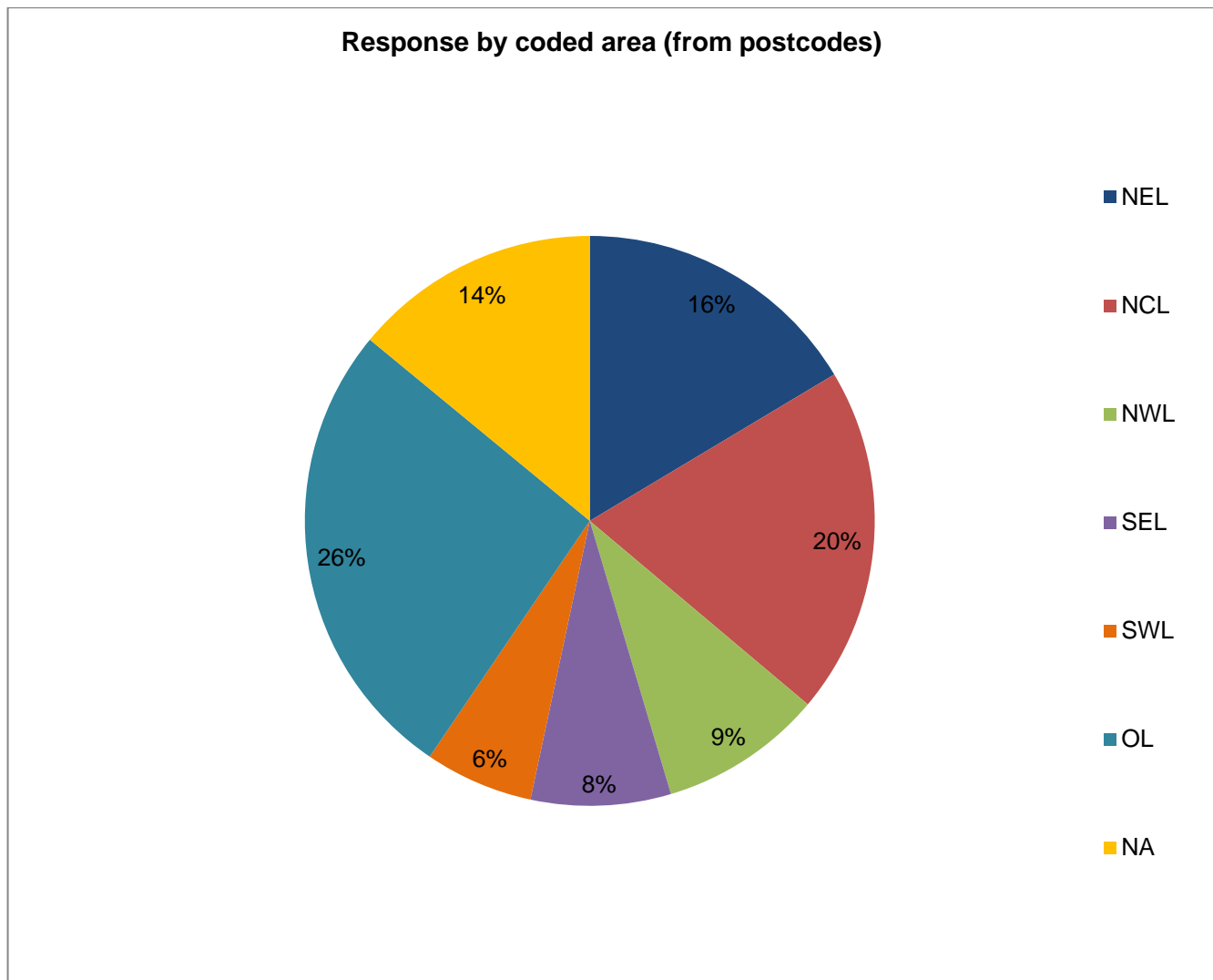


Chart 2 – Response by coded areas from postcodes by percentage



**PLEASE NOTE** – the areas have been identified by clustering the first half of the postcodes supplied. Q13 of the survey provided the postcode data and therefore, the summary table of these postcodes is not included within this section of the report.

A well distributed sample of responses was received from all five London areas analysed (grouped as STPs from postcodes) and from outside of London. This enables further investigation of the data by geographical differences.



## Frequency of Mention Tables

It should also be noted that the frequency table of themes demonstrates how often a theme has been mentioned in a response. As a response may have multiple themes, the number of mentions may exceed the number of responses received.

### Q1. In what capacity are you responding to this consultation?

Table 3 – Response by type of responder

Q1 Type of respondent	Total
Current or former patient/service user	61.9%
Moorfields Eye Hospital and/or UCL staff	14.5%
Member of the public	7.7%
Carer/family member	7.6%
Prefer not to say-	2.2%
Voluntary organisation/advocate	1.9%
Clinician	1.9%
Student	0.5%
Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc.)	0.5%
Other public body	0.5%
NHS provider organisation	0.3%
NHS commissioner	0.3%
Private provider organisation	0.1%
Councillor	0.0%
Social worker	0.0%

Table 3 demonstrates that responses were received from a wide number of respondent types.

- Former or current service users made up the majority of the respondents at 61.9% (935), followed by 14.5% (219) of the responses coming from Moorfields Eye Hospital or UCL Staff.
- Members of the public at 7.7% (117) and Carers or family members at 7.6% (115) were the next largest groups of representation.

**Q2. If you are responding on behalf of a team, group or organisation, please state the name of your team, group or organisation.**

Table 4 – Responses from teams, groups or organisations

<b>Group</b>	<b>Number</b>
Moorfields Eye Hospital	113
UCL and IoO	21
Voluntary sector	27
Healthcare bodies (including CCGs, other trusts, GP surgeries, opticians)	6
Local authorities	1
Patient rep. groups	9
Other	5
<b>TOTAL</b>	<b>182</b>

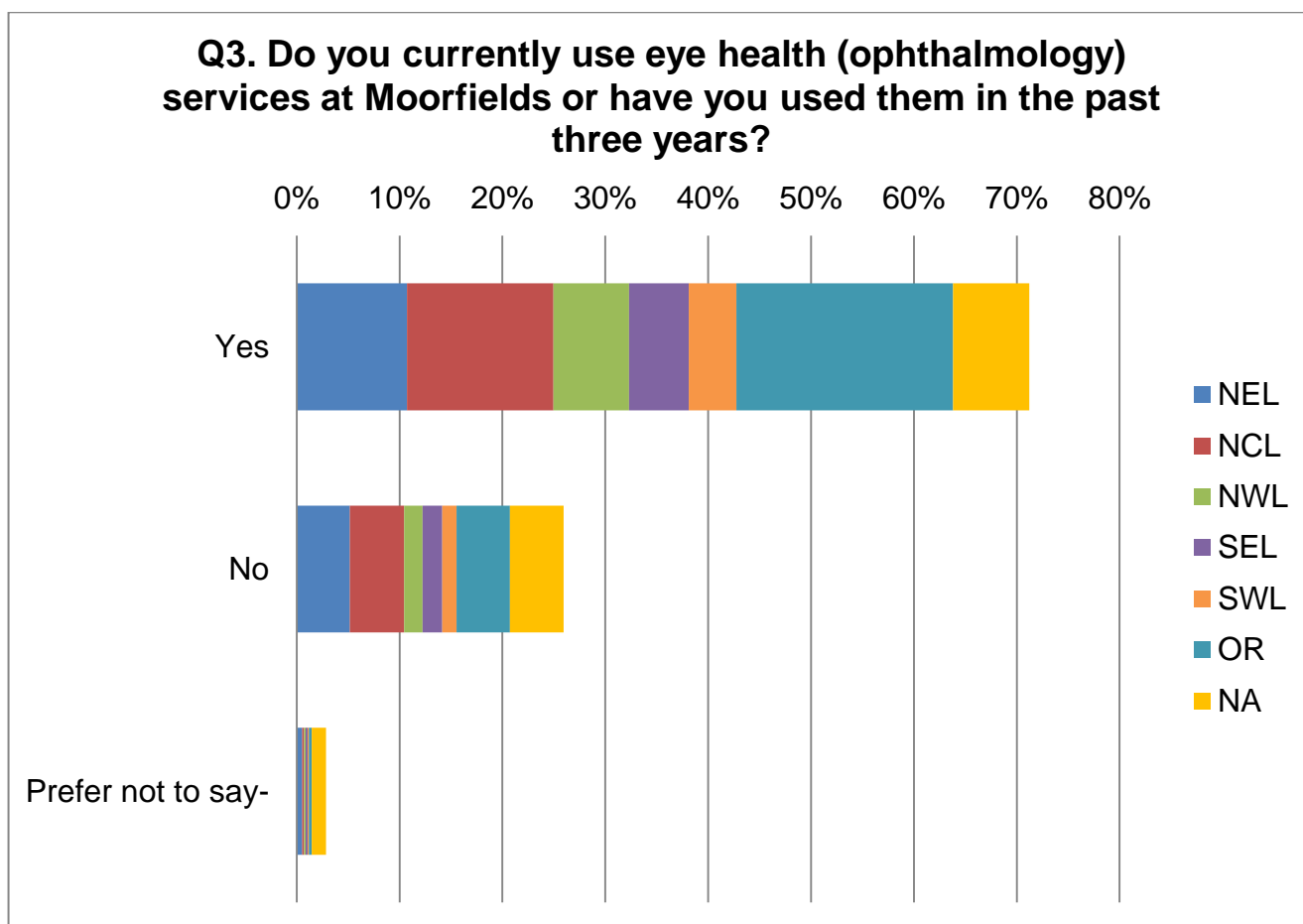
- 182 out of the 1,511 (12%) survey responses received were from those representing a group, organisation or team.
- A wide range of teams, groups and organisations responded. Many were health related, had close links with Moorfields or were charities related to eye care.

**Q3. Do you currently use eye health (ophthalmology) services at Moorfields or have you used them in the past three years?**

Table 5 – Q3 currently use eye health services at Moorfields or used them in the last 3 years

Q3	Total	NEL	NCL	NWL	SEL	SWL	OL	NA
Yes	71%	65%	72%	79%	73%	75%	80%	53%
No	26%	31%	27%	20%	24%	23%	20%	37%
Prefer not to say	3%	3%	1%	1%	3%	2%	1%	10%

Chart 3 – Q3 currently use eye health services at Moorfields or used them in the last 3 years





This chart shows the total percentage for each response (Yes, No and Prefer not to say). The split by area shows the actual percentage of the overall total for each area that stated each answer. For example, 11% of those selecting "Yes" out of the total of 71% were from North East London STP. The actual percentage of North East London STP respondents selecting "Yes" is 65% as stated in table 5.

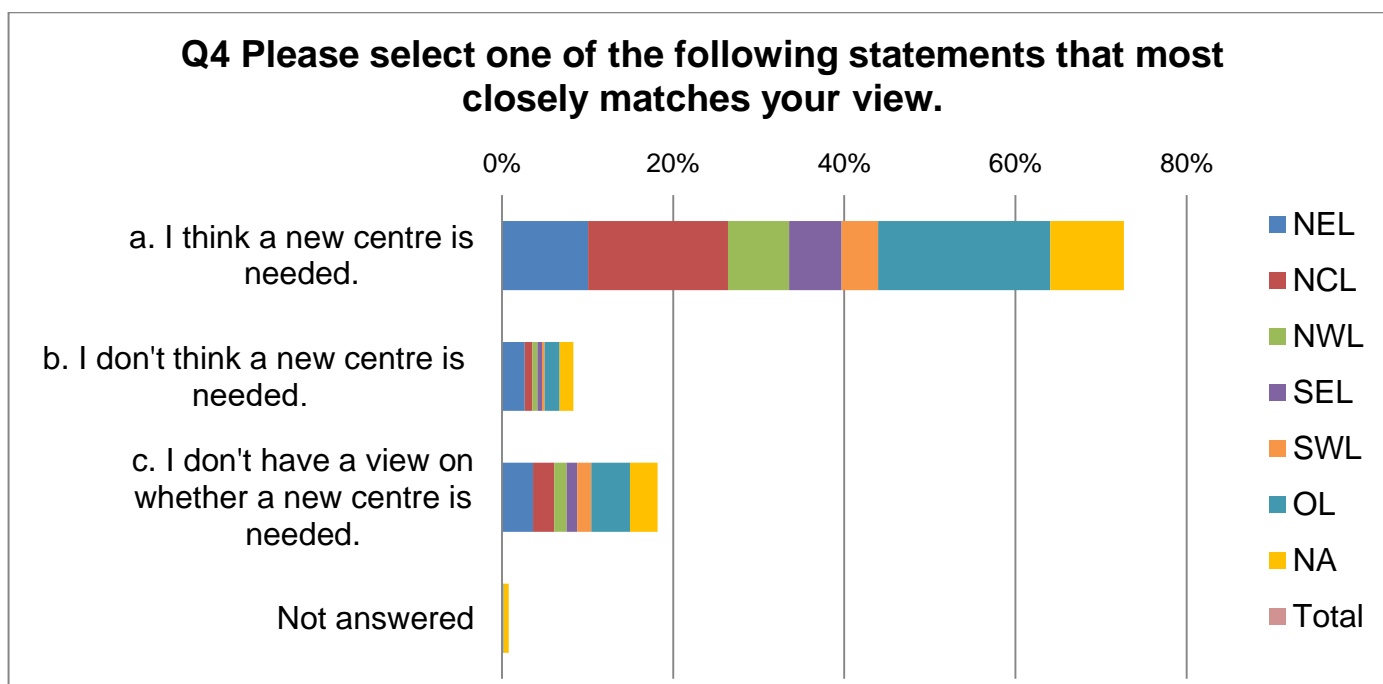
- 71% (1,076) of respondents identified as either current service users or that they had used eye health services at Moorfields in the last 3 years.
- It should be noted that this percentage conflicts with the findings from Q1, where 62% (935) of respondents identified as current or former service users. No conclusion can be drawn from this finding other than the survey responses represent a high number of service users current or former.
- 80% (318) of those who responded from outside London were current or recent service users compare with 72% (646) from London.

**Q4 Please select one of the following statements that most closely matches your view.**

Table 6 – Which statement most matches your view.

Q4	Total	NEL	NCL	NWL	SEL	SWL	OL	NA
a. I think a new centre is needed.	73%	61%	83%	78%	78%	68%	76%	61%
b. I don't think a new centre is needed.	8%	16%	5%	6%	7%	4%	7%	11%
c. I don't have a view on whether a new centre is needed.	18%	22%	12%	16%	16%	27%	17%	23%
Not answered	1%	0%	0%	1%	0%	0%	0%	4%

Chart 4 - Which statement most matches your view.



This chart shows the total percentage for each response (a. I think a new centre is needed. b. I don't think a new centre is needed. c. I don't have a view on whether a new centre is needed). The split by area shows the actual percentage of the overall total for each area that stated each answer. For example, 10% of those selecting "a. I think a new centre is needed" out of the total of 73% were from North East London STP. The actual percentage of North East London STP respondents selecting "a. I think a new centre is needed" is 61% as stated in table 6.

- Overall there is a majority agreement that a new centre is needed with 73% (1,098) of survey respondents agreeing with the statement.
- Those living in North Central London are at the highest level of agreement at 83% (247), with those living in North East London having the highest level of disagreement at 16% (40), but still in majority agreement overall (see table 6). This finding may indicate that those living in North East London are more concerned about moving City Road services to a more central London location.
- In total 8% (126) feel that a new centre is not needed with 18% (275) not expressing a view.
- It can be identified that 85% (187) of staff think a new centre is needed. This is the highest user group to think a new centre is needed, followed by current or former patient/service users at 72% (676). These findings indicate that staff and service users are in high levels of agreement that a new centre is needed overall.
- 60% (69) of carer or family members thought a new site was needed with 16% (18) stating that they don't think a new centre is needed.

**Q4(a). You have selected (a) I think a new centre is needed, how much do you agree/disagree with each of the following statements?**

**Note that the base for Q4(a) is 1,097 who answered Option a at Q4.**

Table 7- How much do you agree/disagree with each of the following statements

Response	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Not answered
I think a new centre is needed to treat more people who may need eye care in the future.	61%	22%	3%	0%	0%	14%
I think a new centre is needed to create more space for service users and improve their experience when receiving care.	65%	19%	2%	0%	0%	14%
I think a new centre is needed to bring together eye care with research and education.	62%	20%	3%	1%	0%	14%
I think a new centre is needed to offer opportunity for excellent education for students.	57%	24%	5%	1%	0%	14%

- For those that felt a new centre was needed, there was majority agreement overall with the statements that:
  - A new centre is needed to treat more people who may need eye care in the future
  - A new centre is needed to create more space for service users and improve their experience when receiving care
  - A new centre is needed to bring together eye care with research and education
  - A new centre is needed to offer opportunity for excellent education for students



**Q4a. Please explain your reasons or provide any further comments you have:**

Table 8 - Please explain your reasons or provide any further comments you have:

<b>Coded Response</b>	<b>Number</b>
None	803
Need a new centre / Moorfields old and outdated	382
Bring research and clinical care together / Centre of excellence	268
Bigger site / reduce overcrowding	266
Better patient experience / care	236
Better staff facilities	171
Moorfields needs more space to develop / future demand	153
Moorfields is an excellent provider	142
Better facilities for service users / relatives (toilets / café)	128
More convenient central site	92
<b>Total</b>	<b>1,097</b>

- The most frequent reasons stated for why a new centre is required were:
  - They felt that the current site is old and outdated
  - It would bring research and clinical care together to create a centre of excellence involving other providers
  - A bigger site would reduce overcrowding
  - It would provide a better patient experience or care
- Other responses generally related to the design of the potential new centre, disability accessibility, service improvements and transport concerns.

**Q4(b). You have selected (b) I don't think a new centre is needed, how much do you agree/disagree with each of the following statements?**

**Note that the base for Q4(b) is 126 who answered Option b at Q4.**

Table 9 - How much do you agree/disagree with each of the following statements

Response	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Not answered
I think nothing should be done to the current Moorfields hospital at City Road.	21%	18%	12%	22%	7%	20%
I think the buildings at the current site on City Road should be refurbished.	25%	32%	12%	10%	2%	20%
I think moving would cause too much disruption to my treatment and/or current services.	37%	26%	11%	5%	2%	19%
I am concerned moving the hospital from City Road to a new site may make my journey to the hospital more difficult.	44%	23%	5%	6%	4%	19%

- Those respondents who didn't think a new centre is needed were most concerned about their journey to the hospital potentially becoming more difficult if a new centre is created.
- This is followed by concerns that there could be disruption to their treatment and/or the services they use.
- There is also agreement that the buildings at City Road could be refurbished rather than building a new centre.
- There is a close split in terms of feelings of agreement and disagreement that nothing should be done to the current hospital at City Road.
- These findings infer that although most respondents feel there would be many benefits from creating a new centre (answers to Q4a), there are concerns to be addressed with any potential move.
- 40 out of the 126 (32%) respondents to this question live in the north east London area, with the remainder spread evenly across all geographies. This finding could therefore infer there are more concerns from those living in the

NEL area, about building a new centre in the proposed location with the perceived potential for disruption to services and travel difficulties.

**Q4b. Please explain your reasons or provide any further comments you have:**

Table 10 - Please explain your reasons or provide any further comments you have:

<b>Coded Response</b>	<b>Number</b>
None	73
Will not be able to get to new location / transport issues / accessibility	39
Less busy areas like Moorfields are safer for visually impaired people to navigate	20
Well known location at City Road	17
Don't waste money on new buildings - improve existing services	15
Keep and extend Moorfields	14
It will make my journey longer	11
Moorfields building is ok	10
Moorfields provides an excellent service	9
Historic location at Moorfields	9
<b>Total</b>	<b>126</b>

- The main reasons stated for being concerned about developing a new centre are that:
  - There were concerns over transport issues (over last half a mile not being served by public transport).
  - It was perceived that City Road is safer for visually impaired people to navigate as it is not as busy as King's Cross, which is near to the proposed St Pancras site.
  - City Road is a well-known location, so service users feel comfortable in accessing it.
  - Funds could be invested in improving current services at City Road instead of a move to a new centre.
  - It is a historical building and should be kept.
  - There were concerns that the excellent services provided by City Road could be lost in any potential move.

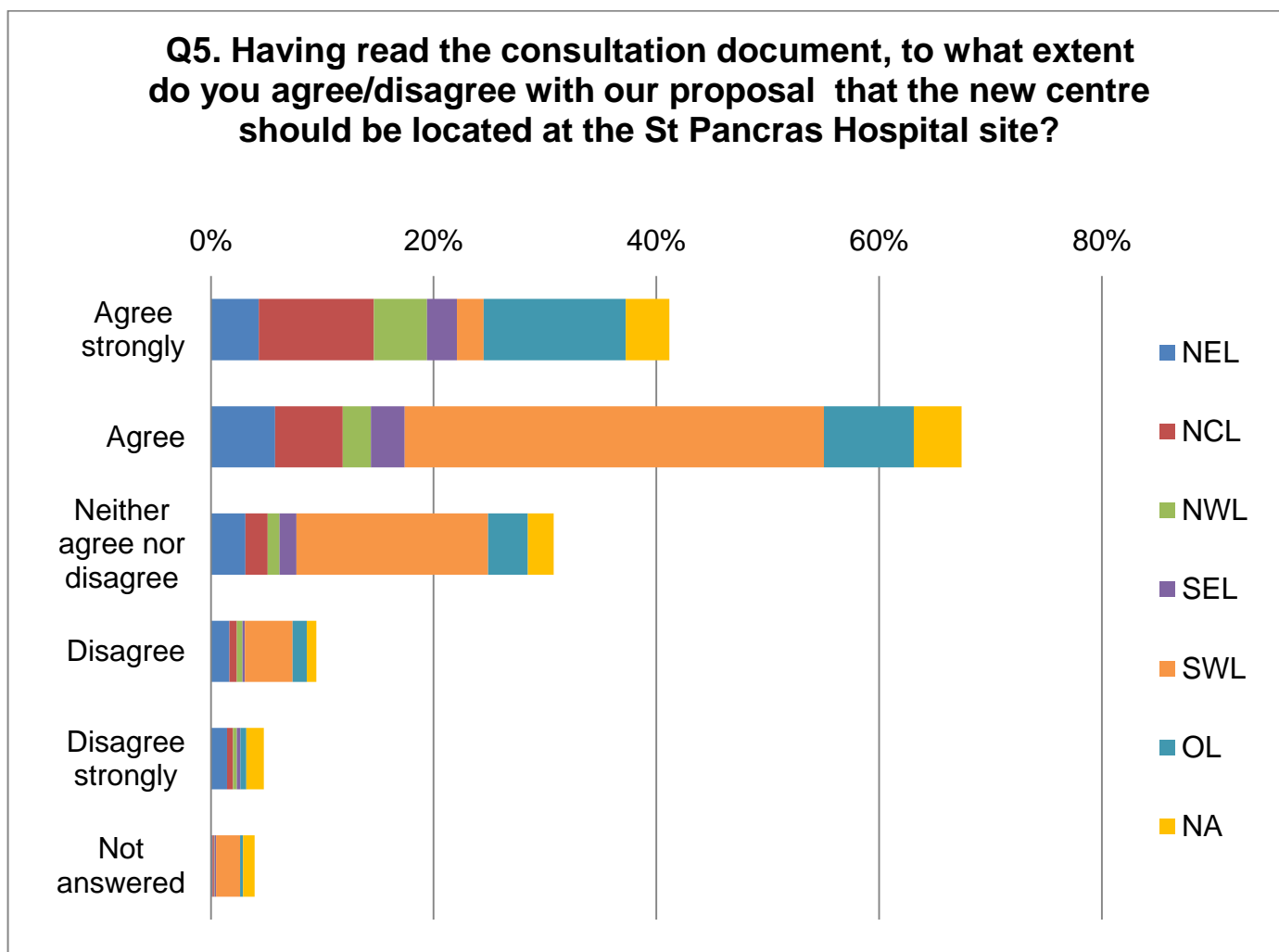


**Q5. Having read the consultation document, to what extent do you agree/disagree with our proposal that the new centre should be located at the St Pancras Hospital site?**

Table 11 - to what extent do you agree/disagree with our proposal that the new centre should be located at the St Pancras Hospital site

Q5	Total	NEL	NCL	NWL	SEL	SWL	OL	NA
Agree strongly	41%	26%	52%	51%	34%	38%	48%	28%
Agree	32%	35%	31%	28%	38%	38%	31%	31%
Neither agree nor disagree	15%	19%	10%	11%	19%	17%	14%	17%
Disagree	5%	10%	3%	6%	3%	4%	5%	6%
Disagree strongly	5%	9%	3%	4%	4%	0%	2%	11%
Not answered	2%	1%	1%	1%	2%	2%	1%	8%

Chart 5 - to what extent do you agree/disagree with our proposal that the new centre should be located at the St Pancras Hospital site



This chart shows the total percentage for each response (Agree strongly, Agree, Neither agree nor disagree, Disagree and Disagree strongly). The split by area shows the actual percentage of the overall total for each area that stated each answer. For example, 4% of those selecting "Agree strongly" out of the total of 41% were from North East London STP. The actual percentage of North East London STP respondents selecting "Agree strongly" is 26% as stated in table 11.

- A significant majority (73% or 1,107) of respondents agreed with the proposal that the new centre should be located at the St Pancras Hospital site.
- There were low levels of disagreement to this location (10% overall or 154) with the highest levels of disagreement coming from the north east London area (19% or 47 of NEL respondents).
- However, overall, the majority of responses from each area were in support of the development of a centre at the St Pancras Hospital site.
- 81% (177) staff agreed with the centre moving to St Pancras.

**Please explain your reasons or provide any further comments you have:**

Table 12- Please explain your reasons or provide any further comments you have

<b>Coded Response</b>	<b>Number</b>
None	530
Easier access to St Pancras by public transport	450
Easier access to St Pancras for those travelling from further away	427
St Pancras provides the room for updated facilities, equipment & services & future capacity	176
Needs to be in central London for status / accessibility	170
St Pancras not as accessible as Moorfields for transport	154
Better to purpose build on a new site	142
Accessibility issues around St Pancras (tube / lifts etc)	124
St Pancras is situated closer to other clinical & research facilities (British Library, UCL , Crick Institute etc)	122
As long as it's accessible don't care where it is	92
<b>Total</b>	<b>1,511</b>

- The main themes that were stated in support of proposed new location included:
  - The new site offers better public transport links.
  - It offers easier access for those travelling from outside London.
  - It will give the room for updated facilities and equipment.
  - It will enable services to be improved and capacity to be enhanced.
  - It will link in to other clinical and research facilities.
  - A purpose built centre will better meet the needs of service users.
- The perceived drawbacks to the proposed location of the new centre were:
  - Accessibility issues around St Pancras mainly relating to transport to and around the hospital for visually impaired e.g. lifts, tube access.
  - The busy location around King's Cross causing concerns for accessibility and confusion.
  - The potential for loss of services from City Road.

**Q6 We have explained how we considered other possible sites for the new centre. While we have a preference to move services from the City Road site to the St Pancras Hospital site, we remain open to other suggested locations. Please state any other solutions you feel we should consider.**

Table 13 – Please state any other solutions you feel we should consider

<b>Coded Response</b>	<b>Number</b>
None	809
No / Don't know	423
I'm happy with the move to St Pancras	90
Somewhere close to tube and public transport	65
Expand City Road / new floors or buildings	51
Central London	28
Divert to satellites outside London	24
Stratford	22
Central hub reserved for specialised treatment	19
A less busy crowded location / easier for visually impaired	16
<b>Total</b>	<b>1,511</b>

- The most popular alternative suggestions were:
  - Locations that are close to the London Underground and public transport.
  - Expand City Road.
  - In Central London.
  - Divert to network hubs.
- There were some one-off suggestions of individual sites, which are being considered as part of the options review process.



## Section 2 - Your Views on Accessibility

**Q7. Please read each of the statements about accessibility below and tell us (by ticking one box for each) how important they are to you.**

Table 14 - Please read each of the statements about accessibility below and tell us (by ticking one box for each) how important they are to you.

Response	Very important	Important	Neither important nor not important	Not very important	Not important at all	I don't have a view about it	Not answered
Interior design and signage to help find your way around the hospital.	64%	16%	1%	0%	0%	0%	18%
Technology to guide you through the hospital to your appointment.	34%	30%	11%	3%	2%	1%	18%
People to provide you with assistance in the hospital building.	42%	31%	6%	2%	1%	1%	18%
Locating the hospital close to public transport.	70%	11%	1%	0%	0%	0%	18%
Ease of journey from public transport hubs (e.g. the train or underground station) to the St Pancras Hospital site.	68%	11%	1%	0%	0%	1%	18%
Support with transport from the nearest underground station to the St Pancras Hospital site.	42%	23%	9%	3%	2%	2%	18%

- Help with accessibility was important to respondents, with the majority (at least 64% on any one question) in agreement that the suggested six requirements should be incorporated into the proposals for the new centre:
- These findings strengthen those throughout the report, which demonstrate the importance of accessibility and assistance with travel.

**Q7. Please explain your reasons or provide any further comments you have:**

Table 15 - Please explain your reasons or provide any further comments you have

<b>Coded Response</b>	<b>Number</b>
None	858
Access to and from the site and within it, needs to be easy for people with disabilities	201
Better signage within and to the site	169
The new site is accessible by train, bus, tube and car for service users, staff, carers and contractors	166
Accessibility to public transport	155
Retain green line on the pavement from the tube station	118
A welcome hub staffed by volunteers to point people in the right direction	76
New hospital should offer better accessibility	75
Location of bus stops to reduce walking for infirm service users	61
Patient transport to / around the site / shuttle bus / park and ride	51
<b>Total</b>	<b>1,511</b>

- The main reasons stated in regard to accessibility were:
  - Access to and from the site and within it, needs to be easy for people with disabilities (such as better signage, tactile pavers, design of routes etc).
  - It was perceived that the proposed new site is accessible by train, bus, tube and car for service users, staff, carers and contractors.
  - The green line on the pavement is needed from the station to the hospital.
  - A welcome hub could be placed staffed by volunteers to help guide service users to the centre.
  - Staff at stations should be trained to assist visually impaired people.
  - There should be low cost parking for people with blue badges.
- The perceived drawbacks mentioned were that the King's Cross and St Pancras area is less suitable for vulnerable people due to its busy nature and fear of crime.
- There were many responses that related to design elements, which respondents felt could be included in a redesigned centre. The feedback demonstrated a strong preference for service users to be included in the design of the new centre.

**Q8. Travelling to the proposed St Pancras Hospital site will involve a different journey for most service users, carers and staff from the one they currently make. In the list below, please tell us whether or not travel to the proposed new site could be an issue for you or your family.**

Table 16 - In the list below, please tell us whether or not travel to the proposed new site could be an issue for you or your family

Response	Yes	No	Don't know	Not answered
It will cost me more to travel to the St Pancras site than to the existing site.	13%	59%	9%	19%
I would have to walk further to the St Pancras site.	26%	32%	22%	20%
I don't know the journey to the St Pancras site and am worried I might get lost or confused.	12%	59%	9%	21%
It will take me longer to travel to the St Pancras site.	26%	43%	11%	20%
My family will have to travel further to get to the St Pancras site.	19%	48%	12%	22%
The journey to the St Pancras site will be more complicated.	19%	48%	12%	20%
There won't be any/enough parking at the St Pancras site.	13%	20%	44%	23%
I am not concerned about travel to the St Pancras site.	40%	30%	9%	22%

- For those that feel travel is an issue, the two main concerns were that people would have to walk further to the St Pancras site and it will take them longer to travel there.
- There were also concerns about families having to travel further and the journey being more complicated with a move to the St Pancras site. Again those in north east London were most concerned overall and carers/family members showed higher levels of concern than other respondent types with having to travel further.
- There was less concern over parking with 13% (198) feeling this would be an issue. This finding may be due to the high number of people who currently access Moorfields' City Road services via public transport routes (a recurring

theme throughout) meaning that parking isn't always required. It is evident that staff 22% (48) and carers or family members 23% (26) are the most concerned about parking.

- Carers and family members were the most concerned out of all the respondent types that they don't know the journey to St Pancras and could get worried or confused.



**Q8. Please provide any further comments including anything we should put in place to help you get to the proposed site at St Pancras.**

Table 17 - Please provide any further comments including anything we should put in place to help you get to the proposed site at St Pancras

<b>Coded Response</b>	<b>Number</b>
None	864
I have no issues travelling to the new site	185
Needs clear signposting from public transport	71
Need to have cost effective / disabled parking	70
Better signage / route to the hospital	67
Tube and rail accessibility is good	64
It will take longer to travel to the new site	62
Retain a coloured line from the station to the hospital	60
Longer / too far to walk	60
Not sure but hope travel will be easier	58
<b>Total</b>	<b>1,511</b>

- The main suggestions stated were: clear signage from public transport; access to cost effective and / or disabled parking; retain a coloured line to the hospital from public transport and; ensure public transport availability needs match those of the current site (which work for people and are known well).
- The perceived concerns mentioned were that: it is too far to walk; further to travel and; there is insufficient disability access.
- Most of these responses related to provisions that could be undertaken to make the journey to the new site easier, which should be taken into account in the design process.

### Section 3 - Improving the Patient Experience

**Q9 Please read each of the statements about patient experience below and tell us (by ticking one box for each), how important they are to you.**

Table 18 - Please read each of the statements about patient experience below and tell us (by ticking one box for each), how important they are to you

Response	Very important	Important	Neither important nor not important	Not very important	Not important at all	I don't have a view about it	Not answered
High quality clinical expertise.	77%	4%	0%	0%	0%	0%	19%
Smooth journey from first appointment to after-care and support.	57%	22%	1%	0%	0%	1%	19%
Getting to the hospital, including in an emergency.	56%	23%	1%	0%	0%	1%	19%
Shorter waiting times at the hospital.	42%	31%	6%	1%	0%	1%	19%
A caring experience at the hospital.	60%	19%	2%	0%	0%	0%	19%
Good communication and information.	65%	15%	0%	0%	0%	0%	19%
Person-to-person support when needed.	52%	26%	2%	0%	0%	0%	20%

- Table 18 demonstrates that all the statements made were seen as important or very important in terms of patient experience and should, therefore, all be incorporated into the development of the new centre.
- These include:
  - High quality clinical expertise.
  - Smooth journey from first appointment to after-care and support.
  - Getting to the hospital, including in an emergency.
  - Shorter waiting times at the hospital.
  - A caring experience at the hospital.
  - Good communication and information.
  - Person-to-person support when needed.

- Table 19 over the page states the reasons given in relation to improving patient experience of care.

**Q9. Please provide any other comments on improving the patient experience in the space below:**

Table 19 - Please provide any other comments on improving the patient experience in the space below

<b>Coded Response</b>	<b>Number</b>
None	1011
Keep to appointment times / shorter waiting times	154
Better information on waiting times / duration so that patients and carers can make plans	106
Helpful, professional, friendly staff	105
Same or better care than Moorfields currently delivers	87
Better patient communication / letters / Email / phone	86
Better amenities ... food, beverages, wifi, TV and toilet facilities	76
More / comfortable seating for visitors	71
Clinical care should be the priority	51
More time for staff to listen to patients	44
<b>Total</b>	<b>1,511</b>

- The most frequent comments in regard to improving patient experience were: keeping to appointment times; enabling shorter waiting times; helpful, professional, friendly staff; better information about waiting times and the duration of their appointment so that service users and carers can make plans based on total time needed at the hospital; better communication via all channels (range of letter templates as day stay letters had been sent for overnight stays, appointments in different buildings not being clearly shown etc) and; improved amenities such as wider choice of food, beverages and access to WIFI.
- Many responses relate to more detailed suggestions that should be taken into account to make the patient experience better for all.



## Section 4 - Developing our staff

**Q10. In discussions so far, people are keen to know how we are supporting and developing our staff to create our proposed centre of excellence for the future.**

Table 20 - Please read each of the statements about developing our staff below and tell us how important they are in your view

Response	Very important	Important	Neither important nor not important	Not very important	Not important at all	I don't have a view about it	Not answered
A better working and learning environment.	57%	20%	1%	0%	0%	1%	20%
Support for research and innovation.	64%	14%	1%	0%	0%	0%	20%
Improving training opportunities and career progression.	56%	20%	1%	0%	0%	1%	20%
More staff and volunteers trained in visual impairment awareness.	53%	23%	2%	0%	0%	1%	20%

- There high levels of agreement that all aspects stated are important in terms of supporting and developing staff to create a centre of excellence.
- These aspects include:
  - A better working and learning environment.
  - Support for research and innovation.
  - Improving training opportunities and career progression.
  - More staff and volunteers trained in visual impairment and awareness.
- Table 21 over the page lists the comments made in relation to supporting and developing staff.

**Q10. Please provide any other comments on developing our staff in the space below:**

Table 21 - Please provide any other comments on developing our staff in the space below

<b>Coded Response</b>	<b>Number</b>
None	1084
Staff are polite professional and caring	94
Staff training is essential for development	70
Employers need to support their staff / treat them well / retention	70
Staff being sensitive to patient experience e.g. blind	69
Better working environment for staff attracts better staff	56
Staff need to deliver a service tailored to individual needs	51
Staff training to recognise sight issues	39
Integration between hospital and institute / scientists and clinicians - facilitates innovation / better treatment	35
Happy staff leads to better patient care	34
Need more staff	34
<b>Total</b>	<b>1,511</b>

- The main comments in relation to supporting and developing staff were: current staff were polite, professional and caring which should be continued; staff should be sensitive to the patient experience of people with sight loss; employers should support staff and treat them well to encourage retention; training is an essential part of staff development and; linking into other Trusts/research facilities to enable learning.
- Many responses related to aspects the Moorfields can undertake to make the patient's experience with staff better or to improve treatment and research.

## Section 5 - Planning for change

**Q11. Please read each of the statements about planning for change below and tell us (by ticking one box for each) how important they are to you.**

Table 22 - Please read each of the statements about planning for change below and tell us (by ticking one box for each) how important they are to you

Response	Very important	Important	Neither important nor not important	Not very important	Not important at all	I don't have a view about it	Not answered
Well-planned information to let people know about the move in advance.	65%	24%	2%	0%	0%	1%	7%
Emergency services at both sites for a period of transition.	56%	23%	6%	2%	1%	3%	7%
Transportation provided between the current site and the new site for a period of transition.	38%	28%	14%	6%	3%	4%	7%
Support for staff leading up to and during the transition period.	53%	32%	4%	1%	0%	2%	7%
Clear information about how to get to the new site.	73%	17%	2%	0%	0%	1%	7%
Additional support for those who need to learn how to access the new site.	57%	28%	4%	1%	0%	2%	8%
Involving service users and staff in planning the new centre.	56%	29%	5%	1%	1%	1%	7%
Other	11%	7%	2%	0%	1%	10%	69%

- In terms of planning for change, table 22 demonstrates that all aspects are seen as important to ensure a smooth transition to the new centre.

- These aspects include:
  - Well-planned information to let people know about the move in advance.
  - Emergency services at both sites for a period of transition.
  - Transportation provided between the current site and the new site for a period of transition (this had the highest level of neither important/unimportant at 14%).
  - Support staff leading up to and during the transition period.
  - Clear information about how to get to the new site.
  - Additional support for those who need to learn how to access the new site.
  - Involving service users and staff in planning the new centre.
- 12% (179) of respondents stated 'other' aspects that they perceive to be important and these are listed in Table 23 over the page.

## Q11 Other (please state)

Table 23 – Other comments on planning for change

<b>Coded Response</b>	<b>Number</b>
None	1332
Clear communication / Letters / email / publicity	28
Consult with and listen to public / patients about the layout	28
Consult with and listen to staff about the layout	22
Disability considerations	20
Just get on and do it	18
Access by public transport	17
Support the staff to provide good care	17
Transport from the patient area to the new site / TfL	14
Advertise the move well in advance	14
Less cramped building will improve patient care	14
Moorfields has delivered excellent care for many years	14
<b>Total</b>	<b>1,511</b>

- The main comments in relation to planning for change were: the Trust should consult with the public and service users about the layout and design of the new centre; enable effective communications during the transition to keep people updated; listening to staff and taking on board their feedback and; considering the needs of those with disabilities in designing the centre and during the transition.



**Q12 Do you have any further comments on the future of eye care? (please state)**

Table 24 - Do you have any further comments on the future of eye care? (please state)

<b>Coded Response</b>	<b>Number</b>
None	1122
Continue excellent world recognised care provided at Moorfields / keep Moorfields name	128
Fully support this initiative	56
Research and clinical together can directly impact patient care	56
Need to build in facility for research / new techniques such as gene transfer	49
Create a centre of excellence	41
Moorfields provides excellent care	36
Needs to be able to cope with future demand / old age	33
Provide a full explanation of the procedure to the patient / communication	32
Treating patients as individuals - not one size fits all	26
<b>Total</b>	<b>1,511</b>

- This question generally provided positive feedback about Moorfields and the proposal to move to St Pancras and provide a centre of excellence.
- Some supporting arguments were made for various views and requests for further communication as things develop.

## 7. Discussion Groups and Meetings Data

The following sets out the list of discussion group notes supplied for analysis. Some groups were contacted to gather feedback specifically from those with protected characteristics in line with the Equality Act 2010. The column titled Specific Protected Characteristic Group highlights these groups and the characteristic they represent.

Table 25 – Details of groups held

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
1	30/05/2019	Moorfields staff	N/a	Consultation engagement with staff members	15
2	04/06/2019	Open Discussion	N/a	Open discussion, part of the set programme of publish dates.	6
3	07/06/2019	Moorfields staff	N/a	Consultation engagement with staff members	7
4	10/06/2019	Consultation engagement with the public	N/a	Public consultation group - St Pancras and Somers Town.	1
5	10/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	6
6	11/06/2019	Herts Valleys Patient Engagement Network	N/a	Patient and public consultation group in West Hertfordshire	25
7	11/06/2019	City and Hackney CCG PPI Committee meeting	N/a	N/A	12
8	12/06/2019	Staff engagement event	N/a	Staff engagement stand set up in the restaurant	23
9	17/06/2019	Open discussion hosted by Healthwatch Thurrock	N/a	Open discussion, part of the set programme of published dates.	2
10	19/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	2
11	19/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	3
12	19/06/2019	Moorfields Eye Charity	N/a	Oriel discussion as part of a monthly team update for Moorfields Eye Charity	15

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
13	20/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	1
14	24/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	6
15	24/06/2019	Newham PPG	N/a	Newham Patient Participant Group – volunteers from service users and carers of service users	28
16	25/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	3
17	26/06/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	1
18	26/06/2019	ELCI LOC	N/a	Local optical committee - independent, multiple and locum practitioners, optometrists and dispensing opticians	33
19	01/07/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates. Participant from Norfolk and Norwich Association for the Blind (NNAB) and the East of England network of vision charities	1
20	02/07/2019	Consultants' Committee meeting	N/a	MCC Moorfields Consultants' Committee Meeting	8
21	03/07/2019	Tower Hamlets CCG Commissioning Panel	N/a	Membership of the Commissioning Panel	8
22	04/07/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	6
23	04/07/2019	North Division Quality Forum	N/a	Mix of clinical staff from Moorfields network sites in north London and northern home counties.	14
24	04/07/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates.	4
25	W/C 08/07/2019	Oriel staff – intensification week engagement with staff and service users	N/a	Staff in the main entrance of the hospital to obtain public feedback	300

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
26	08/07/2019	Newham Council and CCG Co-production Forum	N/a	Membership of the Co-production forum of Newham. Membership includes statutory bodies and voluntary sector and BAME groups.	21
27	09/07/2019	Staff discussion at Clinical Governance Day	N/a	Oriel discussion as part of a wider clinical governance day for Moorfields staff at Ealing.	45
28	10/07/2019	Moorfields AGM	N/a	Membership Council and Oriel team conversations with audience	150
29	10/07/2019	Waltham Forest CCG Patient Reference Group (PRG)	N/a	Membership of the PRG is representative of the diverse communities of Waltham Forest, Membership includes statutory bodies and voluntary sector.	12
30	11/07/2019	Moorfields staff	N/a	Conducted as a part of staff engagement	40
31	15/07/2019	Regular Team Meeting	N/a	Oriel discussion as part of a team meeting held by the Quality, Safety and Risk Team	12
32	16/07/2019	South Division Quality Forum	N/a	Mix of clinical staff from Moorfields network sites in south London.	14
33	16/07/2019	Thurrock CCG Commissioning Reference Group (CRG)	N/a	Membership of the CRG is representative of the community of Thurrock	15
34	16/07/2019	National Institute of Health Research	N/a	Not stated	2
35	23/07/2019	UCL	N/a	The UCL Institute of Ophthalmology delivers world class ophthalmic education and produces transformational research in ophthalmology and eye health together with Moorfields Eye Hospital.	18
36	24/07/2019	UCL	N/a	The UCL Institute of Ophthalmology delivers world class ophthalmic education, and produces transformational research in ophthalmology and eye health together with Moorfields Eye Hospital.	12

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
37	29/07/2019	Clinical support services Meeting	N/a	Oriel discussion as part of a team meeting held by the clinical support service leads	12
38	31/07/2019	Accessibility workshop	N/a	Moorfields Eye Hospital, Oriel Advisory Group and RNIB representatives	17
39	02/08/2019	Chief Executive Team Brief	N/a	Oriel discussion as part of a monthly team update hosted by David Probert, CEO of Moorfields.	25
40	04/08/2019	OAG member	N/a	OAG member who did the walk to the proposed new site independently as couldn't attend meeting	1
41	08/08/2019	North Central London STP Engagement Advisory Group. This covers the Clinical Commissioning Groups of Barnet, Enfield, Haringey, Camden and Islington.	N/a	North Central London STP Engagement Advisory Group. This covers the Clinical Commissioning Groups (CCGs) of Barnet, Enfield, Haringey, Camden and Islington.	15
42	10/08/2019	Admin support staff meeting	N/a	Oriel discussion as part of a monthly team update.	5
43	W/C 12/08/2019	Oriel staff – intensification week engagement with staff and service users	N/a	Staff in the main entrance of the hospital to obtain public feedback	150
44	13/08/2019	Staff discussion at Clinical Governance Day	N/a	Oriel discussion as part of a wider clinical governance day for Moorfields staff at Darent Valley.	22
45	13/08/2019	Camden Patient and Public Engagement Group (CPPEG) open meeting	N/a	Camden Patient and Public Engagement Group (CPPEG) open meeting has patient representatives from the practices across Camden plus representatives from Camden Council and Camden Governing Body lay member.	38



No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
46	15/08/2019	Staff discussion at Clinical Governance Day	N/a	Oriel discussion as part of a wider clinical governance day for Moorfields staff working at Croydon and St George's.	75
47	03/09/2019	Hillview Surgery PPG	N/a	Hillview Surgery PPG comprised 15 attendees, including service users and GPs, 3-5 of which were familiar with Moorfields	15
48	04/09/2019	PPI group with diverse representation	N/a	The group represents service users registered to the Greenford Road Medical Centre. It is supported by Ealing CCG.	12
49	W/C 09/09/2019	Oriel staff – intensification week engagement with staff and service users	N/a	Staff in the main entrance of the hospital to obtain public feedback	500
50	10/09/2019	Ealing Patient Engagement Reference Forum	N/a	PERF is one of the main patient public engagement structures in Ealing CCG. Membership consists of PPG representatives, voluntary community sector organisations, Healthwatch Ealing, adult and young people with learning disabilities and Ealing CCG staff.	10
51	10/09/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates. With Moorfields service users	2
52	12/09/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates. With Moorfields service users	5
53	13/09/2019	Staff	N/a	Northwick Park is part of the Moorfields network, in the North Division.	38
54	13/09/2019	Open discussion	N/a	Open discussion, part of the set programme of published dates. Health equipment supplier Ocura	1
55	16/09/2019	Central Bedfordshire Social Care Health and Housing Overview and Scrutiny Committee	N/a	Not stated	Not stated

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
56	19/09/2019	INEL JHOSC	N/a	Not stated	20
<b>People with Protected Characteristics</b>					
1	03/04/2019	Age UK Milton Keynes	Age	Community group for older people	26
2	19/02/2019	Visually Impaired in Camden	Age	Representatives of retired community with sight loss	6
3	29/05/2019	National Federation of the Blind	Disability	London branch of national organisation	19
4	11/12/2018	Oriel – Meeting of Community Commissioning Panel at Tower Hamlets CCG	BAME	CCG meeting	8
5	11/03/2019	BeMoor	BAME	Staff BAME Moorfields Network	9
6	06/09/2019	BeMoor	BAME	Internal Staff BAME Moorfields Network.	7
7	18/09/2019	Standing together (domestic violence charity)	Domestic violence	'Standing together against domestic violence' support organisations to identify and respond effectively to domestic violence	2
8	13/03/2019	AgeUK Milton Keynes	Age	Local charity supporting older people	26
9	20/08/2019	Ageing Well Together	Age	A community group for older people living in and around the King's Cross area.	15
10	04/09/2019	City and Hackney Older Person's Reference Group (OPRG)	Age	City and Hackney OPRG has been raising a collective voice for older people to assert their points of view – the advisory group is the board which looks after the OPRG and represents their interests.	12
11	05/09/2019	NE London Older People's Reference Group	Age	The Reference Group is part of a co-production strategy for Newham supported by Age UK, Newham Council and CCG.	70

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
12	16/09/2019	Tower Hamlets Older People's Reference Group	Age	The Reference Group is part of a co-production strategy supported by Age UK, Tower Hamlets Council and CCG.	15
13	02/01/2019	Richard Desmond Children's Eye Centre	Age	Feedback from service users and staff at Richard Desmond Children's Eye Centre	12
14	09/07/2019	New College – students	Age, disability	New College Worcester is a national residential school and college for young people who are blind or visually impaired.	8
15	09/07/2019	New College - staff	Age, Disability	New College Worcester is a national residential school and college for young people who are blind or visually impaired.	6
16	10/09/2019	Cardboard Citizens	Homeless	Cardboard Citizens is a charity which supports homeless people.	2
17	18/09/2019	The Big Issue North	Homeless	The Big Issue offers employment opportunities and support to the homeless	2
18	26/07/2019	Transpire Transgender Support network	LGBT+	The group includes people who identify as LGBT+IAQ – lesbian, gay, bisexual, transgender, intersex, asexual, ally, queer, questioning and pansexual, all of which may be summarised as sexual gender diversity.	30
19	09/09/2019	The LGBT+ Foundation	LGBT+	LGBT+ Foundation is a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (LGBT+) communities.	2
20	11/09/2019	LGBT+ person	LGBT+	N/A	1
21	12/09/2019	MoorPride	LGBT+	Staff and patient LGBT+ network	3
22	03/06/2019	HIVE (Hackney Informed Voices Enterprise)	Learning disability	HIVE is a local social enterprise made up of people with a learning disability	9
23	13/03/2019	MoorAbility	Disability	Staff disability network	8
24	30/08/2019	MoorAbility	Disability	MoorAbility provides a platform for staff with a disability to provide feedback to the trust to advance equality.	6

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
25	04/07/2019	East London Vision	Disability	As part of the Moorfields consultation, a focus group with East London Vision	4
26	04/09/2019	Blind Mums Connect	Disability Maternity/Sight loss	Moorfield patient, with children who were service users and has an equalities and partnership role. Spokesperson for Essex County Council on disability and trustee of Guide Dogs UK and Blind Mums Connect	1
27	12/09/2019	Action on Hearing Loss	Disability	The largest charity for people with hearing loss in the UK	1
28	16/09/2019	Blind Mums Connect	Disability Maternity	As before	2
29	20/09/2019	Sense	Disability	Sense is a registered charity. 'For everyone living with complex disabilities. For everyone who is deafblind.	2
30	29/05/2019	National Federation for the Blind	Sight loss	Membership organisation for blind and partially sighted people	19
31	13/06/2019	Beyond Sight Loss	Sight loss	Focus group with sight loss at Tower Hamlets	27
32	13/06/2019	Individual from Tower Hamlets	Sight loss	Proposal discussion with individual with sight loss	1
33	20/06/2019	MK Vision Impairment Support Group	Sight loss	BucksVision is a charity supporting people with sight loss across Buckinghamshire and Milton Keynes	17
34	20/06/2019	VICTA	Sight loss	VICTA supports blind and partially sighted children, young people and their families	4
35	04/07/2019	Esme's Umbrella	Sight loss	Support network and campaign to increase awareness of Charles Bonnet Syndrome (CBS).	2
36	05/07/2019	OcuMel Annual Conference – arranged by the charity OcuMel to discuss ocular melanoma	Sight loss	A charity to support people with Ocular Melanoma (eye cancer) and their families	100
37	12/07/2019	Royal Society for Blind Children	Age Sight loss	The Royal Society for Blind Children provide a range of services in London and across England and Wales for blind and partially sighted children	4

No.	Date	Group Name	Specific Protected Characteristic Group	Group Description	Attendees
38	13/07/2019	Beyond Sight Loss - Tower Hamlets	Sight loss	Beyond Sight Loss – Tower Hamlets - support for people with sight loss	60
39	13/06/2019	OculMel UK Patient/Charity Engagement	Sight loss	OculMel UK is a registered charity run by eye cancer service users and family members.	2
40	25/07/2019	Guide Dogs	Sight loss	Guide Dogs is a national voluntary organisation and the world's largest breeder and trainer of working dogs.	2
41	08/08/2019	Individual with Charles Bonnet Syndrome	Sight loss	Member of campaign to increase awareness of Charles Bonnet Syndrome (CBS), also suffers from CBS.	1
42	20/08/2019	Seeability	Sight loss	SeeAbility is registered UK charity that supports people with sight loss and multiple disabilities, including learning and physical disabilities	6
43	12/09/2019	Bexley MENCAP	Disability	Local representative group for people with learning disabilities	40



The most common 10 themes that have emerged from the discussions held by the focus groups have been identified, as shown in Table 26. A full breakdown of all themes can be provided upon request. Feedback was collated on a group basis from each event and themes were analysed for each group. Therefore the highest number of themes is 99.

### Views on the proposal to move City Road services

Table 26 – views on proposal to move City Road Services

Common themes stated by the most groups	No. of sessions where this issue was noted
Good proposal / like the proposal	54
Proposal is exciting / get on with it	26
Current facility in need of modernisation / run down	26
Should benefit service users /staff	21
A new facility is the catalyst for better services / new treatment	16
King’s Cross is easy to get to / transport hub	14
A specialist hospital needs purpose built facilities	13
Need to engage with more service users / sight loss / public / keep us updated / act on feedback	11
King’s Cross too busy / crowded / scary for some people / Perceptions around the potential risk of crime	10
Travel may be more difficult / expensive for me	7
<b>Total (all groups)</b>	<b>99</b>

The feedback from the majority of groups was that most are in favour of building a new centre. Some described the proposal as “exciting” and encouraged the Trust to ‘get on and build it’.

There were concerns that the existing site was very run down and in need of modernisation. It was stated that the current site is also ‘a bit of a rabbit warren’ and hard to navigate. Some felt that the new centre should benefit both service users and staff, in that a specialist and highly regarded hospital such as Moorfields needs to have purpose built facilities.

There were also comments stating that a new centre would be the catalyst needed to enable investment in improved services and treatments.

It was highlighted that the King's Cross area is a transport hub, which should make the new centre easy to access. King's Cross was highlighted as a good and upwardly mobile area by some. However, some people expressed concern about the busy nature of King's Cross and that some service users may feel frightened by such a crowded area and some would worry about the potential risk of crime.

There were concerns about the proposed new site being further to travel to and costing more to get there. There were specific comments relating to the difficulty of travelling the last half mile from the station to the hospital. It was recognised that travel may be more difficult for some service users, but many felt that this should not be more important than providing good care and a good service.

It was mentioned that a new centre is important to allow Moorfields to expand and cope with future demand from population growth and a growing older demographic. From a research point of view, it was mentioned that moving Moorfields to the new site would open up the opportunity to work more closely with other related organisations such as the Francis Crick Institute and UCL.

People were keen to see the Trust engage with service users, those with sight loss and the public to keep everyone updated with the progress of plans and to act on feedback. Some people were worried that the Moorfields network sites could be adversely affected and stated that these should continue, as care should be provided as close to home where appropriate.

There were complimentary comments about the extensive scope of the consultation and the lengths the consulting organisations have gone to in order to make it inclusive, e.g. provision of Easy Read versions.

**Views on the proposal to locate the centre at St Pancras hospital OR whether it should be at another site.**

Table 27 – Views on the proposal to locate the centre at St Pancras hospital OR whether it should be at another site

<b>Common themes stated by the most groups</b>	<b>Overall</b>
None	80
New site is easy to get to / public transport / no difference	6
St Pancras a great location for a centre of excellence	5
King's Cross is busy and crowded - not good for disabilities, dementia or language issues / at night / perceptions of crime	4
St Pancras ideally located for research and international opportunities	4
Organisations (Guide dogs / RNIB) offer help and assistance for travel	4
Too far to walk but believe you are looking into solutions for this	3
<b>Total (all groups)</b>	<b>99</b>

Overall the feedback from most groups did not provide other suggestions to the St Pancras site.

Some felt that St Pancras was a good location for a centre of excellence as it was in central London and close to other institutions. In addition, it was perceived to be a good location for its international involvement and had benefits for research.

It was pointed out that some organisations, such as Guide Dogs and RNIB offer help and assistance for travel for people with sight loss.

There were concerns that King's Cross is too busy and crowded for people with disabilities, dementia or language issues to negotiate, particularly at night. This included concerns for safety and perceptions that some people may be vulnerable to crime.

## What is important in terms of accessibility, such as signage and help to get around.

Table 28 – Views on what is important in terms of accessibility, such as signage and help to get around

<b>Common themes stated by the most groups</b>	<b>Overall</b>
Better signage to the hospital / language issues / large print / layout map / talking lamp posts / GPS beacons	39
Designed with accessibility for visually impaired, deaf and blind in mind / extensive review / involve users / consider dilated pupils / other health conditions	34
Green line to follow from stations to hospital / within the hospital / tactile / cats' eyes	29
Hi tech new centre but user friendly / colour schemes for different clinics / audio assistance buttons around the hospital	26
Look at bus routes and re-direct / buses could stop right outside hospital / currently only single decker / talk to TfL / special (different colour) buses	21
Better lighting at night / not too bright as difficult for navigation	21
None	20
Good that the new site is near a transport hub	15
Concerned about walking around King's Cross at night / perceptions of crime / vulnerable	13
Mobility issues - too far to walk / last half mile	12
<b>Total (all groups)</b>	<b>99</b>

Accessibility, both in terms of travelling to the new centre and navigating around the new centre, was identified as important by many of the groups. Signage was seen to be important along with maps, visually enhanced print and technological signposting using tools such as talking lamp posts and smart phone-based GPS systems. The green line painted on the pavement from local stations to the hospital was highlighted as a key assistance mechanism as well as aspects such as cat's eyes and tactile flooring, which could be repeated inside the hospital using different colours to locate certain clinics.

It is felt that the new centre should be designed with people with sight loss in mind and service users should be involved in developing these concepts. Also, all health conditions and disabilities should be considered, not just sight loss, to ensure it is accessible for all. It was stated that even though the new centre will incorporate high tech solutions, low tech that works should not be dismissed as it is practical and not all users are tech savvy. These low tech aspects include: printed maps,

signposts, human contact, coloured lines, colour coded clinics and other solutions that do not require screens or apps.

Although some stated that having the new centre close to a transport hub should make getting there easier, it was pointed out that the current bus services would need to be re-routed to the hospital and that Moorfields would need to work closely with Transport for London (TfL).

There were concerns voiced for vulnerable people walking around King's Cross at night and potentially being subjected to crime. It was suggested that lighting needs to be looked into and specifically lighting that helps people with sight loss. Assistance would also be necessary for those who would find the last half a mile walk to the new centre to be too difficult.



## Views on travelling to the new site, such as costing more or walking further.

Table 29 – Views on travelling to the new site, such as costing more or walking further

Common themes stated by the most groups	Overall
None	68
Shuttle service would be good	16
Support co-ordinating with public transport	14
A green line / signposting from the station	10
Create a tactile route	8
Meet, greet and assistance / manned information desk / volunteers at King's Cross for walking service users	8
King's Cross / stations is / are large, noisy, complex and confusing - you can get lost /scared	8
Adequate parking / blue badge holders	8
Have difficulty walking / more than 15 minutes / need to walk further	7
Re route the bus service to the hospital	6
Buses preferable for sight loss	6
Crossing roads is frightening / dangerous for people with sight loss	6
<b>Total (all groups)</b>	<b>99</b>

There were views that being close to two main line stations should improve accessibility for many people. However, there were concerns that getting from the station to the new centre could potentially be challenging given the current built environment.

The themes discussed amongst the groups, therefore, tended to concentrate on the changes that could be made to “bridge this gap”. Some suggested that the Trust could introduce a shuttle service from the hospital to the nearby transport hubs. It was suggested that the Trust should work closely with Transport for London to ensure clear signposting and announcements at public transport points. It was suggested that there could be a meet and greet facility offering support at the transport hubs.

Signposting to the new centre could include the painted green line from the hospital, which many service users are familiar with using. An alternative mentioned was the use of tactile flooring to sign the way.

There were concerns about the busy nature of King's Cross itself as well as the stations which are noisy, complex and potentially confusing. Some service users would have difficulty walking the estimated 15 minutes between the station and the new centre. It was pointed out that bus travel is better than train or tube travel for some people and therefore, reviews and discussions with TfL about local bus routes should be explored. Some mentioned the need to reduce the number of crossings as some people with sight loss find that crossing roads is dangerous and frightening.

**Views on what is important in terms of patient experience, such as clinical quality and consistent care.**

Table 30 - Views on what is important in terms of patient experience, such as clinical quality and consistent care

<b>Common themes stated by the most groups</b>	<b>Overall</b>
None	28
Patient facilities : TV, toilet, toys, books, vending machine, wifi, children's play areas	16
Service users need comfortable surroundings / not in the basement / windows / ventilation	15
Long waiting times / better waiting times	15
Better building would help staff	12
Coffee/restaurant service is needed which is affordable / sponsored / leased	12
More joined up care and connections to wider expertise e.g. for Bells Palsy connection to neurology and physiotherapy / voluntary sector / charity	12
Hospital visits / Bad news can cause stress and anxiety	11
Staff need to treat people in a friendly and helpful way	11
Volunteers / intervention support service / here to help T shirt	11
<b>Total (all groups)</b>	<b>99</b>

To support a positive service user experience, feedback from groups highlighted that high quality patient facilities was important. Some felt the waiting area was important and that all such areas should provide a good standard of comfort with toilets close by, so people don't risk missing an appointment. With reference to the current facilities at City Road, some groups felt that waiting areas should not be in the basement and should have natural light from windows and good ventilation.

Some comments related to the current long waiting times that can arise, which can make planning a day difficult. Some suggested that offering appointments across a wider range of times through the day would be beneficial for those who would prefer to avoid having to travel at rush hour when public transport is very busy. It was also noted that service users wanted to be kept informed about delays and how much longer they would have to wait so they could plan accordingly.

A purpose-built building would immediately improve the patient experience in the view of some groups. Having a reasonable and affordable restaurant or coffee house would also provide service users with a better experience.

Enhanced joined up care for service users was seen as important. Support functions being close by can make the patient journey smoother and lends itself to combining multiple clinic appointments on the same day. This approach can also include support from voluntary or charity organisations where locality allows.

Removing the stress of hospital visits and providing a more suitable environment for receiving bad news were mentioned. This aspect includes staff empathy and having quiet areas inside or outside the hospital to sit and reflect.

## Views on what is important on supporting staff, such as a better working environment, training and research

Table 31 - Views on what is important on supporting staff, such as a better working environment, training and research

Common themes stated by the most groups	Overall
None	80
Consolidating research is a great benefit to service users / service users need to recognise this	5
Need to protect Moorfields for the future / space to expand	4
New centre good for staff retention / acquisition	3
Charities would benefit from having more information about what is coming through in research, partly to encourage hope and partly to facilitate opportunities for service users to get on to research programmes.	3
Could some of the specialist equipment not be bought and given to the local hubs so that we are able to treat some of our service users closer to home?	3
Better comfort for staff and service users	3
Staff need private space away from service users / after giving bad news	3
<b>Total (all groups)</b>	<b>99</b>

It was felt that to protect Moorfields for the future then it needs the space to expand facilities. A new centre was also thought to be good for staff morale and would help staff retention as people prefer to work in a modern professional environment.

A closer link with charities was seen as important as it would help to encourage feelings of hope if representatives of charities are able to discuss new treatments coming through with people. It may also help service users get on to research programmes and trials, if charity representatives are aware of these when supporting service users.

There were some requests relating to any equipment no longer needed from City Road being redistributed around the Moorfields hubs to provide them with better facilities. It was felt that this approach would also help to deliver care closer to home.

More comfortable facilities for both service users and staff were mentioned. Having a quiet area when giving or receiving bad news was also seen as important. Some



people were keen to stress that it affects the giver of bad news as well as the receiver.

## What is important in terms of change, such as well-planned information, emergency services at both sites

Table 32 - What is important in terms of change, such as well-planned information, emergency services at both sites

Common themes stated by the most groups	Overall
None	50
Important to communicate changes to service users / letters / word of mouth / text message	14
Include visually impaired, disabled and protected characteristics service users in the design of the new centre	7
Good to have more space / Space refocus - greater area covered	6
Audio about the new centre and layout / map / on the website	6
Lighting considerations / natural light would be good	5
Important to consider background colours and lettering	5
Gradual transition of services / less disruption	5
How long will it take / provide timelines	5
<b>Total (all groups)</b>	<b>99</b>

Some groups thought communication of progress on changes as they happen, was important. As the move is planned in stages, keeping Moorfields City Road site open as the new site emerges, it is important that service users know if they need to attend the old or new site and where to go.

A multi-channel approach was recommended as some service users will be reached better by text while others will prefer a phone call or a letter. The gradual move of services over time was commended as it allowed continuation of care in the event of delays. Timelines should be provided and updated as the new centre emerges.

Some groups expressed the need to include disabled and protected characteristics groups in the design of the new centre. It was felt that no-one knows better about what is accessible and what doesn't work than the users themselves.

There was support for having more space available so Moorfields can grow and cover a larger area. It was felt that departments can be more logically organised making the new centre easier for the service users to access and staff to operate. It should also be more efficient overall.

It was felt by some that Moorfields should produce an audio guide and maps, which could be available on the website. This would help service users understand more about the hospital and how to navigate the building before their appointment.

The use of light and colours in the design of the new centre was discussed in some groups. They felt that natural light should be provided wherever possible. White and plain light colours should be avoided as they are difficult for visually impaired people to see. Green and blue are better colours to use. It was stated that glass doors should be avoided.

## Was there a consensus on the proposal to move to St Pancras by the group?

Table 33 – Was there a consensus on the proposal to move to St Pancras by the group?

Common themes stated by the most groups	Overall
Supportive of proposal	54
None	40
Optimistic that this would bring improvements to the service.	7
Don't know if they support proposal	6
Halfway to supporting / need further information	6
If appropriate amount of thought is put into transport, accessibility and patient care, that it could prove successful.	6
Engage with groups across society to ensure it is inclusive	5
Wanted more information	4
Are you changing network sites / hubs	4
Keen to work closely with Moorfields in future	4
What percentage / size of the site will new Moorfields occupy / 2 acres of 5 acre site	4
<b>Total (all groups)</b>	<b>99</b>

The majority of groups were supportive of the proposal to build a new centre at St Pancras. Over a third of groups did not comment on their preference. Others are still uncertain about the move.

Some groups felt that the move would bring improvements to the service. They felt it would be successful if thought is put into transport, accessibility and patient care. Some groups suggested that the Trust should engage with all groups in society to ensure that the new centre is inclusive.

There were some requests for additional information, especially as the plans develop. Some groups wanted to know how big the footprint on the site would be and these questions were answered by staff representatives at the groups.

Some concern was expressed about how the new centre will affect the hubs in the wider Moorfields network. There were concerns they would change as a result of the new facility.

Some of the groups expressed interest in engaging with the Trust to help with the future process.

### Views or opinions not covered above

Table 34 – Views or opinions not covered above

Common themes stated by the most groups	Overall
None	58
How long will it take to build / timescales	7
What will happen to the network sites / hubs	6
What is being done about the long walk	4
What will be done with City Road site	4
Will there be work done on the signage at King's Cross/St Pancras for visually impaired?	4
The new site is an excellent location for staff, research fellows and the many people who visit from all over the world	4
Research and academic achievement are very important for the development of good eye care. E.g. Stem cell	4
More local care to avoid travel	4
Users / carers - with various levels of sight loss should be involved in the design / throughout	4
<b>Total (all groups)</b>	<b>99</b>

A series of questions regarding the project were asked. Such areas as: timescales; what will happen to other Moorfields sites ; what is being done to help service users get from the station to the hospital; what are the future plans for the City Road site and; will there be improved signage for the visually impaired at King's Cross. Some of these repeated questions asked in earlier sections of other focus group discussions.

There were some messages of support, particularly around: the site being ideal for a world renowned centre of excellence; research facilities in the King's Cross area and; the importance of research in developing new treatments for eye care.

The importance of having a local facility to reduce the need to travel was raised as well as the inclusion of service users in the design of the new facility.

## 8. Responses from Professional Groups

The following sets out the list of official responses, emails and letters supplied for analysis from identified professional groups.

Table 35

No.	Date	Document Type	Organisation	Group Type
1	23/01/2019	Minutes of Committee Meeting	Ealing / NW London - Governing Body	CCG
2	11/09/2019	Meeting Notes	Ealing Governing Body	CCG
3	13/09/2019	Official Response	East and North Hertfordshire CCG	CCG
4	16/09/2019	Official Response	Herts Valley CCG	CCG
5	28/02/2019	Minutes of Committee Meeting	Herts Valleys CCG Board Meeting	CCG
6	05/09/2019	Meeting Notes	NCL Governing Body	CCG
7	18/07/2019	Minutes of Committee Meeting	North West Camden Locality	CCG
8	16/09/2019	Official Response	South East London CCG's	CCG
9	17/09/2019	Public statement	International Glaucoma Association	Charity
10	16/09/2019	Official Response	RNIB	Charity
11	28/05/2019	Official Response	Visually Impaired Camden	Charity
12	26/06/2019	Minutes of Committee Meeting	Dorset Council Health Scrutiny Committee	Council
13	20/08/2019	Official Response	External Services and Select Committee at London Borough of Hillingdon	Council
14	11/07/2019	Minutes of Committee Meeting	Hertfordshire County Council - Health Scrutiny Committee	Council
15	12/06/2019	Minutes of Committee Meeting	Hillingdon Council - External Services Select Committee	Council
16	17/09/2019	Email from Councillor	Islington Council	Council
17	08/10/2019	Letter of Support	London Borough of Camden	Council
18	25/07/2019	Meeting Notes	NCL JOSOC - Cllr Kelly	Council
19	21/06/2019	Minutes of Committee Meeting	North Central London JHOSC	Council
20	18/09/2019	Email from Councillor	St Pancras and Somers Town Ward	Council
21	11/07/2019	Minutes of Committee Meeting	Suffolk Health Scrutiny Committee	Council
22	12/09/2019	Official Response	Healthwatch Hertfordshire	Healthwatch
23	13/09/2019	Official Response	Healthwatch Islington	Healthwatch
24	19/09/2019	Official Response	Mayor of London	Mayor



No.	Date	Document Type	Organisation	Group Type
25	15/08/2019	Official Response	Health Education England	NHS
26	03/09/2019	Official Response	Moorfields Eye Hospital NHS Foundation Trust Membership Council	NHS Trust
27	18/07/2019	Minutes of Committee Meeting	Moorfields Eye Hospital NHS Foundation Trust Membership Council	NHS Trust
28	12/09/2019	Official Response	Moorfields Alumni Association	Staff
29	13/09/2019	Meeting Notes	Staff Feedback Current Outpatients service users Clinics	Staff

The following pages set out a summary of findings from each of these responses with the full response forming part of the consultation. The main themes from these responses have been included in the Summary of Findings section.

#### **Minutes – Governing Body Public Meeting – 23/01/2019**

- Background information on Moorfields Eye Hospital was provided to the committee.
- Request to know the governance process involved.
- Asked whether existing network services would continue.
- Financial considerations were discussed.
- Asked about the St Pancras transformation programme and if there were any risks to this not happening.

#### **Official Response – East and North Hertfordshire CCG – 13/09/2019**

- Welcome the opportunity to respond and have encouraged local residents to do so too.
- CCG agrees that the Moorfields City Road premises is no longer fit for purpose and has no room for future development.
- Current site does not offer the maximum possible benefits for future eye health.
- New premises allow advances in technology to be used to their full potential, and improve outcomes for our service users with complex eye conditions.
- The site put forward is close to good transport links for service users coming to use the service from this part of Hertfordshire.

- Would not anticipate any additional access problems for Hertfordshire service users.
- Implementation plan should include careful consideration into wayfinding and patient and carer support from transport hubs to the new centre.
- Would be happy to provide input from Hertfordshire service users into the delivery plan to make sure that relevant needs are considered.
- Updated facilities would promote developments in research and education for ophthalmologists and reinforce Moorfields' worldwide reputation as a leading specialist centre.
- We expect that these developments would also support improvements in our local services, as well as nationally.
- As a CCG we would want ophthalmology service users managed locally where clinically appropriate.
- Many of our residents rely not only on the expertise provided at Moorfields central site, but also at the outreach clinics that are provided at Potters Bar Community Hospital in Hertfordshire.
- We are keen to ensure that this local access continues as a key part of the Moorfields service.

### **Official Response – Herts Valley CCG – 16/09/2019**

- Herts Valleys CCG understands the proposals to relocate Moorfields Eye Hospital.
- The proposals were shared with Herts Valleys CCG Board who compiled this response.
- We note that proposals were presented to the Hertfordshire County Council health scrutiny committee in July 2019, and received support.
- The CCG supports the proposed move and creation of a new facility as described.
- Recognise that improved pathways will be part of the new approach and support the creation of a new education and research facility.
- Understand the value of a modern and new environment for service users.
- We also see the benefit of being located close to other health service facilities.
- Most of the service users coming from our area – west Hertfordshire – will find travel to the new centre, more convenient than to the current site.

- However, we have recently procured a community ophthalmology service across west Hertfordshire that we expect will impact directly on the amount of activity that will flow to directly into Moorfields Eye Hospital in the near future.
- This ophthalmology service launched in January 2019 and is commissioned to be the single point access for all referrals from GPs and optometrists to provide enhanced community ophthalmology care.
- This includes pre-assessment and post-operative follow ups for cataract, treatment for glaucoma, minor eye procedures and will be launching diagnosis and treatment for wet AMD service users (from Jan 2020).
- Links to the local services and pathways remain important.
- Moorfields Eye Hospital will remain as one of the acute providers of choice should service users require onward referral from community services whether that is from CCG commissioned community ophthalmology provider or following diabetic retinal screening.
- CCG are pleased to see plans for continued public engagement are already underway and would like to see this continue through the whole process of change, and beyond.
- Continued engagement with the CCG is also key.
- Want to see detailed financial and activity planning and to see the programme of change linking in with our local long term plan.
- Will also need to understand any other changes that may be put in place, aside from the physical re-location of the service, including ICT, pathways etc.

### **Minutes – Herts Valleys CCG Board Meeting – 28/02/2019**

- Background information on Moorfields Eye Hospital was provided to the Board.
- The proposal was discussed and further clarified. Requested confirmation of the split of Herts Valleys' service users seen at the City Road and Potters Bar sites.
- Noted that Moorfields had engaged with over one thousand service users, public and staff since 2012 and most participants in discussions were supportive of the proposed move.
- The key issues for service users and carers were:
  - Accessibility.
  - Improved patient experience.

- Shorter waiting times.
- More comfortable waiting environment.

### **Minutes – North West Camden Locality Committee in Common – 18/07/2019**

- Background information on Moorfields Eye Hospital consultation was provided to the Committee.
- Members suggested a shuttle-bus from King's Cross station to the new site.

### **Official Response – South East London CCGs – 16/09/2019**

- .We have shared information about the consultation widely, including with our partner NHS organisations, with the Joint Health Overview and Scrutiny Committee (JHOSC), which is a joint committee of the south east London Local Authorities, and with our Public and Patient Advisory Group (PPAG), which includes a representative from the visually impaired community.
- There was general support for Moorfields moving to more modern premises.
- In general, the number of south east London residents accessing care at Moorfields is very small and often relates to on-going treatment or service users who work in north London.
- The proposed new site is within easy travelling distance and is at most a small additional travel time (two stops on the northern line) with easier travel from those parts of south east London which have a direct train route into St Pancras (Thameslink).
- Remain comfortable with the proposals.

### **International Glaucoma Association public statement – 17/09/2019**

- The IGA supports Moorfields proposal to move services to a new site near St Pancras.
- The current site at City Road is dated, and no longer fit for purpose.
- Service users find the site cramped and as a result, appointments are more stressful than they might otherwise be.
- We recognise that other options will result in inevitable compromises regarding the services Moorfields can offer in the future:

- For example, re-developing the existing site is likely to result in disruption to care for service users, while limiting the ability to redesign services and integrate research into patient services.
- We judge the new site will be more accessible for service users both to reach and to navigate.
- The new site should ensure the hospital can continue to develop and deliver outstanding eye care and ophthalmological research.
- We recognise that the new site will involve significant financial outlay, but we believe that the anticipated improvement in patient services and the sale of the current City Road site will compensate sufficiently for this.

### **Official Response – RNIB – 16/09/2019**

- We thank Moorfields for involving RNIB and its members in an excellent wide ranging, inclusive and meaningful public consultation on the proposed Oriel development.
- RNIB has worked closely with Moorfields to ensure as many blind and partially sighted people as possible have had the opportunity to contribute to the consultation process.
- RNIB welcomed the opportunities for RNIB staff to formally take part in consultation meetings that have taken place across London.
- RNIB supports the proposed relocation of the existing Moorfields Eye Hospital to the proposed St Pancras site.
- Welcome the invitation to work closely with the architects on an ongoing basis to ensure that Oriel fully meets the accessibility and inclusive journey needs of service users, staff and visitors to the Oriel site.
- Concerns over the 'last half a mile' journey from local transport hubs to Oriel have been a constant theme raised by blind and partially sighted people.
  - As stated in the public consultation meetings RNIB stresses that for Oriel to be truly successful in the context of accessibility it is critical Transport for London and Camden Borough Council become committed stakeholders.
  - We are pleased that Moorfields share this view and recognises the need for these key partners to become fully and meaningfully engaged in the design and build of Oriel.

- RNIB has considerable expertise in utilising innovative and accessible technology as demonstrated in a recent public consultation.
- RNIB encourage Moorfields to work with RNIB to develop an Accessibility Plan in partnership:
  - This plan would create an 'Accessibility Bubble' around Oriel and local transport hubs such as King Cross and would incorporate key principles such as Inclusive Journeys, Accessible Technology and RNIB's Visibly Better design standards.
- RNIB and our Connect Network community members feel that service users must continue to be fully engaged and consulted on the design and build process of Oriel:
  - It is essential that ongoing opportunities for public consultation exist so that 'service users voices can continue to influence, guide and shape the design of Oriel and critically changes to the last half mile ensuring all journeys are fully safe and inclusive.

### **Official Response – External Services and Select Committee at London Borough of Hillingdon - 20/08/2019**

- Moorfields provides excellence in eye care and ground breaking research.
- Services at Moorfields' City Road site (and the needs of service users) have changed and the building now poses a challenge with regard to acceptable patient experience.
- Support the proposed move to St Pancras provided it will not replace any of the services provided from the Trust's other 30 locations.
- The proposed move offers the opportunity to identify different ways of delivering care and integrate various strands of expertise (for example, research and education) with the intention of stimulating interaction between clinicians, educators and researchers.
- Proposed move should help in the regeneration of a deprived area.
- Members stressed the need to address accessibility and transport hubs and the use of digital technology.
- Following discussions with RNIB, extra support will need to be put in place during the transition period, including the possible use of volunteers to signpost.



- The Committee also suggests that MEH liaise with Network Rail, Transport for London (TfL) and the Mayor of London with regard to permanent step free access.
- Members were concerned that the move to St Pancras might impact on the stability of the Western Ophthalmic Hospital (WOH) as it is located just along the Circle line from the proposed new site. But assured this is not the case with different target audiences and conversations between the two Trusts.
- Members expressed concern with the financial risk associated the development of the new site. The Committee would like further assurances in due course in relation to this risk following the production of the outline business case.

### **Minutes – Hertfordshire Health Scrutiny Committee – 11/07/2019**

- Background information on Moorfields Eye Hospital was provided to the committee.
- Members agreed the move was positive as it would be more consistent and would bring clinical expertise together.
- Noted the challenges for some service users travelling to the new proposed site, but were pleased that alternative methods of transport were being investigated.
- Financial considerations were discussed.
- Asked about changes to the satellite sites.
- Pleased the consultation document would include braille and the document itself would be in 'Word' so font size could be increased.

### **Minutes – External Services Select Committee London Borough of Hillingdon – 12/06/2019**

- Background information on Moorfields Eye Hospital was provided to the committee.
- Concern was expressed that the move to St Pancras might impact on the stability of the Western Ophthalmic Hospital (WOH) as it was located just along the Circle line.

- It was noted that the current City Road site would need to be sold and the proceeds would be used to develop the new site. Other financial considerations were discussed.
- Not practical to replicate the current services in a new location as not be sustainable due to demand for ophthalmology services.
- Often service users need to be seen face-to-face and tests were required in quick succession for review remotely by a consultant.

### **Email from Leader of Islington Council 17/09/2019**

- Islington Council has long valued having Moorfields Eye Hospital as part of the fabric of our borough.
- Recognise the trust's contribution to both world leading eye care, research and education, but also for serving the needs of our borough, providing our local residents with access to high quality clinical eye care.
- We were sad to hear off Moorfields' plan to move from the City Road site to Camden
  - Understand and appreciate the clinical case for change and the rationale for the move.
  - Specifically the limitations of the current site in terms of clinical redevelopment, and how this hampers the trust's ability and ambition to offer the highest quality care and an improved, 21st century experience for service users and carers.
- Will want to be assured on behalf of Islington residents, if the proposed move goes ahead, there is no detrimental impact on the quality, range or accessibility of services currently available to them.
- If the benefits of the new site and what it offers in terms of quality and particularly improved patient experience, as set out in the consultation document, are realised, then this will indeed be welcome.
- In terms of travel to and accessibility of the new site, Islington Council is keen to understand how this will be maintained for Islington residents
  - Particularly given the transport and access needs of our residents/service users with sight loss and their carers.
  - Should the move go ahead, we would want the opportunity to be involved in the development of the proposed accessibility plan for the

new site, as this will be critical to ensuring the needs of our residents are met.

- We also look forward to continuing to work constructively with the trust with respect to the re-development of the City Road site.

### **Letter from Camden Council – 08/10/2019**

- Writing to express Camden Council's strong support for the relocation of Moorfields from its Old Street site to the St Pancras Hospital site.
- The Council is convinced by the clinical arguments in favour of relocation that better patient care can be provided in modern, purpose-built facilities allowing innovative models of treatment to be delivered that improve outcomes for service users.
  - More specifically, the move will be good for Camden residents by making it easier for most Camden residents to access the hospital's services.
- It will be a fantastic opportunity for the borough to have a leading, internationally respected and renowned health institution in the borough.
- In addition, it opens up opportunities for Moorfields to join up with the rest of the Camden knowledge quarter.

There are a number of objectives that the Council would like to see fulfilled as part of the development:

- We would reinforce the acknowledgement in the consultation document that the trust should ensure that service users have safe pedestrian routes from the mainline stations of King's Cross, St Pancras and Euston.
- We would encourage the trust to work closely with highways and planning colleagues as part of the pre-planning engagement process to develop the accessibility plans for the site as this will be critical to ensuring the needs of our residents, including those with sight loss, are met given the many different and complex routes to the site from the transport hubs.
- We would like to see assurances from the Trust that they will seek to maximise social value including:
  - Employment opportunities for Camden residents particularly those furthest from the workforce such as people with disabilities and mental ill-health. We would welcome the opportunity to work with the trust to link

them into our employment initiatives and into our public health work focused on workplace health and wellbeing; and

- Maximising the sourcing of supplies and services locally and also exploring opportunities for partnership working and outreach with the voluntary sector, further education and local schools.
- We would like to understand more about the links that Moorfields is seeking with the other major institutions in the knowledge quarter;
- We have been pleased to see the significant engagement that the trust has undertaken with ward Members, local residents and community groups and we would encourage the trust to continue with this engagement, particularly given the scale of the developments that the local community has experienced in the last few years;
- We would like to understand the potential opportunities for our residents to not only benefit from access to world leading, high quality eye treatment and care but also participation in research; and
- Whilst recognising the unique and specialist nature of Moorfields Eye Hospital, in the context of integrated health and care system developments in Camden, we would be keen to understand how the trust and potentially the Institute of Ophthalmology can play a role in that more local integrated system over time, and in particular contribute towards our local ambitions for shifting the system focus towards prevention and supporting people to be healthy, well and independent.
- The Council hopes that this letter of support is helpful and we are happy for it to be included in your submission to NHSE.

### **Minutes – North Central London Joint Health Overview and Scrutiny Committee – 21/06/2019**

- Background information on Moorfields Eye Hospital was provided to the Committee.
- Concern about accessibility to the new site not being as good as City Road.
- Arranged for committee members to visit City Road site.
- Camden's Transport strategy was discussed and the need to reduce emissions along with moving bus stops to make the site more accessible.
- The focus should be on improving the outcomes and value for money for service users and residents.

- The trust's 2016 CQC report highlighted issues with the City Road site which had adversely impacted on patient experience.
- Will consultation have an impact on proposals, who is taking it forward and how will it be fed back?
- Important to continue to involve staff in the developments.
- Has sufficient time been allowed for the consultation?
- There is a need to maintain the existing good networks within NCL JHOSC.
- Make the project a world leader in consultation and show clarity in decision making.

#### **Email from Ward Councillor for St Pancras and Somers Town – 18/09/2019**

- Totally in favour of the Moorfields Eye Hospital moving to the site of the St Pancras Hospital.
- Badly need the access to the Moorfields Eye Hospital in the area of St Pancras and Somers Town which is a heavily built up area.
- Many elderly and disabled people find the location of Moorfields presently difficult to travel to from a public transport & cost aspect.
- The proposed move is excellent and I support it.
- Has personally been a patient, as has a family member.
- Cost of travel by cab has been very expensive.

#### **Official Response Healthwatch Hertfordshire – 12/09/2019**

- Through the comprehensive information provided by the Trust, a compelling case for change has been presented.
- Important for capacity with and increasing and aging population.
- New facilities are required to support innovation and the development of new treatments as well as bringing research, training and healthcare closer together.
- Good patient feedback on clinical care at City Road but patient experience is affected by ageing facilities and layouts which make navigating the hospital difficult.
- Patient experience should be at the centre of the new building design to ensure high quality care is delivered.
- Engagement during the consultation has been effective.

- A number of different options have been explored by the Trust and it is clear why this site has been chosen.
- There is a commitment that service users will have an input into the design phase.
- For Hertfordshire service users the journey is more straightforward with no need to use the Tube.
- The route from the station to the hospital will need wayfinding support and solutions will need to be explored in partnership with key organisations.
- The new centre will also be nearer key organisations such as the Royal National Institute of Blind People and Guide Dogs.
- Healthwatch Hertfordshire supports the Oriel consultation proposal as it will help the Trust to provide modern eye care facilities.
- Should retain the community satellite facilities.
- It will enable new treatments to be developed from the even closer collaboration of researchers, clinicians and service users that the new facility will encourage.
- The new environment will put the patient at the heart of everything.

### Healthwatch Islington – 13/09/2019

- The following partners were able to contribute and support this response
  - **Arachne Greek Cypriot Women's Group**
  - **Community Language Support Services**
  - **Islington Borough User Group (IBUG)**
  - **Jannaty**
  - **Manor Gardens Welfare Trust**
- Trust's consultation information clear and easy to follow and value the fact that they built the consultation around existing and specific engagement work.
- Welcome and support the plan to move.
- Hope that staff, local residents and service users will be involved in the future design.
- Recognise that the current City Road site is not an optimal design for service users.
- **Accessibility**
  - Required to ensure that NHS services are accessible to people with disabilities:



- making sure there is wheelchair access in hospitals
- providing easy read appointment letters
- giving someone a priority appointment if they find it difficult waiting in their GP surgery or hospital
- longer appointments if someone needs more time with a doctor or nurse to make sure they understand the information they are given.
- Services are required to meet the Accessible Information Standard, ensuring that service users' communication needs are discussed, recorded, flagged and acted upon.
- Other cultural issues such as helpful empathetic staff and if the service design enables timely, clear communication with service users and carers.
- **Interior Design and Signage**
  - Interior design and signage to help you find your way around the hospital is very important to residents, particularly if they may be coming to an organisation infrequently or for the first time.
  - It is important that patient letters and pre-appointment information includes clear information on how to find the relevant clinic or service, using the same terminology as the signage in the building.
  - It is particularly important given that service users may have a visual impairment or have treatment that temporarily affects their vision, that the needs of visually impaired users are taken in to account.
  - This Trust needs to actively involve service users and carers in the planning stages, when design decisions about the new site are being taken.
- **Technology to guide you through the hospital to your appointment**
  - Feedback from Healthwatch Islington showed that service users felt that they weren't given enough information about the length of their wait, and where they were in the queue to be seen.
  - Technology could be used here. Having this information would make waiting easier, and allow them to pop off for a coffee without fear of losing their slot.
- **People to provide you with assistance in the hospital building**
  - Even if the signage is clear and there is some assistive technology in place it could still be beneficial to have people on site to help with way finding. It would be essential that these people have both training in how

to guide visually impaired people but also strong empathy and customer services.

- **Locating the hospital close to public transport/ Ease of journey from public transport to the site**
  - The hospital needs to be close to public transport.
  - We note that the St Pancras site is not particularly easy to reach from the Tube station at King's Cross St Pancras and further consideration needs to be given to this.
  - We imagine the Trust has already engaged Transport for London (TfL) in these discussions.
  - We welcome the idea of additional support when the hospital first opens, but as new service users could arrive at any time, a longer term solution may also be needed.
  - It would be good to gather ongoing patient feedback on access to the site once the site is opened.
  - What kind of support from the nearest underground station could the Trust realistically offer? Could the Trust develop an app, support service users to access existing tools like Google maps etc to help them find their way.
  - Could TfL build a new exit to the Tube, or make the road layout from the Tube to the Hospital more pedestrian friendly (currently, if you come out the wrong exit the journey is not very pleasant (pollution under the tunnel near Camley Nature Reserve and limited safe paces to cross, taxi rank seems to have priority over everything else).
- **Support with transport from the nearest underground station to the St Pancras Hospital site**
  - We weren't clear what this would entail but note that the Trust plans to engage a range of mobility experts in these discussions and we would welcome the expert and patient and carer voice being able to feed in to this.
  - An early conversation with Transport for London about what they can do to make access clear and simple would be welcomed. It would also be useful to speak to more service users about the support options that would make this journey easier for them, and consideration given to how these could be booked.
- **Change of site and impact on journey times**

- We recognise that in any move, some service users will have a longer journey and others will have a shorter journey.
- The consultation documents suggest (based on postcodes of current recorded users) that journey times will increase.
- As the site will still be in central London and very close to the previous site, we don't think this should impact the decision. However, it is positive to recognise that a change could be particularly difficult for regular service users who are used to the current location and layout and that everything that can be done to help service users here would be welcome, if re-developing the existing site is not deemed a viable option.
- **Parking**
  - We weren't aware that there was parking at the existing site, so can't comment on whether more or less parking would be sufficient.
  - The website states that for the current site, provision around the hospital is very limited, although there is some meter parking and some privately-operated car parks.
  - The closest reasonably-priced car park outside the congestion zone is City Garden Row car park and charges £9 for the day. They will not accept bookings in advance.
  - It would be useful to know how many service users actually travel to the site by car, and what a sample of those service users feel about the parking situation at the new site.
- **Improving the Patient Experience**
- **High Quality Clinical Expertise**
  - From conversations we have held with service users about Moorfields we know that they really value high quality clinical expertise.
- **Smooth journey from first appointment to after-care and support**
  - Across the range of engagement across health and care services we carry out we know that there is always room for improvement in the journey between first appointment and after care, but that this is also very important to service users.
- **Getting to the hospital, including in an emergency**
  - The Trust's consultation mentions longer journey times overall. We imagine that this means in an emergency too. This is a problem across London as traffic means longer journey times. We aren't able to comment on how much traffic jams along Euston Road will impact.

- **Person to person support**
  - In the pre-consultation respondents noted that even though it's great to be able use technology to engage with services and find the hospital/ different departments being able to speak to a person is still highly valued. This is reflected in other engagement work that Healthwatch has carried out about a range of services.
- **Shorter waiting times at the hospital**
  - Shorter waiting times when at the hospital site comes up as a concern, and we know that the Trust is aware of this and taking steps to be clearer about how long service users should expect to wait.
- **A caring experience at the hospital**
  - Throughout our work, we know that people value 'caring' support very highly.
- **Good communication and information**
  - One of the key themes raised in Healthwatch Islington's work in the community is the importance of clear, timely communication and information.
  - This is often an area of dissatisfaction.
  - Residents are often confused about, complain that accessing appointment systems is not always easy, that pre-appointment information is often not as useful as it could be, about who to contact if they have queries about their care, discharge summaries are often not comprehensible to service users as they are written with clinicians in mind, and people state that they do not know where to seek out the most appropriate information to help them self-care.
  - Access to digital communication is varied, and one size does not fit all where communication is concerned.
- **Developing our staff**
  - We would definitely welcome the best working and learning environment for the staff caring for service users at the Trust.
  - We hope that a research centre would mean that staff have better access to opportunities.
- **Planning for change**
  - We welcome the ideas proposed for planning the change.
  - Hosting emergency services at both sites for a short time if this is actually feasible, is good.

- We don't know enough about how the department is staffed, and what infrastructure and resources would be available for this temporary model.
- Talking to City and Islington College students about what can make services more welcoming to young people (the focus was particularly around community and mental health services), they said they would like staff to have empathy and compassion and for the environment to be comfortable. They also said they wanted to feel safe and for there to be a range of services in the one place.
- Residents from "Whittington Health Estates Strategy" are keen to take opportunities to improve facilities for staff and service users, and see access as much wider than just the buildings in which care takes place. Service users with a Learning Disability and some service users with mental health needs want specific waiting areas and support. Similarly, the idea of a separate waiting area for older people was raised. We appreciate that we can't have separate waiting areas for everyone, but the Trust could take this opportunity to make the service as inclusive and accessible as possible.

### **Mayor of London – 19/09/2019**

- Although the Mayor has no power to direct the delivery of health services he is committed to using his influence as a political leader to champion and challenge the NHS on behalf of Londoners.
- Has developed 6 tests to apply to all major health and care transformation and reconfiguration programmes:
  - Health inequalities and prevention of ill health
  - Hospital beds
  - Financial Investment and Savings
  - Social Care Impact
  - Clinical Support
  - Patient and Public Engagement.
- The Mayor's response at this stage considers the first four tests
- The Mayor is broadly content with the proposals which set out an exciting opportunity for Moorfields to deliver world class eye care in a new purpose-built facility.

- Hope that strengthening the relationship with the Institute of Ophthalmology will contribute to better care and outcomes for service users, strengthen innovation and help translate research into practice. A few additional points:
- **Health Inequalities**
  - Pleased to see that it has been considered and is an ongoing focus.
  - Critical that inequalities are not widened and where possible plan to reduce them.
  - Pleased that these will be included in the final equality impact assessment being compiled.
  - You rightly acknowledge the last half mile of the journey especially for older people and those with a disability.
  - Welcome the commitment that the services at Moorfields remain accessible to all that need them and that you are producing an accessibility strategy.
  - I hope this provides further assurance that any potential disadvantages for the most vulnerable service users have been considered and their access to services is not compromised.
- **Financial Investment and Savings**
  - Understand that further work is underway to map new pathways and models of care.
  - Should demonstrate how these new pathways and models will deliver the efficiency savings outlined in the proposal while also meeting projected demand.
  - Should these efficiency savings not be realised, would want to understand the impact on service delivery and plans for the sale of City Road site.
- **Adult Social Care**
  - Impact on Adult Social Care should be well considered and impact on local authorities taken into account.
  - Support the ambition of delivering integrated care closer to home but any plans must be supported with sufficient investment in social, community and primary care.
  - As you develop your plans it will be important to understand any financial impact on local authorities.



- As world leaders in eye care and research, Moorfields and UCL Institute of Ophthalmology are in a unique position to strengthen integration between research, specialist clinical care, and primary and community care.
- Note the work undertaken with North London STP and encourage you to take an active involvement in these plans to prevent eye health deteriorating and integrate eye health into wider public health action as recommended by the London Assembly's Investigation published in 2017.
- Would like to highlight the issue of the future use of the City Road site. Want surplus land to be used for the benefit of Londoners and have a positive impact on their health. Mayor's London Plan sets out a strategy to ensure London grows in a way that is environmentally, economically and socially sustainable. Any future use of the City Road site should conform to the London Plan.
- Plan to share final feedback against all six tests once he has reviewed the final consultation report and revised proposals that follow.

#### **Health Education England – 15/08/2019**

- Health Education England is supportive of the proposal and the improvements to training that it will bring.

#### **Moorfields Eye Hospital NHS Foundation Trust Membership Council – 03/09/2019**

- Would like to reinforce and reiterate our strong support for Oriel and fully endorse that a new, purpose-built centre bringing together clinical care, education and research is both welcome and necessary.
- The consultation has already raised a number of important themes and the membership council is keen to encourage commissioners and the Moorfields board of directors to consider these issues in future project development and make a commitment to continue to listen to service users.
- Moving services to a new site provides an opportunity to create a clinical environment that better meets a range of access needs for our service users.
- Note the feedback from stakeholders that indicate greater concern about 'the last half mile' and how service users get from public transport to the hospital.

- Believe this is a critical issue that will need addressing with partners, drawing on the lived experience of service users with sight loss.
- The patient experience should improve as a result of this proposal, with focus put on making it easier to navigate the patient pathway and reducing as far as possible the amount of time service users need to wait for their care.
- Would like to see an improvement in awareness and understanding of the needs of service users and visitors with visual impairments, as well as improvement in communications and person-to-person support.
- Believe that working closely with service users, public and staff that the trust can address these important issues in the most practical and sensible way possible.

### **Minutes – Membership Council Moorfields Eye Hospital – 18/07/2019**

- Background information on Moorfields Eye Hospital was provided to the committee.
- Update of activity and consultation response was provided.
- The last half mile of travel was seen as a key issue along with how people will get to the site from public transport.
- Need to engage with network rail, TfL, local authorities, etc. in order to address this issue.
- Service users in network sites have expressed concern about being side-lined in terms of funding and research.
- Important to have a collective response from the Membership Council to endorse the move officially to commissioners.

### **Alumni Association – 12/09/2019**

- With all the diagnostic, technological and surgical advances made in Ophthalmology in the last few decades new ways of delivering Eye care will undoubtedly benefit from a new centre which being purpose-built can respond to these changes and future-proof the ever-developing specialty of Ophthalmology.
- We are strongly supportive of the move to a new centre site with all the potential benefits this will have, for the future of what is probably the best known Eye hospital in the world.

## 9. Social Media, Feedback Forms and Chatbot

### Chatbot Statistics

A virtual assistant, also known as a chatbot, was set up on the Oriel website to allow visitors to ask questions and receive responses from an automated assistant. The chatbot was also designed in a way which enabled it to gather data and views on the proposal by asking a simplified version of the consultation survey. This technology, based on two-way interaction, is the first of its kind to be used in a consultation. The statistics below show the key questions and responses from the chatbot initiative.

During the consultation, chatbot answered 1,249 specific questions about the proposal. The following tables show the how many people answered the consultation survey questions when prompted by the chatbot.

Table 36

Response	Number	%
Think a new centre is needed	55	63%
I don't have a view on whether a new centre is needed	12	14%
Don't think a new centre is needed	21	24%
Total	88	100%

Table 37

Response	Number	%
Agree to St Pancras as a suitable site	207	64%
Neither agree or disagree to St Pancras as a suitable site	101	31%
Disagree with St Pancras as a suitable site	14	4%
Total	322	100%

The majority of responses received via the chatbot indicated that they felt a new centre is needed (63%) and that the proposed location of St Pancras was suitable (64%).

Other comments received related to being kept informed about future plans, directions from the stations and transport links, the historical nature of the City Road site, comments relating to Moorfields research and developing cures and some general comments in support of the move to St Pancras.

## Feedback Forms

A total of 261 responses by telephone, social media and email were collected during the consultation.

The responses received were mainly in support of the proposal with some suggestions as to what could be included in the new centre. A full list of coded responses is given in table 38.

Table 38 – Themes from feedback forms

Coded Theme	Number
Support the proposal to build a new centre at St Pancras	124
King's Cross is a great location as it is a transport hub	71
Moorfields provides an excellent service	53
Proposal promotes integrated eye care with research and partner organisations including charities	49
Build a bigger centre for more capacity	29
City Road is crowded and like a rabbit warren	29
City Road provides poor patient conditions	25
Support the satellite Moorfields sites / don't close or downsize them	23
Navigating the last half mile is an issue	21
Need disability and learning disability support for mobility / volunteers	20
City Road is more accessible by transport than King's Cross	19
Staff deserve better working conditions	18
A request for further information about the proposal was made	15
Work with Transport for London to change buses / bus stop location	14
Better and more readable signs (braille / tactile)	14
The new centre will support Moorfields as a world-renowned centre of excellence	14
Waiting times at Moorfields are too long	12
King's Cross and station is crowded, busy and confusing	11
Stay at City Road and expand the services	10
Need a green line from the station	9
Need more parking and disabled parking at the new site	9
Would find getting to St Pancras difficult	8
Provide a shuttle bus	8

<b>Coded Theme</b>	<b>Number</b>
How will you pay for it/will you need fundraising	8
Better lighting or daylight	6
Address accessibility issues for visually impaired	6
It will take me longer to get there	6
Better patient waiting areas e.g. TV, seating	5
Keep City Road as well as St Pancras (as satellite or additional A&E)	5
Need to retain the historic City Road building	5
Deaf and Visual Impairment training should be provided to patient facing staff	5
Involve service users in design of the new centre	5
What are the plans for the Children's Centre?	4
A new centre would be better for students	4
Need a smooth transition with services unaffected by the move	4
Provide 24 hour A&E services	4
Concerns about perceived crime in the King's Cross area and vulnerable people	4
Provide bus services as these are more disability friendly than the Tube	4
Use of colours in the new centre - not white space	3
Support and help for service users from reception staff and doctors at the hospital	3
Introduce a new queuing system	3
Provide a drop off area at the new site	3
Appointment letters should be in Easy Read format	3
Guide dog access	2
Need to have ambulance access	2
Waiting times at A&E are too long	2
Just selling off NHS assets	2
Better café for service users	2
Support sale of City Road to raise the funds for the new centre	2
Can Optometrists receive a copy of patient's letters?	1
Provide a direct phone number for A&E	1
Staff need a separate café	1
Seek best practice from elsewhere or abroad	1
Should be Government funded	1
King's Cross is an expensive area for service users	1
You have already made up your mind to move	1
Should move to Eastman Dental Hospital Site	1
Re-open York Road Tube Station to provide better access	1
Need support from bus and train staff to advise location of the new centre	1
Include a sensory garden in the new centre	1
There needs to be shops and cafes in the vicinity of the new centre	1
Can you negotiate cheap hotel accommodation locally	1
Make sure you keep the staff when you move	1
Customer care and courtesy training is needed for staff	1

## Other Responses

Other responses in terms of letters and emails have been received to the consultation, from a range of individuals and organisations. These responses have been collated for common themes, which have informed the summary of findings at the start of this report along with all other dialogue methods.

Responses (outside of the survey responses and discussions) were received from:

Table 39

No.	Date	Type	From
1	02/01/2019	Notes from visitors to the stand	RDCEC Stand
2	12/09/2019	Letter from Barnet Borough Council Sight Impaired Group	Council
3	05/09/2019	Letter from Beds & Herts Public Governor	Council
4	26/07/2019	Letter from NHS employee	Employee
5	28/07/2019	Letter from Moorfields service user	Patient
6	08/08/2019	Letter from Moorfields service user	Patient
7	17/09/2019	Letter from Moorfields service user	Patient
8	19/09/2019	Email from Moorfields service user	Patient
9	13/09/2019	Email from Moorfields service user	Patient
10	08/08/2019	Letter from member of the public	Public
11	18/09/2019	Email from member of the public	Public
12	17/09/2019	Email from member of the public	Public
13	19/09/2019	Email from member of the public	Public
14	12/09/2019	Email from member of the public	Public

The emails and letters from service users, staff and members of the public were in general support of the move to St Pancras, with some suggesting design additions and some highlighting areas for attention such as the last half mile between the station and the centre and issues with air quality. The detailed findings from these have informed the summary of findings section along with all other feedback received.



# Appendix 4



## Proposed move of Moorfields Eye Hospital's City Road services

### Consultation with people with protected characteristics and rare conditions (December 2018 – October 2019)

Monday 13 January 2020

#### Introduction

An independent evaluation of all feedback from a consultation on the proposed move of Moorfields' City Road services, which took place between 24 May and 16 September 2019, is published and available from [www.oriel-london.org.uk/consultation-documents/](http://www.oriel-london.org.uk/consultation-documents/).

This supplementary report summarises the specific findings from consultation with people with protected characteristics and rare conditions, which took place over 43 meetings and conversations between December 2018 and October 2019.

For further information on the consultation and a more detailed integrated health inequalities and equality impact assessment (IIA), please visit [www.oriel-london.org.uk](http://www.oriel-london.org.uk)

#### Background

We have taken two main routes to reach people and gather views that are relevant to our consideration of equalities concerning the proposed move:

- 1. Listening to diverse and mixed audiences who took part in the main consultation activities**

Engagement activities between December 2018 and April 2019, followed by a consultation between 24 May and 16 September 2019 attracted over 1,700 responses in the first phase and around 4,600 contributions in the second. Both phases collected general views from surveys, meetings and discussions, including views on how the proposal might affect those with specific and complex needs.

- 2. Proactive consultation with targeted groups**

In addition to the main engagement and consultation activities, we contacted some 65 organisations and groups who could help us to reach people with protected characteristics and rare conditions. From

this we collected feedback from 43 meetings and conversations.

Appendix 1 provides a table of the groups we have listened to and the characteristics they cover.

## **Reaching the target groups**

As a guide for our search for target groups, we used the nine main characteristics protected by the Equality Act 2010, which are:

- Disability
- Age
- Gender reassignment
- Sexual orientation
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Marriage and civil partnership

We gathered feedback from children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities, sensory impairment, people from LGBTQ+ and BAME groups, including people with these characteristics and sight loss.

We listened to representatives of people who may be disadvantaged by low income, homelessness and social isolation.

Some people were representative of national networks, while others spoke as individuals and local representatives who would travel to Moorfields Eye Hospital from across London and other areas, such as Buckinghamshire, Cornwall, Essex, Hertfordshire, Kent, Manchester, Norfolk, Suffolk, and Worcestershire.

Given the demographic data for patients who use services at City Road, we prioritised groups based in east London that represent people living in deprived areas and communities with a high proportion of people from Black, Asian and minority ethnic backgrounds.

To inform specialised commissioning, we contacted groups and networks of people with eye cancer and other rare conditions. Feedback from the following provided insights into the experiences of people with complex needs and rare conditions:

- Sense (Deaf blind)
- Action on Hearing Loss (Deaf community, some users with multiple sensory loss)
- Hearing Loss (Deaf blind in Cornwall)
- Esme's Umbrella (Charles Bonnet Syndrome)
- OcuMelUK (Ocular melanoma, form of eye cancer)
- Seeability (physical disabilities, learning disabilities, autism with sight loss.)

- Visually Impaired Children Taking Action (VICTA) (children with sight loss and other conditions)

Most of the people and groups that we have consulted represent issues relevant to several protected characteristics. The table in appendix 1 indicates the range of characteristics covered by each group. The protected characteristic of “disability” covers sensory impairment, physical disabilities, learning disabilities and mental health problems.

## **How we consulted**

### **Aims of engagement with people with protected characteristics**

- To identify potential issues of equality associated with our proposed service change.
- To further inform the integrated health inequalities and equality impact assessment (IIA) and highlight potential issues for the consideration of decision-makers.

As a minimum, we aimed to listen to feedback from 20-25 meetings with people with protected characteristics. In the event, we heard from 43 meetings and conversations.

Several groups, including RNIB, MoorPride, Transpire, OcuMeUK, New College Worcester and MENCAP, said how impressed they were with the efforts to include minority groups and were keen to be involved in continuing work. We fully expect to build on these relationships so that future developments will benefit from this specialist knowledge.

### **Method to reach people with protected characteristics**

In addition to the main channels of feedback to the consultation (survey, written feedback, meetings and discussions), we met people face-to-face in targeted small groups and one-to-one meetings. Some people chose to visit us at Moorfields, but for most discussions, members of the consultation team travelled to networking events and regular meeting places to gain full appreciation of the needs of the target group. In some cases, the discussion was over the phone.

We asked people about:

- Any current inequalities that people experience when accessing health services in general, and at Moorfields Eye Hospital’s City Road services.
- Views on the proposed new centre and the preferred location at St Pancras.
- How the proposal might improve or create further inequalities, and ideas for addressing these issues.

Notes from every conversation are filed and logged in a confidential engagement log, in line with the General Data Protection Regulation. These detailed notes are shared in confidence with programme board members for consideration alongside this report, as part of the final decision-making process on the proposed move. Ideas for improving services will be extracted from the notes and shared with operational and design teams for future planning purposes.

## **Findings to date**

### **Overview of the risk of inequality for people with protected characteristics**

Our discussions have made clear that for many people who use the services of Moorfields Eye Hospital, their relationship with City Road services is a critical part of their lives.

Many people are regular visitors to the hospital and have been for decades. All of our patients have one or more protected characteristics in terms of age, ethnicity, sensory impairment, disabilities and long term conditions.

A recurring theme in feedback is that, despite the Moorfields reputation for clinical excellence, patients frequently experience stress and anxiety associated with a visit to the hospital. For people with protected characteristics, there is a risk that this may be compounded by communications barriers, physical access difficulties and a perceived lack of awareness among staff concerning sight loss and other characteristics.

It is within Moorfields' objectives to match exceptional clinical outcomes with an excellent experience for all patients. From our audience point of view, the frequent suggestion during consultation was that the proposed new centre is our opportunity to be the national exemplar of inclusivity and accessibility for people with sight loss.

### **Addressing a range of issues**

**We must consider that any change to services could have greater potential impact on people with protected characteristics – both positively and negatively.**

Across the groups and interests, we heard about many particular issues. While details may differ, there were clear, common themes in relation to equality of access, which are described below.

It is likely that current services are already aware of and taking measures to address these issues, but it is important, as part of the consultation process, to review the proposed future service in this context of equalities.

## Common themes from feedback

**Please note:** Detailed notes from each discussion with people with protected characteristics are shared with lead decision-makers and operational teams.

### **Make it possible for people to be independent – an overarching principle**

The importance of independence for people accessing care was a major theme, suggesting that this should be a driving principle of design and service planning.

When services are difficult to access, people need more support from carers and staff, which is not always the best answer. With the right applications of design, information and technology, people can choose to do things for themselves.

#### **Quote from feedback:**

**“I am 50 years old. I shouldn’t always have to ask my mother to take me to my appointment.”**

It was suggested that people who are well informed and able to understand their care are better able to work with their clinicians and take responsibility for self-care. Where patients are confident and easily able to navigate services for themselves, this contributes to efficiency as well as a good patient experience.

### **Reducing anxiety, offering control**

Anxiety is one of the most common challenges we have heard about from people with protected characteristics. Patients’ anxiety affects patient experience and potentially the efficiency and effectiveness of clinical services. For example, people talk about patients not being able to hear or take in what is being said during their consultation. In some situations, patients may not turn up for appointments and carers may be reluctant to take them, if they perceive it to be a bad experience.

For some people with protected characteristics, their anxiety may be exacerbated by the journey to their appointment. They may even face harassment or other negative experiences on public transport. Even before they arrive for their appointment, they may be feeling vulnerable and under pressure.

#### **Quote from feedback:**

**“People in a state of anxiety, fear, nervousness and isolation expect and anticipate rudeness. They expect systems and technology not to work and this becomes self-fulfilling.”**

Entering a place of care may be a critical moment that sets the tone for the care pathway, calming or otherwise. The following are examples of suggestions that we have heard during the consultation:

- Provide as much information as possible and in accessible formats before an appointment to explain what to expect. For example, some services are

gaining benefits from providing virtual tours of their facility for people who can access the internet.

- Make the main entrance welcoming and friendly, with immediate clarity about where to go. Considering St Pancras as the preferred location for the proposed new centre, some suggested a “meet and greet” at King’s Cross and St Pancras to signpost, guide or possibly transport people to the proposed new centre.
- Reception staff (not necessarily confined to a desk) should be highly skilled in helping people and making them feel reassured.
- Both design and people should be able to ensure a smooth transfer from front door to clinic.
- Provide clear information at every stage of the process, so that patients know what is going to happen next and when.

**Quote from feedback:**

**“The proposal is very exciting. A new start is always an opportunity for new practices.”**

**Suggestions for action:**

- The Trust should continually improve and develop patient information in multi formats, with advice and in partnership with patient representatives.
- Consultation feedback should inform developments in patient liaison and support, staff training and design of the proposed new centre.

**Buildings should be easy to navigate**

Many respondents suggested that by meeting the needs of people with complex disabilities and conditions, we would improve the experience for all patients.

**Examples of principles for wayfinding:**

- Consistency of design style and layout, making it easy to learn patterns e.g. toilets with the same layout, consistent signage.
- Straight lines are easier to navigate, curved or circular pathways are more difficult and disorientating for people with sight loss and in some cases autism.
- Consistent and even lighting throughout all common areas.
- Colour coding to designate different clinics and areas.
- Contrasting colours to delineate walls, ceilings, floors and doorways.



- Information in multiple formats.
- People to help with navigation.

**Quote from feedback:**

**“A new build is a great opportunity to work with new technology. We would expect nothing less; but personal contact will always be important to be fully inclusive.”**

Suggestions for action:

Co-production between design teams and patient representatives should be embedded within the development of the proposed new centre.

**Good communication**

Most of the people we listened to described similar communications barriers when interacting with health services e.g.:

- Not having enough time to explain things or not enough time to understand things.
- Staff not listening or unable to understand the situation.
- Staff ignoring the patient and talking only to carers or interpreters.
- Having to repeat explanations about important issues and aspects of a condition every time a new member of staff involved; or important things being missed through inconsistency.

It may not be possible to be aware of or plan for every possible need, but patients have expertise that can help to close the gaps. All staff who are in contact with patients and public should have awareness training, including advanced skills in listening to people.

**Quote from feedback:**

**“What would help the most? Longer appointments with more time and simpler explanations. ”**

The voluntary sector has considerable knowledge and expertise to help public sector organisations with policies and plans for improving communications for people with protected characteristics. Sense, for example has undertaken several studies and produced guidelines on equal access to healthcare. RNIB and Guide Dogs provide visual awareness training for all patient-facing staff. Charities for rare syndromes are able to offer a body of knowledge to support clinical practice.

Suggestions for action:

Moorfields Eye Hospital is already improving awareness and communications with support from voluntary sector partners and this should be explicit in the development of the proposed new centre.

There are already support services in place and longer appointment times for those who need it. We should review the availability and communications about support.

### **Understanding “hidden disability”**

Some people with sensory impairment talked about “hidden disabilities” where even clinicians seem unaware of the extent of their needs.

It is also common for people to feel ashamed of their differences or to deny or hide problems that may be significant in getting good clinical outcomes.

These scenarios require awareness and skill to build trust. There are examples of discrete forms of communication to help staff to understand the particular needs of the person they are meeting, including safe words for people who need discrete help.

Privacy may be important in clinical areas, such as consultation rooms; and in basic services, such as toilets and adult changing facilities.

#### **Quote from feedback:**

**“I have helped older people for whom English is not their first language who were waiting for a long time without a drink or a visit to the toilet, because they were worried about missing their appointment.”**

#### **Suggestions for action:**

- Improving awareness and communications with people with protected characteristics should be included in an accessibility plan as part of the development of the proposed new centre.
- Consultation feedback should inform continuing improvements in patient experience.

### **Managing transition for existing patients**

A change in services and location may or may not create an impact for future patients, but we cannot under-estimate the challenge of change for existing patients, particularly those with protected characteristics.

Comments stressed the importance of timely and effective communications in accessible formats to help manage transition.

Feedback from people with learning disabilities suggests that people with this and other protected characteristics find it difficult to cope with change. They need time, information and other support. It was suggested, for example, that there could be

open day type visits to the proposed new centre, before and after opening. This would offer time to “learn” the new service, without the anxiety of attending for an appointment.

Suggestions for action:

- A comprehensive communications campaign should be part of the plan for change, should the proposed move go ahead.

## **Issues specific to the proposed move of services**

### **Potential positive impacts on equalities for people with protected characteristics**

In general, people are supportive towards a proposed new centre for Moorfields Eye Hospital. Many envisage an opportunity to improve accessibility and services for people with protected characteristics.

The main examples of potential gains are:

- Improvements in accessibility through a new building design e.g.
  - More space for wheelchair access
  - Better signage
  - More lifts
  - More disabled toilets
  - Contrasting colours to help navigation, delineate walls, floors, pillars and pathways
  - Design that avoids large noisy spaces that are difficult for people with sensory impairment to navigate
- Improvements in efficiency and access to services within the proposed new hospital, which would help and support people with protected characteristics e.g.
  - Shorter waiting times and simpler journeys within the hospital
  - More accessible technology and procedures for check-in
  - Better information and clarity of the appointment system and call to appointments
  - More accessible information
  - Better use of hearing loops and other assistive technology
- Improvements in care and respect for different needs e.g.
  - More space and better design for privacy during consultations
  - More comfortable accommodation and climate control
  - Better use of lighting for different needs of visual impairment
  - Better facilities to support people with food and drink
  - More space to offer information, support and counselling
- Improvement in access from transport to the hospital e.g.
  - Step free access from transport to hospital front door
  - Better access by motor vehicles with space for drop off and pick up

## Potential negative impacts on equalities for people with protected characteristics

- Use of technology versus personal interaction

People with protected characteristics have spoken about the need for flexibility and a range of communications to meet different needs and abilities. Many acknowledge the potential advantages of new technology, which could improve access for some people, but that there is a risk of excluding some minority groups for whom technology could prove a barrier. Even those who are keen supporters of new technology place a high value on personal support being available to meet the diverse needs of patients and carers, particularly children, frail older people, people with multiple disabilities and people who do not have English as their first language.

In a new centre that is designed to offer leading edge services, the potential inequality could be a greater issue than it is now with the current service.

- Journey times

Feedback suggests that there could be different and longer journeys to the proposed new centre for those who live to the east and north east of London, which could, for example, incur higher costs.

This is borne out by our travel times analysis, which identifies an increase in journey times for communities in east London, north east London and the east of England. For areas across the rest of London and the UK, the travel times analysis shows a decrease in journey times.

- Getting to the hospital from transport hubs

Travel times are frequently considered (by people with sensory impairment and disabilities) less important than the journey from transport hubs and bus stops to the front door of the proposed new centre. Old Street tube station to Moorfields Eye Hospital is a relatively short and simple route. For some people with protected characteristics, King's Cross, St Pancras or Mornington Crescent to the proposed new site remains a high priority for consideration of the following:

- Large and complex stations with several exits
- Road crossings
- Cycle lanes
- Cluttered or uneven pavements
- Vulnerability to street crime and harassment

- Equality of access across the health and care system

During the consultation, people frequently raised the broader strategic issue of developing care closer to where people live. By maximising the benefits of technology and improving access to care in more local settings, there is the potential to improve health inequalities.

Some suggested that the proposed investment in a new centre could have a negative impact on resources available to maintain and develop network clinics and other community-based services. This will be addressed in decision-making documents.

## Appendix 1: Table of groups and protected characteristics

Please note that the characteristics highlighted in the table below represent the more prominent concerns of the listed groups.

Organisation providing contact	Age	Disability (inc. sensory loss, LD, mental health)	Gender reassignment	Sexual orientation	Pregnancy and maternity	Race	Religion or belief	Homeless	Poverty	Marriage / partnership
Action on Hearing Loss	x	x								
Age UK (Milton Keynes)	x									
BeMoor						x	x			
Beyond Sight Loss		x				x	x		x	
The Big Issue (North)								x	x	
Blind Mums Connect		x			x					
Bucks Vision		x								
Cardboard Citizens								x	x	
City and Hackney Older People's Reference Group (Age UK)	x	x								
Esme's Umbrella (Charles Bonnet Syndrome)		x								
Faiths Forum for London							x			
Guide Dogs		x								

Hackney Informed Voices Enterprise (HIVE) (Learning disabilities)		x			
Hearing Loss (Cornwall)		x			
International Glaucoma Association		x			
LGBT Foundation			x	x	
MENCAP		x			
MoorAbility		x			
MoorPride			x	x	
National Federation of the Blind		x			
Newham Co-production Forum (multiagency)	x	x		x	x
Newham Older People's Reference Group (Age UK)	x	x		x	x
New College Worcester (young people)	x	x			
OcuMelUK (eye cancer)		x			
Organisation for Blind Africans and Caribbean (OBAC)		x		x	x



Richard Desmond									
Children's Eye Centre	x	x				x			x
RNIB		x							
Royal Society for Blind Children	x	x							
Seeability (physical disabilities, learning disabilities and autism)		x							
Sense (Deafblind)		x							
Standing Together (Domestic abuse)									x
Stonewall (LGBT)			x		x				
Tower Hamlets Older People's Forum (Age UK)	x	x					x	x	x
Tower Hamlets Commissioning Panel						x	x	x	
Transpire (south Essex transgender network)			x		x				
Visually Impaired in Camden	x	x							
Visually Impaired Children Taking Action (VICTA)	x	x							
We are Ageing Well in Camden	x	x							

# Appendix 5



## **Integrated Health Inequalities and Equality Impact Assessment**

Published: 13 January 2020

## Contents

Executive summary.....	3
1. Integrated Impact Assessment (IIA) – background information .....	6
1.1. Context – Oriel and Proposed options.....	6
1.2 Why Integrated Impact assessment (IIA)?.....	6
1.3 What does the IIA include? .....	7
1.4 The IIA Scope .....	9
1.5 The IIA Methodology.....	9
1.6 The IIA assumptions and limitations.....	10
1.7 How to read the IIA .....	11
2. Equality Impact assessment: the impact on groups with protected characteristics .....	11
2.1 Data Analysis: .....	12
2.2 Summary of impacts on people with protected characteristics and supporting action plan 12	
3. Health Inequalities Impact Assessment.....	15
3.1 Summary of impacts of health inequalities .....	16
3.2 Link to Mayor of London’s Health Inequalities strategy.....	18
4. Health Impact Assessment .....	19
4.1 Summary of impacts of the health assessment .....	20
5. Specialised commissioning .....	21
5.1 Summary of impacts to specialised commissioning.....	22
6. Next steps.....	22
Appendix 1:.....	23
Appendix 2: Link to Mayor’s Strategy .....	26

## **Acknowledgements**

The MSE Strategy Unit and Partners’ team would like to thank everyone who contributed to this report, specifically:

- The programme team supporting the consultation programme
- Consultation programme board
- Commissioner and provider contacts

## Executive summary

### **Context:**

MSE Strategy Unit and Partners were engaged as an independent expert provider by NHS Camden Clinical Commissioning Group (CCG), on behalf of all CCGs that plan and buy Moorfields' services for residents, in partnership with NHS England Specialised Commissioning, which plans and buys specialist services for the whole of England and Moorfields Eye Hospital in July 2019 to undertake an independent Integrated Health Inequalities and Equality Impact Assessment of the proposed relocation of Moorfields' City Road services to a new purpose-built centre at a section of land at the current site of St Pancras Hospital.

### **Purpose**

Through the Integrated Health Inequalities and Equality Impact Assessment (IIA) the commissioners wanted to ensure that any decisions made by them would support advancing equality and ensure fairness by removing barriers, engaging patients and community and delivering high quality care. This would also help meet their responsibilities under the Equality Act and demonstrate due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010.

### **Process**

Evidence review, data analysis and feedback from the consultation process, including opinion surveys, panel discussions and focus groups, were considered by the Strategy Unit team to summarise both positive and negative impacts of the proposed relocation for people with protected characteristics, outlined by the Equality Act 2010, impact on other health inequalities and the general health impact.

### **Summary of Impact**

The nature of care that users access at Moorfields Eye Hospital's City Road site means that they are more likely than in other healthcare settings to have one or more of the protected characteristics that this assessment is seeking to identify and help mitigate. Also, as a centre of specialist care, users of services at the City Road site often have a long and trusted relationship with the teams located there. These themes were pronounced in the consultation feedback both in the survey and in focus groups.

The IIA specifically focused on the impact of the proposed relocation. The analysis showed a number of protected characteristics, health inequalities and health impacts were not negatively impacted by this proposed relocation. A summary of the key impacts are;

- Most stakeholder feedback obtained as part of the consultation supported the proposal to relocate, believing that this relocation would support the integration of eye care with research and education. Specifically supporting the opportunity for closer working with organisations such as the Francis Crick Institute, RNIB and UCL.

- Respondents to the consultation felt that the new centre would benefit both patients and staff, in that a specialist and highly regarded hospital such as Moorfields needs 21st century purpose-built facilities providing a world class centre of excellence.
- The analysis did not show disproportionate impact due to relocation on patients currently covered by specialised commissioning.
- Elderly patients (due to age and comorbidities) and patients with sensory or physical disabilities are the ones most likely to be negatively impacted by the proposed relocation. This is because changes to their journey, namely concerns about the busy nature of the King's Cross area and reliability of transport to and from the new centre, can cause stress and anxiety for these groups.
- The proposed relocation to a new centre has the potential to improve staff morale as a result of modern professional environments.

### **Evidence based Recommendations for next steps**

The main themes to be considered in action plans are:

1. Consideration for disability access and support within the design of the new building for both patients and staff that is lacking in the current site. Ensure that sufficient wheelchair access and drop off points are available across the proposed new centre is important, as well as ensuring that technology designed to support disabilities such as visual impairments and hearing impairments are explained, promoted and meet the needs of patients.
2. Improved signage and use of digital technology and other means to improve the overall patient, carer and staff experience, considering that translations of signage and information into other languages may be required.
3. Feedback emphasised the importance to retain any care that is currently being provided closer to patients home e.g. satellite clinics.
4. It is advised to work with the local authorities and TfL to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. The additional walk required to the new site will need to be considered to ensure patients feel supported to navigate the unfamiliar and busy environment between the station and the proposed new site. Identifying patient champions to support the design of accessible routes is key.
5. It is important staff and volunteers receive equality and diversity training and are trained to support lesbian, gay, bisexual, transgender, queer (LGBTQ+) patients to ensure there are no barriers to effective care for patients when navigating services.
6. Parents will need clear communication regarding navigation, specifically around any changes they may experience to their access to the Ronald McDonald House charity service located in the Richard Desmond

Children's Eye Centre on the Moorfields site for families to stay during their children's care.

7. Consider the impact of anxiety and stress that may be felt by patients and staff as a result of the move. Ensure that support is clear and accessible to patients and staff, with clear process explaining how to access mental health and well-being support if needed.
8. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport. Currently patients are unable to travel with carers when using this transport, this may be a barrier for some patients at present.
9. Clinical environments should be fully accessible and be the quality standard for people with sight loss, dementia and learning disabilities. For instance, organisations like Alzheimer's UK who could be approached, if not already part of the consultation and engagement activity.

An overarching principle of the feedback (as reported in the Consultation report) is to make it possible for people to be independent. Commissioners and Moorfields Eye Hospital are developing an action plan to mitigate the potential negative impacts of the relocation which will support this principle.

The Oriel team set up work streams during the consultation to start addressing some of the early themes from the engagement with a wide range of patients, carers, staff and general public. The consultation feedback has highlighted the opportunity for the proposed new centre to be the national exemplar of inclusivity and accessibility. Suggestions from members of the public, including patients and stakeholders has also focused on overall service improvement which is not part of the impact assessment but will be/is being considered as part of the overall work.

## Integrated Impact Assessment (IIA) – background information

### 1.1. Context – Oriel and Proposed options

The public consultation has been led by NHS Camden CCG, on behalf of the 109 CCGs who commission services from Moorfields' City Road site, working in partnership with the 14 CCGs who commission over £2m activity per annum, and NHS England Specialised Commissioning.

The consultation document and DMBC set out proposals to bring together eye care services from Moorfields' main City Road hospital site and the UCL Institute of Ophthalmology (IoO) in a new purpose-built centre. This proposal is called 'Oriel'.

If approved, this would enable integrated delivery of world-leading eye care for patients, education for students, as well as research for the benefit of the whole population and wider health care system.

The partners and other interested parties drew up a long list of options, which had to meet a set of agreed criteria:

1. Improved patient care and better 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. Location close to other UCL faculties, the Francis Crick Institute and the health science cluster, MedCity, to facilitate collaboration.
4. Creation of more research and education programmes.

The detailed process, including the advantages and disadvantages, can be found on the [Oriel website](#).

Subject to consultation, the preferred option for Oriel (as documented in various public documents) is to purchase a section of land that has become available at the St Pancras Hospital site, build a new centre, designed to bring together eye care, research and education and to provide the highest quality of care and accessibility for patients, carers, staff, innovators and students.

### 1.2 Why Integrated Impact assessment (IIA)?

An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.

The assessment was achieved by undertaking and combining three different methods reflecting best practice guidance and the commissioners' preferred approach to equality impact assessment as summarised in figure 1.



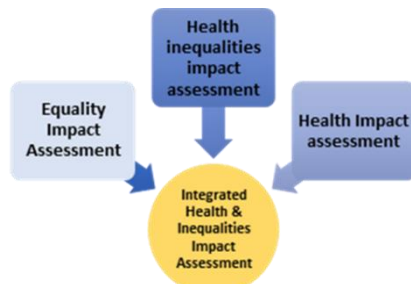


Figure 1: Integrated health and inequalities impact assessment methodology

In relation to equality,

these responsibilities include assessing and considering the potential impact which the proposed service relocation could have on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients, communities and the workforce. With reference to health and health inequalities, the responsibilities include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

### 1.3 What does the IIA include?

The Commissioners, commissioned MSE Strategy Unit and Partners in July 2019 to:

- Undertake and complete a full Integrated Health Inequalities and Equality Impact Assessment (IIA) as part of the consultation process of the proposed relocation of Moorfields Eye Hospital services from the City Road site to St Pancras site.
- Provide recommendations based on the evidence review conducted as part of the IIA to inform an action plan developed and owned by Commissioners and Moorfields Eye Hospital.
- Ensure the report contains evidence that decision-making arrangements will pay due regard to equalities and inequalities issues and the Brown principles<sup>1</sup>.

The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

This IIA is made up of 3 phases defined below;

Phase 1 - A rapid scoping report to identify potentially impacted groups to inform pre-engagement activities.

<sup>1</sup> R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96.

Phase 2 - A desktop review of “best practice evidence” to identify and develop relevant health outcomes and understand priorities and challenges for key groups.

Phase 3 - A revised and final IIA updated to reflect the results of the public consultation.

Phases 1 and 2 of the Integrated Health Inequalities and Equality Impact Assessment were undertaken by an independent organisation and is published on the consultation website [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

This document addresses phase three.

### **Applicable Standards and Principles**

Key legal principles and guidance recognised and referenced as part of this document are:

#### Equality

- s.149 - Public Sector Equality Duty (PSED) of the Equality Act 2010.
- Equality and Human Rights Commission’s paper (2012).
- Brown Principles<sup>2</sup>.
- The Public Services (Social Value) Act 2012.
- The Autism Act 2009.
- The Children’s Act 2004.
- Section 13G/section.14T of the NHS Act 2006\*.

#### Health and health Inequalities

- Amendments to the National Health Service Act.
- The Health and Social Care Act 2012.
- NHS Five Year Forward View and NHS Long Term Plan.
- The NHS Constitution.
- The Mayor of London's Health Inequalities Strategy.
- Guidance for NHS commissioners on equality and health inequalities legal duties.

#### Consultation

- The Gunning and Moseley Principles<sup>3</sup>.
- FREDA Principles of Human rights<sup>4</sup>.

---

<sup>2</sup> R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96.

<sup>3</sup> <https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf>

<sup>4</sup> [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/0459124A5DF648BE941396FC4F61E1D6/S175832090000490Xa.pdf/freda\\_a\\_human\\_right\\_sbased\\_approach\\_to\\_healthcare.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/0459124A5DF648BE941396FC4F61E1D6/S175832090000490Xa.pdf/freda_a_human_right_sbased_approach_to_healthcare.pdf)

## 1.4 The IIA Scope

The following was agreed with the commissioners as scope of this IIA:

1. Patients covered –
  - a. The current and future patients from within the CCG areas who commission Moorfields Eye Hospital City Road services (Focusing on 14 CCGs as explained below).
  - b. Patients from London, South East and Midlands & East covered under NHS England commissioned specialised services.
2. Population/communities covered-
  - a. CCG areas that commission current Moorfields' City Road Services.
  - b. NHS England commissioned specialised services with focus on population of London, Midlands and East and South East Regions as recommended by the commissioners.
3. Workforce – The current workforce at Moorfields Eye Hospital City Road.

Services provided at Moorfields Eye Hospital City Road site are commissioned by 109 NHS Clinical Commissioning Groups (CCGs) and by NHS England Specialised Commissioning across 188 CCG areas (see Appendix 1). Of the 109 CCGs, 14 in London and Hertfordshire hold contracts with a material value (defined as >£2m per annum) with Moorfields for activity at the City Road site.

These 14 CCGs, which comprise Barnet, Camden, City & Hackney, Ealing, Enfield, Haringey, Waltham Forest, Havering, Islington, Newham, Redbridge, Tower Hamlets, East & North Herts and Herts Valley, have undertaken a consultation process on the proposal to change the location of Moorfields Eye Hospital operations from the City Road site.

## 1.5 The IIA Methodology

The IIA process includes an evidence review, data analysis, linking with outputs from consultation process and stakeholder engagement to identify impacts and then identifying and agreeing mitigation and enhancement actions. Each aspect had specific focus areas as listed below:

- An **evidence review** of eye conditions and other health issues and the risk factors for these and impaired vision ensures all population groups with the potential to be impacted are considered.
- **Descriptive analysis** of the current patient population and health landscape within UK. This includes specific emphasis on areas covered by CCGs and NHS England commissioned specialist services relevant to Moorfields Eye Hospital. This analysis has been used to establish an understanding of the

scale of impact. This ensured the response to the impact is proportional to its scale.

- **Comparative analysis** to assess whether different groups of the patient population/staff population, namely those that fall under protected characteristics, are disproportionately impacted by the proposed relocation. This was done within the context of equality and diversity, health inequalities and population health impact. For each category of assessment, themes were used to assess impact following a description of the effect using evidence/data, whether it was positive or negative and would be difficult to remedy or be irreversible.
- **Assessing future demand** for the service and potential impact upon different groups of the patient and workforce population in the context of equality and diversity, health inequalities and population health impact.
- **Iterative process** combining information gathered from the consultation process which included opinion surveys, panel discussions and focus groups. Impact mitigation and enhancement actions were derived using the above steps as well as engagement with various stakeholders.

Each impact was prioritised based on:

1. **Probability** of the impact occurring (using a decision matrix combining scale and duration)
2. **Scale** of those impacted
3. **Duration** of the impact e.g. short, medium or long term

#### 1.6 The IIA assumptions and limitations

- As patients from all over the UK attend Moorfields' City Road campus, it would be difficult to assess the impact upon all of the population; thus the main population health analysis was undertaken based on the Moorfields Eye Hospital catchment area consisting of 14 CCGs.
- Patients can present with numerous eye conditions, all of which cannot be comprehensively assessed within the context of an integrated impact assessment; thus certain conditions may have been aggregated and placed into smaller categories depending on the nature of the condition.
- Population growth projections are based on ONS 2011 Census and current scenarios thus by default the analysis will assume that current trends will remain constant. The ophthalmology system modelling done by other partners such as Edge Health were used, where needed, rather than create new models.
- The overall impact of travel has been assessed considering both staff and patients together rather than separating workforce.

**Note:** Please refer to annex 1.1 – 1.6 for further details regarding the context and IIA process

## 1.7 How to read the IIA

Each section of the IIA is structured in the below format. A summary of the impacts and evidence based recommendations to increase the likelihood of positive impacts being realised or to mitigate potential negative impacts is outlined below. This will then be followed by the Commissioner's and Moorfields Eye Hospital's Action plan which is a developing action plan informed by the recommendations.

## 2. Equality Impact assessment: the impact on groups with protected characteristics

Equality impact assessment identifies and assesses impacts on a range of affected groups with characteristics protected under the Equality Act 2010, namely: age; gender, disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race and ethnicity; religion and belief; and sexual orientation.

The aim of an Equality Impact Assessment (EIA) is to establish the differential impact of a policy, like service relocation in the case of Moorfields Eye Hospital, on these groups and to consider potential measures which could reduce any negative impacts, especially in relation to health outcomes and the experiences of patients, communities and the workforce. It also seeks to identify opportunities to better promote equality and good relations.

Protected characteristics considered in the analysis as per Equality Act 2010:

1. **Age:** any age group, for example this includes older people; middle years; early years; children and young people.
2. **Gender:** men; women.
3. **Gender reassignment.**
4. **Disability:** includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
5. **Marriage and civil partnership:** people who are married, unmarried or in a civil partnership.
6. **Pregnancy and maternity:** women before and after childbirth; breastfeeding.
7. **Race and ethnicity:** people from different ethnic groups.
8. **Religion and belief:** people with different religions or beliefs, or none.
9. **Sexual orientation:** lesbian; gay; bisexual; transgender; queer; heterosexual.

Other categories considered in the analysis were:

10. **People seeking asylum.**
11. **As part of ethnicity we were asked to look Gypsy, Roma and traveller communities in detail**

*(Detailed definitions included in Annex 2)*

## 2.1 Data Analysis:

The detailed analysis undertaken for this section can be found in Annex 2.1 to 2.12.

Out of the eleven characteristics listed above, the proposal - to move from City Road site to St Pancras, had positive and/or negative impact on patients with following protected characteristics:

### **Age, gender, race and ethnicity, disability, pregnancy and maternity**

This impact assessment also analysed other protected characteristics including religion/belief, sexual orientation, gender reassignment, people seeking asylum in detail. There was limited or no evidence to suggest that the current proposed relocation of the service from City Road to St Pancras would have any disproportionate impact on these groups of people.

## 2.2 Summary of impacts on people with protected characteristics and supporting action plan

Impacts of the proposed relocation of Moorfields Eye Hospital on people with protected characteristics can be summarised as below:

### **Positive impacts**

- The current buildings that services operate from are largely old Victorian buildings or smaller buildings where accessibility was not considered in the original design. A new building would comply with modern standards for disabled access and other disabilities such as sensory needs. This would have a positive impact on the needs of people with disabilities.
- The proposed new centre will have improved provision for patient care and experience. The proposed new centre will have facilities that are more user friendly, will promote better accessibility, with enhanced opportunities for signposting and site accessibility for the elderly, people with disabilities as well as the general user population. A specific example would be for those who are pregnant or have children. Parents with babies and young children will require facilities for baby changing and breast feeding support. There will be opportunities in the new building to provide better facilities and support for parents with young children. The draft report for consultation with people with protected characteristics and rare conditions, also cites access to services within the proposed new centre as a positive impact.
- The new centre will help to integrate eye care with research and education. This will help to bring research more into the mainstream of care. Patients with protected characteristics who have a higher risk of poor eye health will most likely benefit from involvement in and the results of this integration with research and education.
- Compared with the current access to the City Road site, there are benefits in the new journey such as step-free access at the King's Cross St Pancras interchange and a better quality pedestrian environment in the area. The



proposed new centre will also have more options for different transport methods compared to the single tube line station of the Old Street site.

- The proposed new centre will also be an opportunity to improve access to the proposed drop off area by private motor vehicles for those relying on this mode of transport.

### **Recommendations based on evidence review**

1. A significantly large proportion of the population with disabilities also have sight related issues. In order to increase the likelihood of positive impacts being realised it is important to ensure the patients/staff and carer populations with disabilities are aware of the positive impacts that the new building will have on accessibility. Input from affected groups can be sought through co-design of new facilities. This could be done by gathering feedback by holding focus groups, panel discussions and events with various subsets of the population and use patients with disabilities, staff and carer representatives to champion the positive impact of the proposed relocation.
2. Ensuring that sufficient wheelchair access and drop off points are available across the proposed new centre is important, as well as ensuring that technology designed to support disabilities such as visual impairments are explained, promoted and meet the needs of patients.
3. In the public consultation, 62% of respondents over 50 years age felt that the new centre is needed to create more space for patients and improve their experience when receiving care. To increase the likelihood of this message being spread and positive impact realised, champions from this group need to be identified and engaged. They could be part of the co-production sessions and overall communication programme for the new proposal.
4. A high proportion of respondents felt that the new centre is needed to integrate eye care with research and education. Champions from protected characteristic groups could be identified and engaged to support a wider engagement and communication on how this proposed relocation will help deliver better integrated eye care with research and education.

### **Negative impacts (in priority order)**

- Relocation of the services to a new centre could make patient/staff journeys in accessing the service more complicated for some as the walking distance to the St Pancras site is on average 3 mins 35 seconds further from the nearest main transport hub (depending on method of public transport). This is an average time and this could take longer for a patient with a visual impairment or disability.
- Increased walking distance will impact on patients for a number of reasons such as time spent travelling, anxiety and stress of a different (or potentially longer) journey, difficulty navigating the new unfamiliar route for those who may have a disability.



- The route itself will have a significant impact on those with disabilities who will need to navigate a new and unfamiliar route, particularly if the route is longer or busier.
- 24% of respondents over the age of 50 who participated in the public consultation survey, were concerned that moving from City Road to St Pancras would mean walking further. Some respondents to the public consultation survey felt that there will be insufficient parking spaces at the St Pancras site. However the parking situation at the proposed new centre will not be dissimilar to the current parking situation at Old Street site. The proposed relocation has also prompted concerns about access to disabled parking bays especially for wheelchair users
- The Consultation report identified LGBTQ+ patients can sometimes feel more vulnerable and anxious in a hospital environment.

#### Recommendations based on evidence review

1. More work could be done, where needed, to better understand the negative impacts more fully with those groups affected and wider stakeholders. This should add to the work already being done with patients with protected characteristics.
2. In doing this it is important to emphasise that although walking may be more challenging for some, for some staff and patients living outside of London the journey to the proposed new centre may be less complicated due to better transport connections to Greater London and mainline routes nationwide into St. Pancras, thus reducing the overall journey.
3. It is advised to work with the local authorities and TfL to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. The additional walk required to the new site will need to be considered to ensure patients feel supported to navigate the unfamiliar and busy environment between the station and the proposed new site. Identifying patient champions to support the design of accessible routes is key.
4. It is also advised, to liaise with planning teams to assess the provision for disabled parking spaces at the St Pancras site and if there is a need for bays or drop off points.
5. It is important staff and volunteers receive equality and diversity training and are trained to support lesbian, gay, bisexual, transgender, queer (LGBTQ+) patients to ensure there are no barriers to effective care for patients when navigating services.

## **Other Recommendations in light of consultation responses**

Following consultation with people with protected characteristics and rare conditions a draft report has been produced that summarises the outcome of 38 targeted meetings and conversations with people with protected characteristics. The below list of suggested actions is from those conversations, not all are specific to the proposed relocation.

1. Moorfields Eye Hospital should continually improve and develop patient information in multi formats, with advice and in partnership with patient representatives.
2. Consultation feedback should inform developments in patient liaison and support, staff training such as in sight loss awareness and design of the proposed new centre.
3. Co-production between design teams and patient representatives should be embedded within the development of the proposed new centre.
4. Moorfields Eye Hospital is already improving awareness and communications with support from voluntary sector partners and this should be explicit in the development of the proposed new centre.
5. There are already support services in place and longer appointment times for those who need it. We should review the availability and communications about support.
6. Improving awareness and communications with people with protected characteristics should be included in an accessibility plan as part of the development of the proposed new centre.
7. Consultation feedback should inform continuing improvements in patient experience.
8. A comprehensive communications campaign should be part of the plan for change, should the proposed relocation go ahead.
9. Staff should receive equality and diversity training to understand the range of gender identities of service users so they can address patients correctly as the gender they identify as.
10. The design of the proposed new centre should consider the needs of all LGBT+ people including those who are non-binary.

### **3. Health Inequalities Impact Assessment**

The Health inequalities impact assessment identifies and assesses health inequalities and the impact of the proposed changes for the local community. The aims of a health inequalities impact assessment include identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

The World Health Organisation (WHO) defines health inequities or health inequalities as 'avoidable inequalities in health between groups of people within countries and between countries.' Such inequities arise from inequalities within and between

societies. According to the WHO, 'social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.'

Unlike the protected characteristics listed in the Equality Act 2010, there is no list of groups enshrined in the National Health Service Act 2006 in relation to the duties on reducing health inequalities. However, research has identified that a range of groups and communities are at greater risk of poorer access to health care and poorer health outcomes<sup>5</sup>. Groups other than protected characteristics who face health inequalities:

- Looked after and accommodated children and young people.
- Carers: paid/unpaid; family members.
- Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs.
- Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders.
- People with addictions and substance misuse problems.
- People who have low incomes.
- People living in deprived areas.
- People living in remote, rural and island locations.
- People with enduring mental ill health.
- People in other groups who face health inequalities.

A detailed analysis and assessment of the above areas of health inequality impacts is presented in annex 3.1 – 3.7. Please note that analysis for people with low income has been included in deprivation analysis.

### 3.1 Summary of impacts of health inequalities

There have been very few impacts identified across health inequalities directly linked to the proposed relocation to St. Pancras that haven't already been identified under the Equalities Impact Assessment.

#### **Positive impacts**

- It is difficult to ascertain whether the relocation of Moorfields' City Road services will disproportionately impact those that are carers. Some patients may attend Moorfields with a carer. Carers travelling with patients may benefit from the proposed new centre having new and more comfortable facilities and waiting areas and improved wheelchair accessibility. For carers and patients travelling by car there may be benefit from the proposed new centre having clearly signposted pick up and drop off areas.

---

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/01/ehia-long-term-plan.pdf>

#### Recommendations based on evidence review

1. Based on the consultation survey, 90% of respondents who are carers stated that clear information about how to get to the proposed new centre is important to them; therefore potential negative impacts of complicated travel journeys and longer travel times need mitigating not only for patients but for carers and parents as well. Parents will need clear communication regarding navigation, specifically around any changes they may experience to their access to the Ronald McDonald House charity service located in the Richard Desmond Children's Eye Centre of Moorfields for families to stay during their children's care.
2. In order to enhance the positive impact it is important to ensure that the improved design and technology aspects of the proposed new centre are communicated widely to all subsets of the population including carers. This includes digital systems and interior aids for navigation.

#### **Negative impacts (in priority order)**

- It is difficult to quantify the impact the proposed relocation will have on patients with mental health conditions. Analysis of the relocation has, however, identified the risk of increased anxiety and stress for both patients and staff. This has been identified in navigating to and around the site, however, this is not limited to navigation and could also be as a result of using new assistive technology, new processes on entering the new centre and so on.
- Research into mental health conditions, life expectancy inequality, concurrent eye conditions and blindness focus on the correlation with over 65s. Therefore impacts experienced by these groups are likely to mirror those experienced by over 65's which has been identified through assessing the impact of age. These impacts were largely concerned about the journey being more complicated and there will be an increased walking distance to the proposed new centre. The assumption can be made that the relocation will have some impact both negative and positive on journey times depending on where the patient resides.
- Deprivation is a key risk factor for ill health, including eye conditions. In the Moorfields Eye Hospital catchment area, Tower Hamlets is in the top 10% of boroughs that are most income deprived in England, and five others in this area are in the top 20% most income deprived. Therefore, some boroughs within the catchment area may experience a negative impact if travel costs increase, particularly those in the 20% most deprived areas (see Annex for detail).

#### Recommendations based on evidence review

1. Consider the impact of anxiety and stress that may be felt by patients and staff as a result of the move. Ensure that support is clear and accessible to

- patients and staff, with clear process explaining how to access mental health and well-being support if needed.
2. When planning actions to mitigate any potential negative impacts on patients coming from deprived areas, the focus should be on the deprived communities highlighted in the data analysis.
  3. Recommendations related to travel and parking features in the EQIA summary also apply to the impacts noted here. However some of the messaging relating to this impact need consideration and co-production with people experiencing health inequalities (See section 2).
  4. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport. Currently patients are unable to travel with carers when using this transport, this may be a barrier for some patients at present.

### 3.2 Link to Mayor of London's Health Inequalities strategy

#### Background:

The Mayor of London's Health Inequalities Strategy<sup>6</sup> was also considered as part of this analysis. The five key areas under this are:

**Healthy Children** – helping every London child to have a healthy start in life by supporting parents and carers, early years settings and schools.

**Healthy Minds** – supporting Londoners to feel comfortable talking about mental health, reducing stigma and encouraging people across the city to work together to reduce suicide.

**Healthy Places** – working towards London having healthier streets and the best air quality of any major global city, ensuring all Londoners can access to good-quality green space, tackling income inequality and poverty, creating healthy workplaces, improving housing availability, quality and affordability, and addressing homelessness and rough sleeping.

**Healthy Communities** – making sure all Londoners have the opportunity to participate in community life, empowering people to improve their own and their communities' health and wellbeing.

**Healthy Living** – helping Londoners to be physically active, making sure they have access to healthy food, and reducing the use of or harms caused by tobacco, illicit drugs, alcohol and gambling.

A scoping exercise was undertaken to identify areas of the Mayor's Inequalities Strategy that would also be considered in the IIA. The scoping table is in Appendix 2. Most of the recommendations addressing themes in the Mayor's inequalities strategy are outside the scope of relocation and hence do not appear in the IIA, for example,

---

<sup>6</sup> [https://www.london.gov.uk/sites/default/files/health\\_strategy\\_2018\\_low\\_res\\_fa1.pdf](https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf)

ensuring Londoners have access to green space. Some themes, such as healthy workplaces, may be relevant to service design at the proposed new centre. They are included in the appendix to ensure they are available for the teams when they need it.

#### 4. Health Impact Assessment

The Health impact assessment identifies and assesses health outcomes, service impacts and workforce impact of the proposed changes for the local community. The aims of a health impact assessment include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

Health Impact Assessments emerged as the recommended tool for maximising the health of the population through embedding health in all policies with the publication of the Gothenburg consensus. The framework, which was produced by the World Health Organization [WHO] European Centre for Health Policy, was underpinned by four core values: sustainable development, equity, democracy and the ethical use of evidence<sup>7</sup>.

Based on an initial scoping exercise and evidence review we identified the main aspects within the context of health and the wider determinants of health that potentially have the greatest impact on eye health. These are:

1. Prevalence of blindness and eye conditions.
2. Dementia
3. Learning Disabilities<sup>8</sup>
4. Smoking prevalence
5. Comorbidities and conditions that require more follow ups.
6. Impact to those living in remote, rural or island locations.

The detailed analysis and assessment of the above areas of health inequality impacts is presented in annex 4.1 – 4.5.

---

<sup>7</sup> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-13>

<sup>8</sup> <https://www.seeability.org/Handlers/Download.ashx?IDMF=511dbb2c-08fb-40e8-b568-a2ed38a4ea13>

## 4.1 Summary of impacts of the health assessment

There have been very few impacts identified across health directly linked to the proposed relocation to St. Pancras that haven't already been identified as part of protected characteristics or health inequalities section.

### Positive impacts (in priority order)

- The proposed new centre will have improved provision for interior design and signage to help patients to navigate the building. It will also have improved digital technology to guide patients through their appointment process; both aspects were deemed as very important for those registered as blind or partially blind based on survey responses and meetings held as part of the consultation process.
- There is a correlation between comorbidities affecting eye health, such as diabetes and BAME communities; thus an assumption can be made that this population will be similarly impacted by the relocation. BAME communities felt a new centre was needed to integrate care and felt the relocation was positive because of this (see section 2.2 relating to Race and Ethnicity).
- The improved interior design of the proposed new centre will not only benefit patients but staff as well. Based on the consultation, 85% of staff respondents think a new centre is needed. This will provide opportunity to improve staff areas and support to them.

### Recommendations based on evidence review

1. In order to enhance the positive impact it is important to ensure that the improved design and technology aspects of the proposed new centre are co-produced and then communicated widely to all subsets of the population.
2. There have been very few impacts identified across health directly linked to the proposed relocation to St. Pancras that haven't already been identified as part of protected characteristics or health inequalities section.

### Negative impacts (in priority order)

- Based on the data analysis, the majority of the population who have blindness and common eye conditions such as age-related macular degeneration (AMD) and glaucoma are aged over 65 and the majority of the population experiencing falls or dementia are also aged over 65; thus, the same assumption can be made that this population will be similarly impacted by the proposed relocation as discussed under protected characteristics (see section 4.1 Age).
- It is difficult to ascertain whether the relocation of the services will disproportionately impact those that are overweight and obese given the current information available. However, In 2017/18, 56% of adults (over the age of 18) in London were classified as overweight or obese (Centre for London). Potential



negative impacts could include longer walking distances (specifically for those who are overweight/obese or have obesity attributable chronic diseases which can hinder mobility) to the proposed new centre.

- It is difficult to identify the proportion of those living in remote, rural or island locations. Impacts are likely to mirror those featured within the EQIA for age and ethnicity around concerns of travel, perception of travel becoming more complicated or further walking to the proposed new centre. The impact for those living in remote locations may not change or may even become easier as St. Pancras is better connected to locations outside of London. (see section 42.12 Age)

#### Recommendations based on evidence review

1. Recommendations related to travel and parking features in the EQIA summary also apply to the impacts noted here. See 42.1
2. As part of the new design of the proposed new centre and services, consideration should be given to ease of navigation and making the proposed new centre a healthy environment for people with sight problems, those with dementia and other affected population subgroups.
3. It is difficult to ascertain whether the relocation of Moorfields Eye Hospital will disproportionately impact those that present with dementia. The majority of the population presenting with dementia are aged over 65; thus, the assumption can be made that this population will be similarly impacted by the proposed relocation as those over 65 (see section 4.1 Age). Clinical environments can be made more dementia friendly, considering elements in design and construction. A lot of evidence is already published around this as well as organisations like Alzheimer's UK who could be approached, if not already part of the consultation and engagement activity.

#### 5. Specialised commissioning

Specialised services support people with a range of rare and complex conditions. Specialised services are not available in every hospital because they must be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills training and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally and regionally by NHS England. 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.

Annex 5 describes the estimated future growth and prevalence of eye conditions treated within specialised ophthalmology services. There is likely to be a small

predicted growth increase in specialised services activity (estimated at an average annual growth rate for outpatients of 1.6%<sup>9</sup>) during the period of the proposed relocation but this is not expected to be impacted by the proposed relocation itself. Some patients currently receiving ocular oncology treatment are cared for at Bart's Hospital and this service will not move to the proposed new centre.

## 5.1 Summary of impacts to specialised commissioning

### Summary of Impact

Based on analysis, specialised commissioning is not foreseen to change as a result of the proposed relocation. Specialised commissioning is block contracted and services are expected to continue as currently provided.

Based on the data, a large proportion of specialised activity is related to paediatrics. As per the current plan, the proposed new centre will accommodate a 24/7 A&E in the new building co-located with all other services. This means patients will have a better experience as they can more easily navigate their way from A&E into Ophthalmology and other supporting services. It will also mean children will have a more suitable and consistent environment designed for them which is co-located and available 24 hours a day. At present, children attending A&E out of hours will attend a dedicated section of the adult A&E at the City Road site.

## 6. Next steps

The Oriel team will work with its partners and various identified stakeholders to develop the action plans identified in this impact assessment further.

---

<sup>9</sup> Edge Health. Future Ophthalmology activity in North London and the surrounding area. September 2019

Appendix 1:

**All CCGs that commission services from Moorfields Eye Hospital**

<b>London Region</b>	<b>Midlands &amp; East of England Region</b>	<b>South of England Region</b>	<b>North of England Region</b>
Barking and Dagenham	NHS Basildon and Brentwood	NHS Ashford CCG	NHS Airedale, Wharfedale and Craven CCG
Barnet	NHS Bedfordshire	NHS Aylesbury Vale CCG	NHS Barnsley CCG
Bexley	NHS Birmingham Crosscity	NHS Bath and North East Somerset CCG	NHS Bassetlaw CCG
Brent	NHS Birmingham S. & Central	NHS Bracknell and Ascot CCG	NHS Blackburn with Darwen CCG
Bromley	NHS Cambs & Peterborough	NHS Brighton and Hove CCG	NHS Bolton CCG
Camden	NHS Cannock Chase	NHS Bristol CCG	NHS Bradford Districts CCG
Central London (Westminster)	NHS Castle Point & Rochford	NHS Canterbury and Coastal CCG	NHS Darlington CCG
City and Hackney	NHS Corby	NHS Chiltern CCG	NHS Doncaster CCG
Croydon	NHS Coventry and Rugby	NHS Coastal West Sussex CCG	NHS Durham Dales, Easington and Sedgfield CCG
Ealing	NHS Dudley	NHS Crawley CCG	NHS East Lancashire CCG
Enfield	NHS East & North Hertfordshire	NHS Dartford, Gravesham and Swanley CCG	NHS East Riding of Yorkshire CCG
Greenwich	E. Leicestershire & Rutland	NHS Dorset CCG	NHS Eastern Cheshire CCG
Hammersmith & Fulham	NHS Erewash	NHS East Surrey CCG	NHS Fylde and Wyre CCG
Haringey	Great Yarmouth and Waveney	NHS Eastbourne, Hailsham and Seaford CCG	NHS Greater Huddersfield CCG
Harrow	NHS Herefordshire	NHS Fareham and Gosport CCG	NHS Greater Preston CCG
Havering	NHS Herts Valleys	NHS Gloucestershire CCG	NHS Halton CCG
Hillingdon	NHS Ipswich & East Suffolk	NHS Guildford and Waverley CCG	NHS Hambleton, Richmondshire and Whitby CCG

<b>London Region</b>	<b>Midlands &amp; East of England Region</b>	<b>South of England Region</b>	<b>North of England Region</b>
Hounslow	NHS Leicester City	NHS Hastings and Rother CCG	NHS Harrogate and Rural District CCG
Islington	NHS Lincolnshire East	NHS High Weald Lewes Havens CCG	NHS Hartlepool and Stockton-on-Tees CCG
Kingston	NHS Lincolnshire West	NHS Horsham and Mid Sussex CCG	NHS Heywood, Middleton and Rochdale CCG
Lambeth	NHS Luton	NHS Isle of Wight CCG	NHS Hull CCG
Lewisham	NHS Mansfield and Ashfield	NHS Kernow CCG	NHS Knowsley CCG
Merton	NHS Mid Essex	NHS Medway CCG	NHS Leeds North CCG
Newham	NHS Milton Keynes CCG	NHS Newbury and District CCG	NHS Leeds West CCG
Redbridge	NHS Nene	NHS North and West Reading CCG	NHS Liverpool CCG
Richmond	NHS Newark & Sherwood	NHS North East Hampshire and Farnham CCG	NHS Manchester CCG
Southwark	NHS North Derbyshire	NHS North Hampshire CCG	NHS Morecambe Bay CCG
Sutton	NHS North East Essex	NHS North Somerset CCG	NHS Newcastle Gateshead CCG
Tower Hamlets	NHS North Norfolk	NHS North West Surrey CCG	NHS North Cumbria CCG
Waltham Forest	NHS North Staffordshire	NHS N, E, and Western Devon CCG	NHS North Durham CCG
Wandsworth	NHS Norwich	NHS Oxfordshire CCG	NHS North East Lincolnshire CCG
West London	NHS Nottingham City	NHS Portsmouth CCG	NHS North Kirklees CCG
	Nottingham North and East	NHS Slough CCG	NHS North Lincolnshire CCG
	Redditch and Bromsgrove	NHS Somerset CCG	NHS North Tyneside CCG
	NHS Rushcliffe	NHS South Devon and Torbay CCG	NHS Northumberland CCG
	Sandwell and West Birmingham	NHS South Eastern Hampshire CCG	NHS Rotherham CCG

<b>London Region</b>	<b>Midlands &amp; East of England Region</b>	<b>South of England Region</b>	<b>North of England Region</b>
	NHS Shropshire	NHS South Gloucestershire CCG	NHS Salford CCG
	NHS Solihull	NHS South Kent Coast CCG	NHS Scarborough and Ryedale CCG
	SE Staffordshire & Seisdon	NHS South Reading CCG	NHS Sheffield CCG
	NHS South Lincolnshire	NHS Southampton CCG	NHS South Sefton CCG
	NHS South Norfolk	NHS Surrey Downs CCG	NHS South Tees CCG
	NHS South Warwickshire	NHS Surrey Heath CCG	NHS St Helens CCG
	NHS South West Lincolnshire	NHS Swale CCG	NHS Sunderland CCG
	NHS South Worcestershire	NHS Swindon CCG	NHS Trafford CCG
	NHS Southend	NHS Thanet CCG	NHS Vale of York CCG
	NHS Southern Derbyshire CCG	NHS West Hampshire CCG	NHS Wakefield CCG
	NHS Stafford and Surrounds	NHS West Kent CCG	NHS Warrington CCG
	NHS Stoke on Trent	NHS Wiltshire CCG	NHS West Cheshire CCG
	NHS Telford and Wrekin CCG	NHS Windsor, Ascot and Maidenhead CCG	NHS Wigan Borough CCG
	NHS Thurrock	NHS Wokingham CCG	
	NHS Walsall		
	NHS Warwickshire North		
	NHS West Essex		
	NHS West Leicestershire		
	NHS West Norfolk		
	NHS West Suffolk		
	NHS Wolverhampton		

Appendix 2: Link to Mayor's Strategy

5 Key Areas	Objectives set out in the Mayor's report	Recommendations from the Mayor's report	In Scope for IIA?
<p style="text-align: center;"><b>Healthy Children</b></p>	<p>This strategy sets out four objectives to help achieve the Mayor's aim, that every London child has a healthy start in life:</p> <ol style="list-style-type: none"> <li>1. Parents and carers are supported to give all London's children the best possible start in life.</li> <li>2. Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable.</li> <li>3. Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity.</li> <li>4. All of London's children and young people have</li> </ol>	<p>The Mayor's strategy lists Priorities to be led by external partners:</p> <ul style="list-style-type: none"> <li>• Government should back the London Child Obesity Taskforce by taking bold action to protect children from marketing of high fat and high sugar foods and developing a route map to progress action on reformulation of food to reduce fat, sugar and salt context, and portion size.</li> <li>• Government should act to address the insufficient and inequitable levels of funding for child mental and emotional health in schools. Further, government should accelerate the proposed improvements<sup>42</sup> to school-based mental and emotional health provision so London children's needs are met as soon as possible, rather than a phased roll out up to 2025.</li> <li>• The NHS and local authorities should ensure there is fair access to child and adolescent mental health services across the capital, working with schools, youth services and youth offending teams.</li> <li>• Employers should routinely provide flexible and family-friendly working, using the standards set out in the London Healthy Workplace Charter and the forthcoming Good Work Standard.</li> <li>• The NHS and local authorities should work together to improve links between midwifery, health visiting and children's services to support vulnerable parents and opportunities for positive parenting in the early years.</li> <li>• The NHS and local authorities should improve postnatal and perinatal mental health care services, and support for breast</li> </ul>	<p>The IIA will analyse the impact of proposed relocation on accommodated and looked after children and paid &amp; unpaid carers. Nothing else is in scope for the IIA. However, the service redesign and HR-OD team for the proposed new centre can look at ways through which the priorities under this section can be addressed</p>

	<p>the support they need to grow into healthy, resilient adults.</p>	<p>feeding and smoking cessation, all of which can have a significant impact on the life chances and wellbeing of mothers, babies and families.</p> <ul style="list-style-type: none"> <li>• The NHS should ensure that GPs and health and care professionals are aware of ‘social prescribing’ (see Healthy Communities) pathways to support, including through relevant Mayoral and borough initiatives relating to early years.</li> <li>• Partners should come to together to address inequalities in child oral health in London, building on proposals for the development of a programme for 0-4 year olds focused on promoting the importance of registering children with dentists and regular visits.</li> </ul>	
<p><b>Healthy Minds</b></p>	<p>This strategy sets out five objectives to achieve the Mayor’s aim that all Londoners share in a city with the best mental health in the world</p> <ol style="list-style-type: none"> <li>1. Mental health becomes everybody’s business. Londoners act to maintain their mental wellbeing, and support their families, communities and colleagues to do the same.</li> <li>2. Londoners’ mental health and physical health are equally valued and supported.</li> </ol>	<p>What the Mayor will do to support change</p> <ul style="list-style-type: none"> <li>• Use the London Health Board to champion mental health, including through challenging the NHS to achieve parity between physical and mental health care.</li> <li>• Use Thrive LDN to address stigma and discrimination associated with poor mental health through a number of projects and programmes.</li> <li>• Support people with mental health problems to return to and remain in work by creating healthier workplaces (i.e. through the London Healthy Workplace Charter and the forthcoming Good Work Standard) and through his support for the devolution of the work and health programme.</li> <li>• Work with the NHS, local authorities and London’s police forces to ensure that Londoners have access to urgent treatment and care when required, including implementation of the section 136 pathway into a health based place of safety.</li> <li>• Work with boroughs to support the localisation of Thrive LDN – with the aim of rolling it out in every London borough, delivering</li> </ul>	<p>The IIA will look at impact of proposed relocation for those with enduring mental health problems, however, workplace objectives, reducing stigma and encouraging people across the city to work together to reduce suicide is not in scope of IIA but may be covered in other work streams</p>



	<ol style="list-style-type: none"> <li>3. No Londoners experience stigma linked to mental ill health, with awareness and understanding of mental health increasing city-wide.</li> <li>4. London's workplaces support good mental health.</li> <li>5. Action is taken across London to prevent suicide, and all Londoners know where to get help when they need it.</li> </ol>	<p>benefits like mental health first aid training in the workplace and suicide prevention.</p> <p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> <li>• The NHS and local authorities to roll-out their innovative new digital mental health and wellbeing service, Good Thinking – aiming to prevent common mental health problems</li> <li>• The NHS should deliver improvements in access to evidence based services for first episode of psychosis and for psychological therapies (including through digital solutions), particularly services for young people</li> <li>• The NHS should work to increase screening uptake, early detection and access to evidence based physical care assessments and interventions for people with severe mental illness, to address physical ill health and premature mortality</li> </ul>	
<p><b>Healthy Places</b></p>	<ol style="list-style-type: none"> <li>1. London's air quality improves, and fewer Londoners are exposed to harmful pollution – especially in priority areas like school.</li> <li>2. The planning system is used to create healthier neighbourhoods, and the Healthy Streets Approach is adopted.</li> </ol>	<p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> <li>• The government should make more funding available to invest in affordable housing for Londoners.</li> <li>• The NHS, local authorities, planning authorities, businesses and land owners should do everything possible to reduce toxic emissions from buildings, estates and vehicle fleets in London.</li> <li>• Employers across London should improve workforce health, for example through the adoption of the London Healthy Workplace Charter and the forthcoming Good Work Standard, and pay the London Living Wage for staff. They should focus in particular on those who are at higher risk of poor health outcomes, for example in lower paid roles. This should include the NHS, who should ensure all hospitals provide healthy settings for staff, as</li> </ul>	<p>Not in scope</p>
	<ol style="list-style-type: none"> <li>3. London is a greener city where all Londoners have access to good quality</li> </ol>		<p>Not in scope</p>

	green and other public spaces.		
	4. The impact of poverty and income inequality on health is reduced.	<p>well as for patients and carers, such as the food environment, air quality, and smoking on estates.</p> <ul style="list-style-type: none"> <li>• Further, the NHS should work to enhance the role that their larger settings play as ‘anchor institutions’ in localities – addressing health inequalities in the place beyond the setting itself, by supporting healthy local environments and economic growth, e.g. by supporting local populations in training and jobs.</li> <li>• Government should revisit the evidence on free school meals and consider whether there is scope to extend the reach of the policy, as part of a strategy to tackle child obesity and child poverty.</li> <li>• The Mayor calls for an end to vulnerable people being discharged to the street and sleeping rough following a hospital inpatient stay.</li> </ul>	Yes, through analysis of the impact for those living in deprivation.
	5. More working Londoners have health-promoting, well paid and secure jobs.		Not in scope
	6. Housing availability, quality and affordability improves.		Not in scope
	7. Homelessness and rough sleeping in London are addressed.		Yes, through analysis of the impact for homeless people and those who experience homelessness/ temporary accommodation.
<b>Healthy Communities</b>	This strategy sets out five objectives to help achieve the Mayor’s aim that all London’s diverse communities are healthy and thriving:	<p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> <li>• Government should address the discriminatory impacts of the hostile environment, including inappropriate use of NHS data sharing with the Home Office and NHS overseas visitor charges regulations.</li> </ul>	Not in scope

	<ol style="list-style-type: none"> <li>1. There are more opportunities for all Londoners to take part in community life.</li> <li>2. Londoners are empowered to improve their own and their communities' health and wellbeing.</li> <li>3. Social prescribing becomes a routine part of community support across London.</li> <li>4. People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them.</li> <li>5. London's communities feel safe, and are united against all forms of hatred.</li> </ol>	<ul style="list-style-type: none"> <li>• Explore how more local facilities, like leisure centres, libraries and schools could be used as shared resources with the community, in order to support community groups to address community health and wellbeing.</li> <li>• The NHS should explore how to engage with communities and citizens more effectively, involving them directly in decisions about the future of health and care services and involving patients and the public in commissioning processes and decisions.</li> <li>• Partners, through the London TB Control Board, should work to ensure that progress in TB control is maintained, including action on arrangements for hospital discharge and accommodation for those with no recourse to public funds, on treatment and on screening for latent TB infection.</li> </ul>	
<p><b>Healthy Living</b></p>	<ol style="list-style-type: none"> <li>1. All Londoners achieve at least the minimum level of daily activity needed to maintain good health.</li> <li>2. All Londoners have access to healthy food.</li> </ol>	<p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> <li>• Local authorities and businesses should consider adopting the Public Health England guidance on catering standards for employers.</li> <li>• The NHS should ensure that health and social care staff access MECC training, and build on London's MECC framework and tools to support healthy living.</li> <li>• The NHS should embed MECC approaches in its work, to improve staff health and wellbeing</li> </ul>	<p>Not in scope</p>

	<p>3. Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling.</p>	<ul style="list-style-type: none"> <li>Local authorities, NHS, and the voluntary and community sectors, should share learning and good practice on how to address alcohol and drug related harm for our most vulnerable citizens, and monitor and raise the profile of gambling related harm.</li> </ul>	<p>The impact of the proposed relocation on population with substance misuse and smoking will be included in the report, however, the impact gambling is out of scope.</p>
--	--	--	--

