



NCL Surgical Transformation Programme: Ophthalmology Surgical Hub Proposal

JHOSC Briefing Pack

June 2023

Summary and Discussion

1. NCL is exploring ways to further reduce waiting lists for specialties with a large amount of activity. We are starting with ophthalmology.
2. We want to build on the great work and significant public engagement to develop elective orthopaedic centres, which have made significant contributions to delivering more capacity in NCL.
3. A key theme often repeated from a variety of relevant patient engagement reports and events across NCL, London and nationally (see slide 6) is that patients report that they are willing to travel further for surgery if they are treated quicker and better.
4. The proposed changes are on slides 9 to 12.
5. Of the approximately 25,000 ophthalmology surgical procedures delivered a year in NCL, the proposed changes would affect approximately 5,000 procedures (20%). The proposals are creating extra capacity for an additional 3000 procedures a year which could reduce waiting times by approximately 10 weeks and improve the quality of services.
6. Our Health Equality Impact Assessment (HEIA) has identified groups to target with patient engagement to develop our proposals further: older patients aged +65; Black or Asian ethnic groups; people living in more deprived areas.

JHOSC members are asked to:

- **Note** the progress of plans for the Ophthalmology Surgical Hubs Proposal
- **Feedback** on the outcomes of the HEIA and plans for engagement
- **Agree** to receive an update report following the proposed public engagement

Introduction

1. Introduction

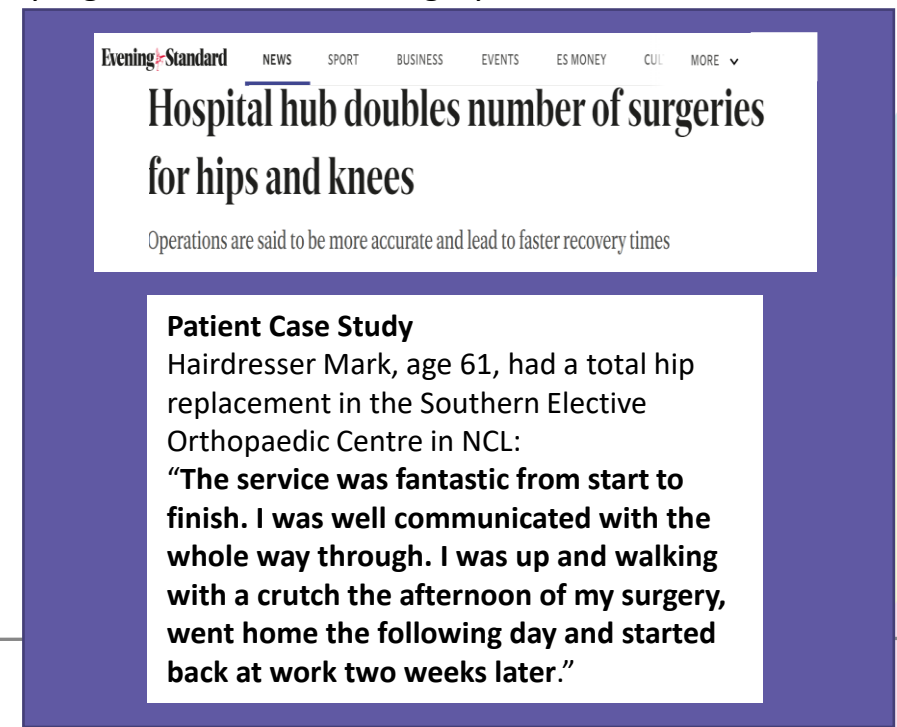
- Currently there are 270,000 patients waiting for elective care in NCL. Of those 38,000 patients are waiting for elective surgery. 75% of surgery is within six specialties, one of which is ophthalmology.
- We know that the longer people wait there is more risk of health deteriorating and complexity of care increasing. These risks can impact on people's ability to work, connect to their community, care for others and live their life to the fullest.
- NCL cannot keep up with demand. Surgical waiting lists have grown by 30% between 2016 and 2022, whilst surgical activity has grown by 8%. Covid has made a significant impact on waiting lists and has added to this challenge.
- So far NCL has been one of the top performing sectors nationally for elective activity and has significantly reduced the number of patients waiting longer than 78 weeks. This has been achieved through a combination of a number of different initiatives including: weekend and evening appointments; using capacity in the independent sector; and trusts offering mutual aid to each other.
- In spite of all this great work and improvements in our activity it is still not enough to meet the growing demand we have in NCL.

2. What do we want to do next?

- NCL has a history of innovation in the organisation of surgery. Over 1200 patients and members of the public were engaged and consulted on proposals to change planned surgery for bones, joints and muscles (planned orthopaedic surgery). This led to the development of surgical hubs, known as Elective Orthopaedic Centres, which has doubled the number of surgeries for hip and knees, as well as operations being more accurate with faster recovery times.
- From June 2022 – June 2023, due to the impact of COVID and strikes, London saw a 20% growth in its waiting lists for orthopaedics whilst NCL saw a 10% growth and making good progress in reducing long waits and improving theatre efficiency. So even in challenging times the Elective Orthopaedic Centres are making a good impact.
- NCL wants to build on this great work, and the significant engagement already undertaken with patients and the public, as part of a Surgical Transformation Programme. We want to explore the possible expansion of surgical hubs into other specialties to see if we can replicate the success of the Elective Orthopaedic Centres in NCL and make a bigger impact on waiting times.
- The first proposed programme of change being planned is in ophthalmology as this is a very high volume area for surgery.
- National evidence shows surgical hubs can deliver:



- We believe that the best way to improve waiting lists/times is to use theatres and staff more effectively by consolidating surgery onto fewer sites



Evening Standard NEWS SPORT BUSINESS EVENTS ES MONEY CUL MORE

Hospital hub doubles number of surgeries for hips and knees

Operations are said to be more accurate and lead to faster recovery times

Patient Case Study

Hairdresser Mark, age 61, had a total hip replacement in the Southern Elective Orthopaedic Centre in NCL:

“The service was fantastic from start to finish. I was well communicated with the whole way through. I was up and walking with a crutch the afternoon of my surgery, went home the following day and started back at work two weeks later.”

3. What is important to patients and staff?

We have drawn on relevant insight from the findings and recommendations of a number of public consultations, equalities impact assessments and feedback events to understand what matters most to patients and staff¹:

I want a **short waiting time** for my surgery.

I am willing to travel further for my surgery if I am **treated quicker and better**

I want to go somewhere with the **best expertise and equipment** for my surgery

Staff Feedback

I want to work somewhere **efficient and effective** in surgery

I need to **discuss** my care needs with a consultant so they can answer my questions

I need **information** about what happens before, during and after surgery

I want **support** with my care needs prior to surgery

I want to develop my **knowledge and skills** around surgery

I need clear and detailed information about what to do to **manage my own care** and rehabilitation

I don't want to be put at risk of **infection** during my surgery

I don't want my surgery **cancelled** last minute

I need **help with travel** due to my mobility and financial situation

I want a wider **range of appointment times** so I don't have to travel in rush hour.

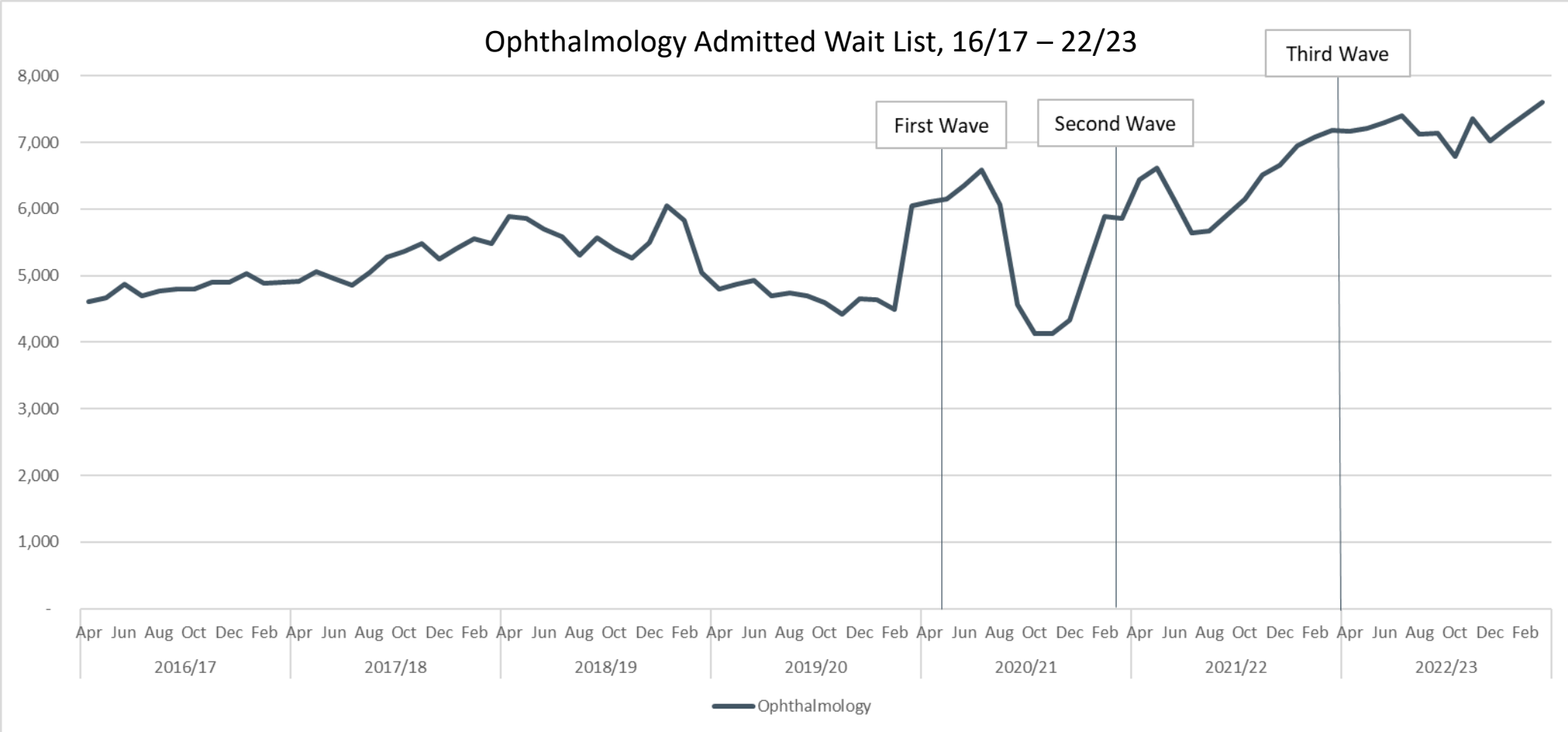
I need help (e.g. clear signage) to **access** my appointment

I am looking for opportunities to try **new roles**

¹EIAs undertaken on the fast-track surgical hubs for the six HVLC specialities (Health Innovation Network, NHS London, and Imperial College Health Partners; 2021); (2) EIA undertaken on the NLP Planned Orthopaedic Surgery for Adults (Verve Communications, North London Partners in Health and Care; 2020); (3) London Covid-19 Deliberation Report (Imperial College Health Partners, and Ipsos MORI; 2020), (4) Project Oriol "Proposed Move of Moorfields Eye Hospital's City Road Services" Consultation Findings Report (Participate Ltd., 2019); (5) Centralisation of specialist cancer surgery services in two areas of England: the RESPECT-21 mixed-methods evaluation (Health and Social Care Delivery Research; 2023)

Ophthalmology: Proposed Changes

4. How Ophthalmology surgical waiting lists have grown in NCL

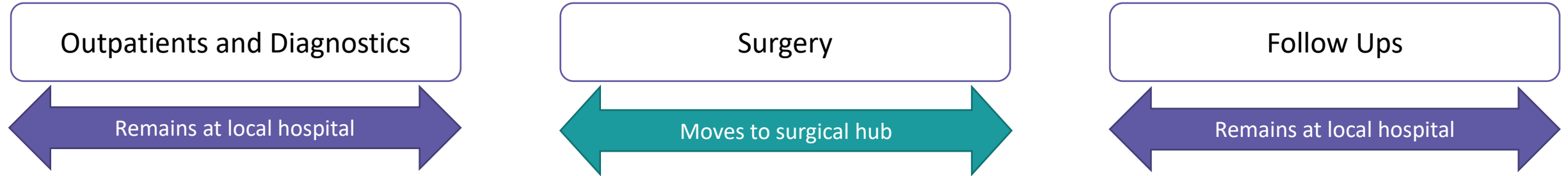


There is year on year growth of the ophthalmology surgical waiting list, which has grown by 48% between 2016 and 2023. NCL has some of the largest ophthalmology waiting lists in London.

A person waiting for an ophthalmology procedure at any of the RFL sites could currently be waiting 20-25 weeks on average.

Chart shows total surgical waiting list for Ophthalmology across the three trusts that provide this service: MEH; NMUH; RFL

5. The Proposed Changes



- To help tackle waiting lists for eye surgery and improve service quality, the NHS in NCL is proposing to make a number of changes to where some adult patients have their eye surgery. No changes are proposed to where patients have tests or go for their outpatient and follow up appointments related to their eye surgery.
- The first part of the proposal is to create a hub for eye surgery at Edgware Community Hospital. The hub would provide eye surgery for common, usually straightforward (low complexity) conditions like cataracts, which would enable us to carry out a higher number of procedures. This would bring together some eye surgery services at Chase Farm Hospital, Royal Free Hospital, Whittington Hospital and Edgware Community Hospital into one hospital site.
- The second part of the proposal is for a small number of more complex eye surgery procedures to move from Chase Farm Hospital, Edgware Community Hospital, and Whittington Hospital to the Royal Free Hospital.
- Patients currently waiting for eye surgery at Whittington Hospital, Chase Farm Hospital, Royal Free Hospital or Edgware Community Hospital will be offered the option to move their care to either Edgware Community Hospital or Royal Free Hospital, depending on complexity, where they could be seen sooner. Patients currently waiting for eye surgery at any other hospital site will not be affected by these proposals.
- New patients will continue to have a choice of three trusts for eye surgery in NCL. Patients who require eye surgery will be informed at the point of referral of the sites that offer surgery. Any changes made to the sites offering eye surgery will initially be communicated out to all GPs and optometrists in NCL.

6. We will create extra capacity for surgery

The proposals are creating extra capacity for an additional 3000 procedures a year which should reduce waiting times and improve the quality of services.

- Of the approximately 25,000 ophthalmology surgical procedures delivered a year in NCL, the proposals would affect approximately 5,000 procedures (20%). (N.B. Some patients have more than one procedure so it is not an exact measure of the numbers of people).
- By doing more procedures on fewer sites the evidence suggests that we can improve the efficiency and productivity of theatres.
- An additional 3000 procedures a year will help to potentially reduce waiting lists by approximately 10 weeks for ophthalmology across NCL.
- Where we move services from Whittington Hospital and Chase Farm Hospital this will free capacity to reduce the waiting lists in other surgical specialties.
- NCL ICS are considering how best to use the additional theatre capacity at Whittington Health and Chase Farm Hospital to support system elective recovery. We will start to develop plans for other specialities e.g. orthopaedics, gynaecology, general surgery, and will update the JHOSC as plans develop.

7. Clinician Support for Proposals

Moorfields Eye Hospital is a major international tertiary care and training centre in ophthalmology based in NCL. Moorfields have already led a number of clinical developments and innovations in ophthalmology across London and have developed plans with a number of NCL residents for their new and innovative integrated facility, Oriel, based in Kings Cross and due to open in 2027. Moorfields accounts for 43% of London's Ophthalmology waiting list. Despite this, they have managed to eliminate all waits over 65 weeks and currently have just 6 patients waiting longer than a year. Currently 70% of admitted patients wait less than 18 weeks to be treated. Their work rate is so efficient that both wait times and the number of patients on their list continue to reduce.

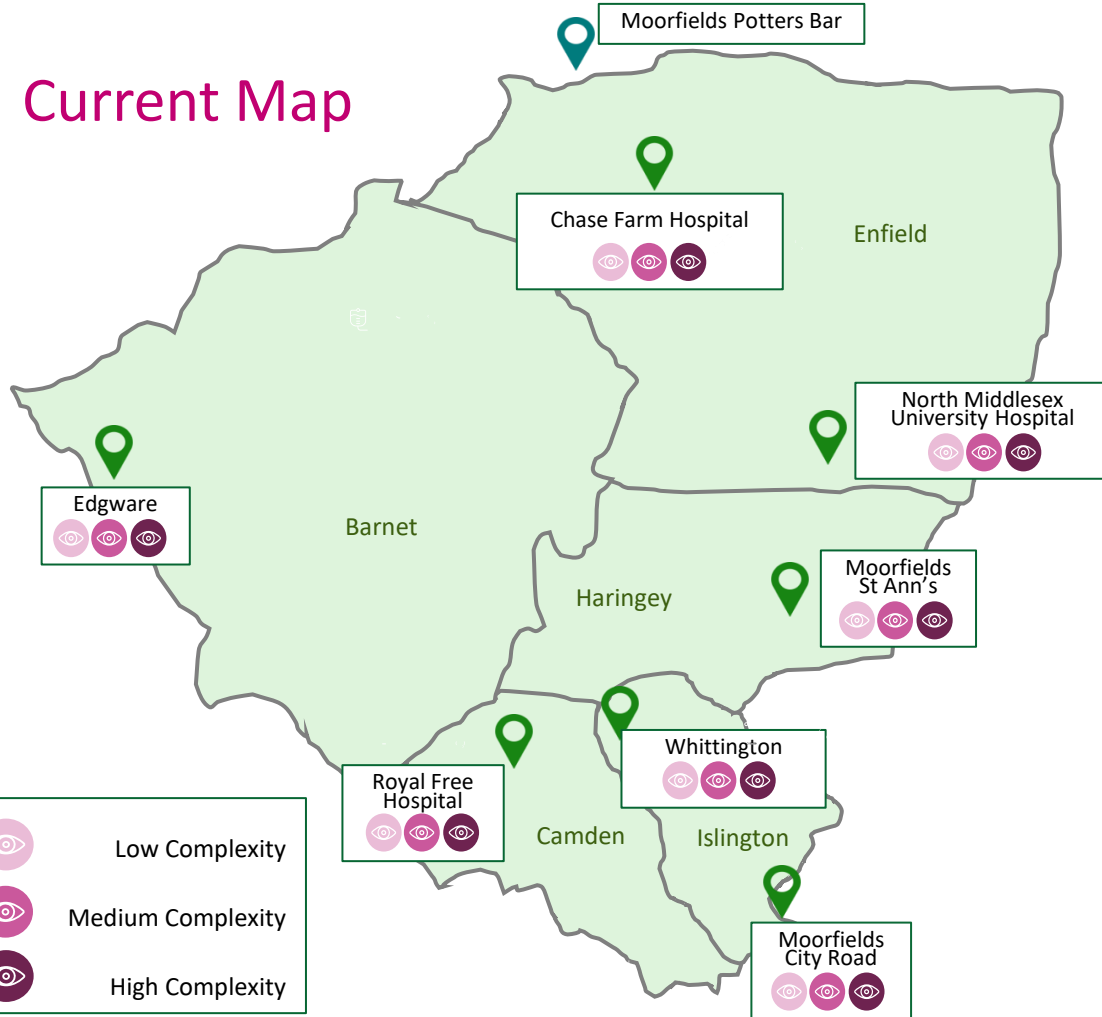
The Clinical Director at Moorfields Eye Hospital, Dilani Siriwarena has led the discussions on the surgical hubs proposal for ophthalmology as Chair of the NCL Ophthalmology Board. Dilani is also the London Clinical Lead for Ophthalmology which helps to ensure that the proposals are aligned to broader developments in ophthalmology across NCL and London. The Ophthalmology Board members represent both Clinical and Operational leads across: Moorfields Eye Hospital; North Middlesex University Trust; Whittington Health; Royal Free London; and University College London Hospital Trust. All the clinical and operational leads on the board have helped to shape the plans.

As the proposed changes affect sites operated by Royal Free London they have already started to engage staff in the development of proposals. The direct impact on staff has been assessed as low, with only a handful of surgeons who operate at Whittington Hospital, Chase Farm Hospital and Edgware Hospital at the moment. These surgeons have all been involved in developing the plans and are all fully on board with the proposal. As outpatients at Chase Farm Hospital and Whittington Hospital are unaffected there are likely to be few tangible impacts on nursing and admin teams, however there are plans to do some further engagement work with these staff groups regarding the proposals as they develop further.

8. Map of proposed Ophthalmology changes in NCL

The map below shows the Trusts that currently provide eye surgery by complexity and the proposed changes to where this surgery will be offered. These changes will release extra capacity to deliver more eye surgery.

Current Map



Proposed Map



Note: Ophthalmology surgery delivered on Whittington site is RFL activity

9. Ophthalmology Equality Impact Assessment: Summary of findings

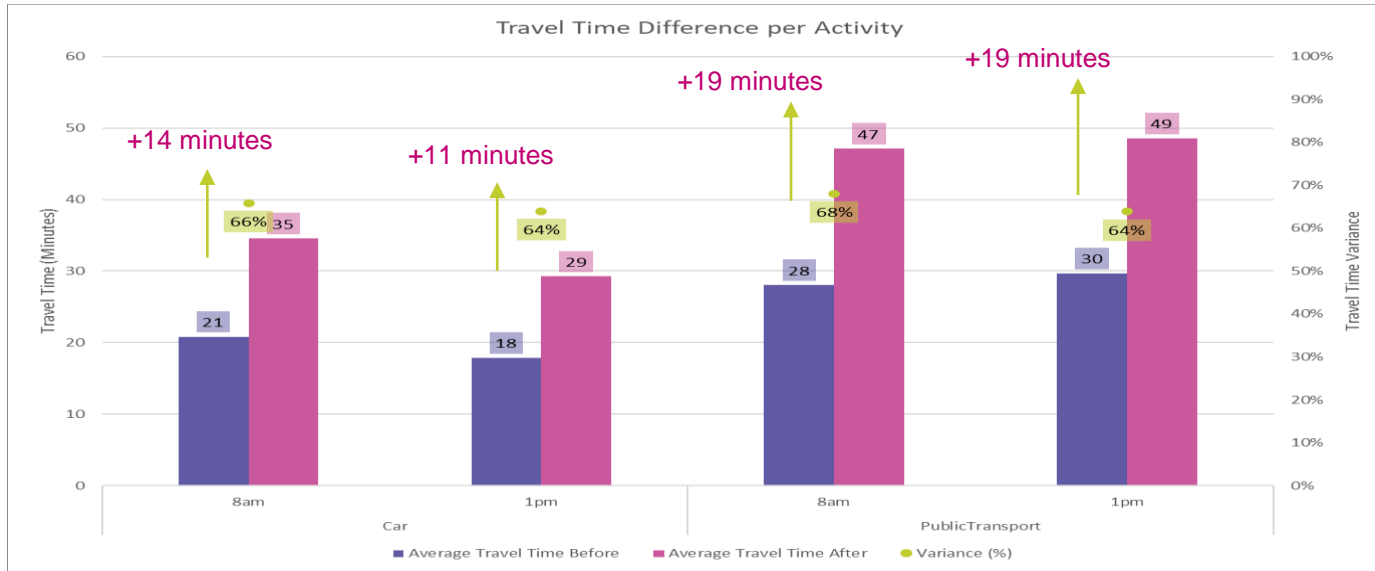
Key Findings

- Elective activity rates increase substantially with age, particularly **over 65s**.
- Ophthalmology is the only speciality that has **recovered to pre-Covid levels** across all ethnic groups.
- Ophthalmology rates are significantly higher in **Black and Asian** populations than White populations. Black community resides in higher concentrations in Enfield. Asian community resides in higher concentrations in Barnet.
- Ethnicity coding **Unknown** is higher in Ophthalmology compared to the other specialities.
- Ophthalmology is notable for higher activity rates and shorter waits in the **most deprived quintiles**.
- NCL's **20% most deprived** population is mostly concentrated in Enfield. About 75% of North Middlesex Ophthalmology activity is drawn from the **40% most deprived** population.
- The percentage of the NCL population living with **co-morbidities** is spread primarily evenly across NCL. There are higher rates of co-morbidities in the over 65 population.

Key Possible Impacts (Positive & Adverse)

- The proposed service changes at **Chase Farm Hospital** would require further consideration with regards to their potential adverse impact in particular on those aged 65+ based in Barnet and Enfield; the Black community in Enfield and the Asian community in Barnet; and those with long term conditions.
- The proposed service changes at **Whittington** would require further consideration with regards to their potential adverse impact in particular on those whose ethnicity coding is Unknown, and those from the most deprived areas.
- The proposed increase in provision at **Edgware Hospital** may have a positive impact on the 65+ age group based in Barnet, those with long term conditions, and the Asian community in Barnet.
- Additional capacity that will be made available at **St Ann's** following the movement of activity to Stratford may have a positive impact on the Black community in Enfield and those living in the most deprived areas in Enfield.

10. Ophthalmology Travel Time Variance - Summary



Note: This analysis is looking at patients staying within their current provider footprint (e.g. RFL patients at Chase Farm or Whittington moving to RFL sites at Edgware or Hampstead).

- Patients who are moving may travel an average of **19 minutes more per activity** using **public transport at 8am**, and **14 minutes more per activity** using a **car at 8am**.
- For approximately 0.2% of patients, who currently live near Chase Farm and will need to travel to Edgware, they may need to travel a max. 70 minutes more by public transport.
- The patients most affected are those patients moving from **Chase Farm to Edgware or Hampstead**, or moving from **Hampstead to Edgware**, or moving from **Whittington to Edgware**.
- Patients who may travel disproportionately longer to Edgware or Hampstead are more likely to be aged **65+**, be of **White or Unknown** ethnicity, and be from **more deprived** quintiles.
- Approx. 20% of ophthalmology surgical activity is being proposed to move to another NCL site. The majority of these patients will be going to Edgware for **cataract surgery**. These patients are likely to only make this journey to and from Edgware on the day of the surgery, once or twice within their lifetime.
- The potential cost implications from the proposed reconfiguration shows that, on average: (a) by public transport there would be no increase in costs; (b) by car the costs would increase by under £1; and (c) by taxi the costs would increase by £2-£3.

11. What are the benefits for patients and staff?



The proposed changes to ophthalmology will address the issues that are most important to patients and staff, and look to mitigate any impacts on health inequalities.

We are creating extra capacity for an additional 3000 procedures a year which could **reduce waiting times to under 15 weeks**

Patients should be **treated quicker and better**

Bringing together clinical teams across NCL develops the **best expertise and equipment** for surgery

Staff Benefits

Carrying out similar high volume low complexity procedures is more **efficient and effective**

All clinicians clearly informed about the care pathway for patients to enable **discussion** with patients

Ensure patients have accessible **information** about what happens before, during and after surgery

Explore if care co-ordinators could **support** patients and carers with care needs prior to surgery

Bringing together clinical teams helps develop **knowledge and skills** around surgery

Ensure patients have accessible information about what to do to **manage their own care** and rehabilitation

Separating staff, beds and theatres from urgent care should reduce the risk of **infection** during my surgery

Separating staff, beds and theatres from urgent care should reduce the risk of surgery being **cancelled** last minute

More opportunities to observe and try **new roles**

We will provide information on available **help with travel** for those in need

Patient can make choices on a **range of appointment times** across providers in NCL.

Train staff on how to identify and record equality information and **access** needs of patients

Communication and Engagement

12. Next Steps

Engage Jul/Aug

Over the summer we will conduct a range of engagement activities with our stakeholders. We aim to reach between 130 and 200 residents as a result of this engagement. The engagement includes:

- **Targeted engagement** - Working with partners with links to the community, we plan to bring residents together via focus groups based on sites due to undergo changes:
 - Those living in Enfield and near Chase Farm Hospital.
 - Those living in Haringey and Islington near the Whittington Hospital.

Residents for the targeted engagement will be drawn from the groups identified within our HEIA, which are:

- a) older people aged +65 (due to higher activity);
 - b) Black or Asian ethnic groups (due to higher activity levels);
 - c) those living in more deprived areas (due to the increased travel time and, potentially, cost).
- **Patients** –we will engage with as many patients as possible to ensure we have heard from patients within the nine protected characteristics, those whose first language is not English, carers, as well as those identified in the Health Equality Impact Assessment (HEIA) as being more impacted by the proposed changes. We will reach out to the community groups listed on slide 19.
 - **Trust Staff** – led by Trusts and targeting staff at all levels affected by the changes
 - **Wider Partners** – this includes: broader health and care clinicians (including GPs); Directors of Public Health; NCL MPs; Council leaders; Cabinet leads for health; HWBB Chairs; VCSE leads.
 - **General Communications** - establish a web-page and opportunities for online engagement, materials in accessible formats.

12. Next Steps

Review Sep/Oct

Following the engagement, the ICB will produce a report outlining:

- a) A summary of what participants have said about the proposed changes to ophthalmology
- b) Feedback and ideas from participants for mitigations for impacts identified, as well as any impacts not previously identified, with a particular focus on the following areas:
 - a) Travel and transport
 - b) Accessibility
 - c) Communications
 - d) Support for patients with vulnerabilities (e.g. disabilities) and/or carers
 - e) Staff training

The site teams will be responsible for reviewing the feasibility of these mitigations and implementing them. This will be monitored through a gateway approach by clinical and non-clinical leads across NCL.

Implement Nov/Dec

As part of the implementation planning there will be a robust communications plan to inform the public, patients, GPs and optometrists that there have been changes made to the sites available in NCL. This will support patients to make informed choices about where to get their surgery and access the most appropriate service for them.

New patients will continue to have a choice of three trusts for eye surgery in NCL. Patients who require eye surgery will be informed at the point of referral of the sites that offer surgery.

13. Community groups we will engage with

Below is the list of groups and fora that we will reach out to over the summer. Please note this list applies to NCL groups and is non-exhaustive. Please note that some of the organisations listed below will work across multiple demographics.

| Older people aged +65 | Black Asian and Minority Ethnic groups | Borough Groups | Carers and Disabilities |
|--|---|--|--|
| <ul style="list-style-type: none">• Age UK Barnet• Age UK Camden• Age UK Enfield• Age UK Islington• Alpha Care Specialists• Barnet Seniors Association• Claremont Project• Enfield Over 50 Forum• Haringey Over50s Forum | <ul style="list-style-type: none">•Caribbean and African Health Network•Enfield Caribbean Association•Turkish Cypriot Women's Project•Enfield Saheli•African Caribbean Leadership Company | <ul style="list-style-type: none">• Boost Barnet• Community Barnet• Enfield Voluntary Action• Enfield Women’s Centre• Bridge Renewal Trust• Camden Healthwatch• Camden Voluntary Action• Enfield Healthwatch• Enfield Voluntary Action• Haringey Healthwatch• Healthwatch Camden• Healthwatch Enfield• Healthwatch Barnet• Healthwatch Haringey• Healthwatch Islington• Octopus Community Network• Voluntary Action Camden | <ul style="list-style-type: none">• Barnet Carers• Camden Carers• Haringey Carers Forum• Enfield Carers Centre• my AFK• One-to-One Enfield• Camden Disability Action• Deaf Plus Barnet• Resources for Autism• Disability Action Enfield• Enfield Disability Action• Inclusion Barnet• Haringey Wheelchair User Group• Alzheimer's Society |