



North Central London Integrated Care System:

Engagement Findings: Eye Surgery Hub Proposal

January 2024

1. Contents

North Central London (NCL) Integrated Care System (ICS) presented to the NCL Joint Health Oversight Scrutiny Committee (JHOSC) meeting in June 2023 on the proposed changes to Ophthalmology surgery in NCL and the development of an eye surgery hub. JHOSC requested additional information in relation to four areas. These slides outline:

Slide Title	Detail
2. JHOSC	Four requests from JHOSC and a summary of responses
3. Summary of Proposal	A recap of the eye surgery hub proposal and what has been agreed
4. Map of Changes to Eye Surgery	A map of the locations of eye surgery before and after the proposal
5. Benefits and Impacts	A summary of the benefits of the proposal balanced against the impacts for residents
6. Summary of Engagement	A summary of the engagement approach
7. Feedback and Mitigations	A summary of the engagement findings and mitigations
8. Health Inequality Impact Assessment	A summary of the impact on health inequalities and proposed mitigations
9. Impact on Services	A summary of the impacts on the three sites and services affected by the changes
10. Learning from NCL Elective Orthopaedic Centres	A summary of a review of the mitigations for the previous consultation on the NCL Elective Orthopaedic Centres
11. Next Steps	Summary of the initial next steps for implementation of the approved proposal
Appendix 1. Governance	A summary of the governance process for oversight of the development and approval of the proposal
Appendix 2. (Attached) Ophthalmology Surgical Hub Engagement Findings Report	Full report on the engagement on the eye surgery proposal, including equalities impact, engagement approach, findings and mitigations.

2. JHOSC

In June 2023 JHOSC requested additional information in relation to four areas. This table summarises the response to these requests.

JHOSC	Response
<p>The additional journey times being asked of residents, balanced against the potential benefits of being treated earlier</p>	<p>Slide 5. Benefits and Impacts - outlines the benefits of the proposal balanced against the impacts for residents. In summary, some patients may have to travel further but the changes will deliver significant benefits. Patients will be able to change to a provider closer to them. Our engagement shows that patients are willing to travel if they are seen sooner.</p>
<p>The potential impact on disadvantaged communities who could be disproportionately affected by the changes</p>	<p>Slide 8. Health Inequality Impact Assessment – outlines a summary of the impact on health inequalities and proposed mitigations. In summary, our HEIA indicates that the service changes may impact more on older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers. We reached out to these groups as part of the engagement and their feedback was incorporated into the issues raised (see slides 6 and 7). We have identified mitigations to address these issues and support any groups that may be impacted by the changes. These include Pathway Navigators to support vulnerable patients; clear patient information in a variety of formats; and accrediting surgical hubs to national standards which address access issues and appointment times.</p>
<p>The financial implications, including knock-on-effects (positive or negative) on other NCL hospitals</p>	<p>Slide 9. Impact on Services – outlines a summary of the impacts on the three sites and services affected by the changes. In summary the additional capacity created at Whittington and RFL will be used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with their in-year forecast position. They would achieve this through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. Two services will need to move from Edgware Hospital to accommodate moves: RFL pain management; and CLCH community podiatry. Pain management will temporarily move to Hadley Wood and community podiatry still to confirm best option for relocation.</p>
<p>Learnings from the previous experience of developing surgical hubs in NCL</p>	<p>Slide 10. Learning from NCL Elective Orthopaedic Centres – outlines a summary of a review of the mitigations for the previous consultation on the NCL Elective Orthopaedic Centres In summary, NCL undertook a review of planned Orthopaedic services from 2018-2022. As part of the review, a consultation was undertaken inviting views on the proposals and a HEIA was produced. Mitigations were identified and grouped into five themes, providing information on how the model of care could be further adapted to meet the needs of residents. The northern and southern Elective Orthopaedic Centres (EOCs) have recently reviewed the implementation of, and effectiveness of, the mitigations. The learning from this has been incorporated into the mitigations for the issues raised in the engagement on the proposal.</p>

3. Summary of Eye Surgery Proposal North Central London Integrated Care System

There are over 260,000 adult patients waiting for elective care in North Central London (NCL) hospitals currently, of which 30,000 are waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing.

Evidence shows that surgical hubs can increase elective capacity, increase efficiencies, reduce cancellations, improve clinical outcomes, and improve working conditions for staff.

NCL wants to build on our innovation of developing Elective Orthopaedic Centres and explore the possible expansion of surgical hubs into other specialities. The first proposed programme of change is Ophthalmology.

NCL has engaged on the proposal and two changes have been approved (see Appendix 1 for Governance) to where some adult patients have their planned Ophthalmology surgery (see map on next slide):

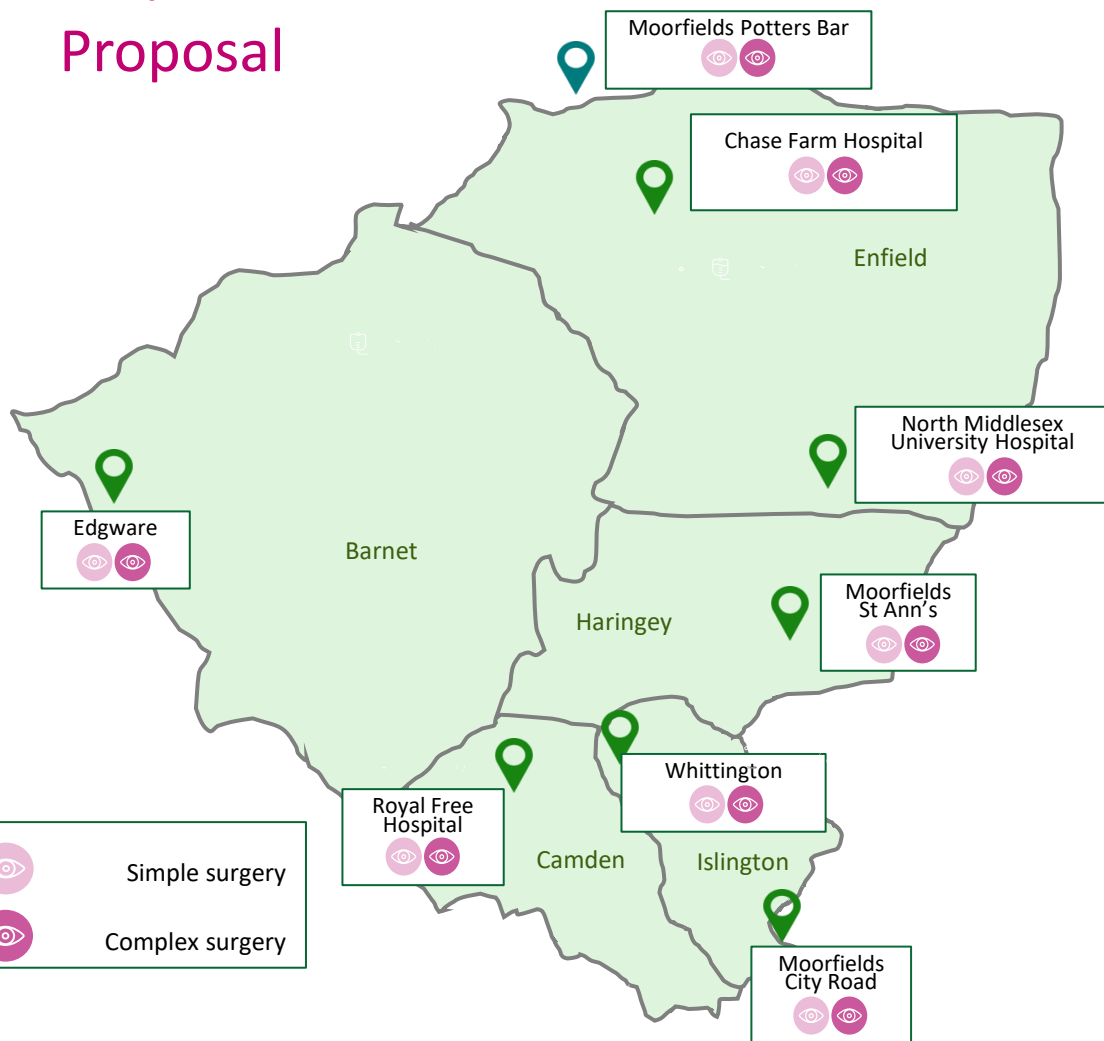
1. Create a hub for Ophthalmology surgery at Edgware Community Hospital
 - a. This hub will provide surgery for adults for 'simple' surgical conditions like cataracts
 - b. This will bring together all Ophthalmology surgery currently provided at Whittington Hospital and some activity from Royal Free Hospital and Chase Farm Hospital into one site at Edgware Community Hospital where a number of higher volumes of surgical procedures can be undertaken
2. A number of complex Ophthalmology surgeries and procedures that need to co-locate with other specialities will remain at both Chase Farm Hospital and Royal Free Hospital

Existing Ophthalmology surgery services will continue at North Middlesex University Hospital, Moorfields sites (City Road Campus, St Ann's Hospital, and Potters Bar Community Hospital) and independent sector providers contracted to provide services for the NHS. Patients will continue to attend their local or preferred hospital for diagnostic tests and outpatient appointments.

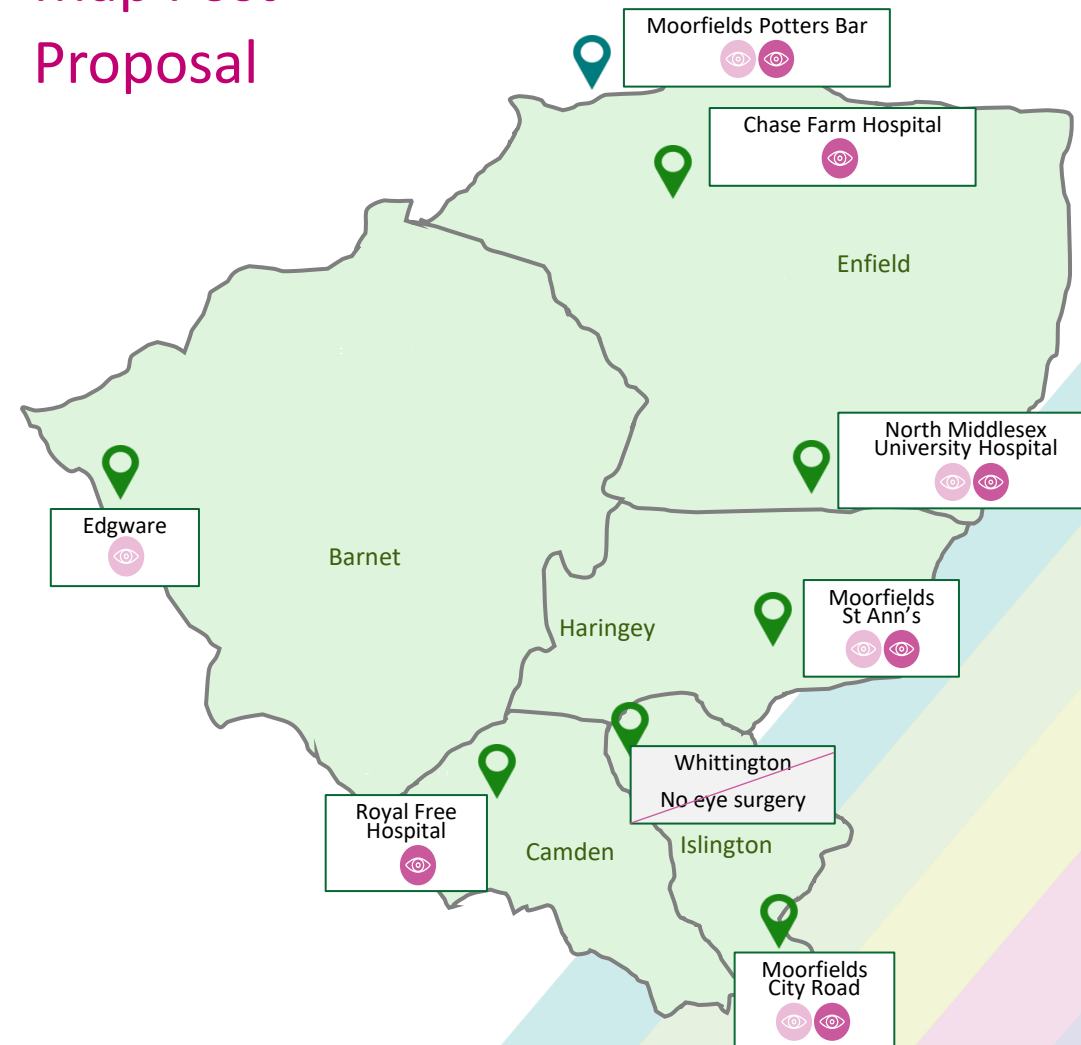
Overall, following engagement on the proposals, the feedback we received has been largely supportive. Following engagement we can state that residents are, generally, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are put in place. (See Appendix 2 for the full report)

4. Map of Changes to Eye Surgery

Map Prior to
Proposal



Map Post
Proposal



5. Benefits and Impacts

Of the approximately 25,000 procedures delivered a year in NCL, the approved changes would affect approximately 5,000 procedures.

By doing more procedures on fewer sites the evidence suggests we can improve the efficiency and productivity of our theatres. In NCL this translates to the following benefits:



We are creating extra capacity for an additional **3000 procedures a year**



We could reduce waiting times by **approximately 4 weeks**



Surgical Hubs improve **clinical outcomes** and **patient experience**



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



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

For some patients the proposed changes may mean their travel to hospital would be impacted. Analysis indicates that patients who would need to move under these proposed changes may need to travel an average of 19 minutes more using public transport at 8am, or 14 minutes more using car at 8am. For a handful of patients, who predominantly live near Chase Farm Hospital (CFH), they may need to travel 70 minutes more by public transport to Edgware Community Hospital (ECH). For a handful of patients who currently attend Whittington Hospital (WH), they may need to travel 30 minutes more by car to ECH.

For the majority of patients travelling by public transport there will be no change to the number of buses that they will need to get to travel to ECH if they want to remain as a Royal Free London (RFL) patient. For some patients they may need to get an additional 1-2 buses or to change to a tube/train journey to get to ECH. However, in all of these scenarios there is the option for patients to transfer to a provider who may have a site that will be nearer for them to travel to (e.g., Moorfields Eye Hospital (MEH) City Road, MEH St Ann's, MEH Potters Bar Community Hospital, North Middlesex University Hospital (NMUH)). Patients will continue to exercise their right to choose which trust to attend and therefore may choose a trust closer to them.

Our engagement shows that the majority of patients are willing to travel further if they are seen sooner (see slides 6-7). The proposed changes will create extra capacity for an additional 3,000 sight-saving procedures a year which could reduce waiting times by up to four weeks. Surgical hubs also improve clinical outcomes and patient experience, and reduce the risk of surgery being cancelled last minute. Most patients will only need to travel to Edgware Community Hospital once or twice in their lifetime for ophthalmology surgery.

Further information can be found within the final report (Appendix 2).

6. Summary of Engagement

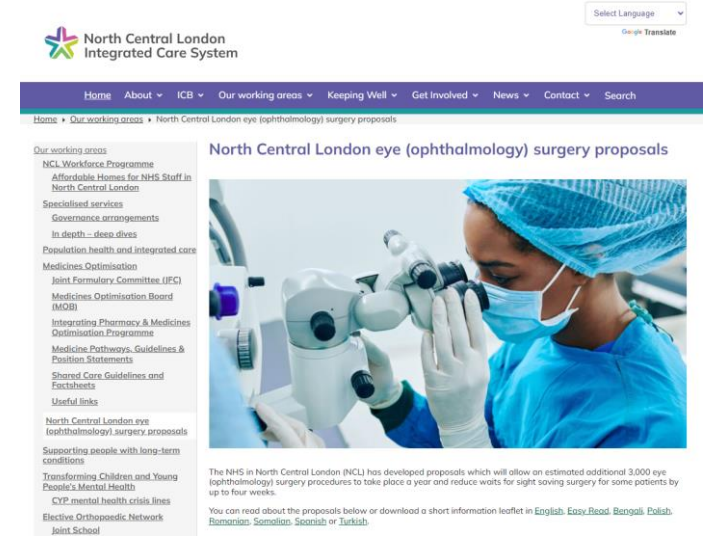
We carried out a range of engagement activities over eight weeks, from 21 August to 16 October, reaching over 600 patients, public and wider stakeholders. We undertook a range of methods including engagement events, site visits, focus groups and surveys.

We ensured we targeted the groups identified through our HEIA as most impacted by the proposed changes (older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers).

This included:

- Engagement Events – 175 residents via nine events.
- Site Visits – 62 service users via three site visits at Whittington Hospital and Chase Farm Hospital.
- Focus Group – an in-depth focus group with six residents.
- Staff Engagement – 11,000 Royal Free London staff via the intranet; individual communications with staff directly impacted.
- Stakeholder Engagement – 310 GPs, local Community Optometrists, neighbouring ICBs, local MPs and councillors with a health remit via direct emails.
- Voluntary, Community and Social Enterprise (VCSE) Sector – 96 VCSE groups supporting older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities and carers.
- System Meetings – Presentations at the NCL Joint Health Overview and Scrutiny Committee (JHOSC), the Islington Health & Wellbeing Board, the NCL Clinical Advisory Group, NCL's Community Partnership Forum, and the NCL GP Webinar.
- Survey – 138 people completed a survey on the proposal.

Overall, the feedback we received has been largely supportive of the proposals. Following engagement we can state that residents are, generally, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are be put in place. (See Appendix 2 for the full report)



Webpage



Patient leaflet
translated in Turkish

Easy read version of
survey

7. Feedback and Mitigations (1/3)

There were seven key themes from the engagement with some proposed mitigations to the issues raised. Below are the actions that will be taken to support implementation and ensure that the feedback from residents is taken forward to mitigate inequalities of access.

You Said	We Will (including actions)	Lead	Review Date
<p>1. We want well trained and supportive staff delivering the best clinical care</p>	<ul style="list-style-type: none"> We will ensure that the staff who provide Ophthalmology services are compliant with the national standards (referred to as Getting It Right First Time (GIRFT) Standards) for ophthalmology which will enable them to deliver the best clinical care. Currently all trusts monitor surgical performance of clinicians, undertake training of surgeons, ensure surgery is supervised by consultants and have multi-disciplinary teams managing patients on the day of surgery. Royal Free Hospital (RFH) will submit quarterly GIRFT returns which will be completed by operational and clinical teams. Returns will be shared with entire Ophthalmology team. An action plan will be developed by the service to respond to any areas requiring intervention – this again will be owned jointly by operational and clinical teams. GIRFT updates and the action plan will be overseen by RFH divisional management team as part of routine monthly performance management oversight. 	Trusts	<p>Mar 2024</p> <p>Apr 2024</p>
<p>2. We want a choice of appointment times that are convenient for us and that run on time</p>	<ul style="list-style-type: none"> We will work with surgical hub sites to embed best practice for surgery as defined by the GIRFT surgical hub accreditation standards. This is a means of recognition that hub sites are meeting top clinical and operational standards and includes that they consider staggered appointment times. Review of Moorfields Eye Hospital hub accreditation of St Anns and City Road sites with NHSE. Surgical hub at Edgware will be enhanced further by developing Edgware as a GIRFT best practice centre for Ophthalmology. This will include more space to deliver additional appointments / treatments. This will support an increase in choice for patients. Surgical pathways to be developed to offer bilateral cataract procedures, reducing the number of appointments needed. Ophthalmology outpatient clinic hub to be developed at Edgware, offering greater capacity and with facilities designed with GIRFT principles as the driving force. RFH aims to commence enabling works to establish a clinic hub pending appropriate approval. 	Trusts / ICB	<p>Apr 2024</p> <p>Jun 2024</p> <p>Jun 2024</p> <p>Sep 2024</p>

7. Feedback and Mitigations (2/3)

You Said	We Will (including actions)	Lead	Review Date
3. We want someone to talk to for advice and support for vulnerable patients	<ul style="list-style-type: none"> We will explore the role that Pathway Navigators can provide to support vulnerable patients when asked to attend a different site for their surgery. These are currently operating in Whittington Health and UCLH for orthopaedics and are a named lead that follow the (vulnerable) patient and ensure that both the patient is aware of where they need to go and what they need to do as well as ensuring sites have everything in place to support the specific needs of the patient. Whilst RFH do not have specific roles to support vulnerable patients, there are several services and teams who are available to support throughout a patient's pathway. These include: <ul style="list-style-type: none"> Admissions team OAC (Outpatient Appointment Centre) Operational management teams Clinical teams (Nursing and Dr) Learning Disability teams PALS (Patient Advise and Liaison Service) Initiate review of pathway navigation functions and other associated support to develop greater consistency across these teams across all sites. 	ICB / Trusts	Apr 2024
4. We want to discuss with a GP or optician our choices for surgery and how to change hospital if we want to	<ul style="list-style-type: none"> We will ensure patients are aware of their right to choose where they receive eye surgery and ensure that adequate information is available to referrers and patients to enable an informed choice. Patients currently have access to information via the NHS app, ERS National Patient helpline, NCL trust patient portals and helplines. Communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website. 	ICB	Feb 2024

7. Feedback and Mitigations (3/3)

You Said	We Will (including actions)	Lead	Review Date
5. We want a choice of how we receive information and for it to be clear and accessible, with a named contact if we need to discuss it	<ul style="list-style-type: none"> We will work with sites to ensure that the information included in referral and appointment letters meets patients' requirements and meeting best practice information standards. Patient letters to be reviewed as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care). NCL ICB intends to commission an Ophthalmology Single Point of Access (SPoA) to assist patients in choosing a provider at the point of referral. Through this SPoA patients will receive information including distance from home, waiting time for first appointment, and average waiting time for surgery (if appropriate). 	ICB	<p>Feb 2024</p> <p>Jun 2024</p>
6. We want support with travel if we cannot afford it or need help	<ul style="list-style-type: none"> We will work with sites to ensure that clear travel information, which includes how to access support with travel, is available to patients. Currently NHS funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. Patients in receipt of certain benefits or on low income can access support with healthcare travel costs and national teams are looking to streamline the process to access this. Review of travel information on Trust websites to meet the requirements expressed in the patient engagement. 	Trusts / ICB	<p>Feb 2024</p>
7. We want any theatre capacity that is freed up by the changes to help reduce waiting lists in other areas	<ul style="list-style-type: none"> We will continue to ensure that there will be no fallow capacity in the system. This means that any theatre capacity being freed up at one site, will be used to help tackle waiting lists in other surgical specialties. RFH wide review of theatres has been established to ensure the use of the theatre estate is optimised. This supports the use of theatres, utilisation, future surgical hub reviews and an overarching theatre strategy. The trust remains committed to reducing waiting times and will continue to do so throughout 2024/25 and beyond. Development of the Ophthalmology Surgical Hub will support this objective. Ophthalmology surgical hub business case approved by RFH Local Executive Committee (LEC) in December 2023. To be presented to Group Executive Management Meeting (GEMM) in January 2024 Edgware theatre utilisation consistently achieved 85% in 23/24. Performance monitoring to continue monthly at Northern Surgical Hub Group.. Review increase in activity through Planned Care Programme Board. 	Trusts / ICB	<p>Feb 2024</p> <p>Monthly</p> <p>Mar 2024</p>

8. Health Inequality Impact Assessment

Our Health Inequality Impact Assessment (HEIA) indicates that the service changes may impact more on older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers. We worked with partners with links to the community to specifically target our engagement to these groups. Their feedback was incorporated into the issues raised (see slides 6 and 7).

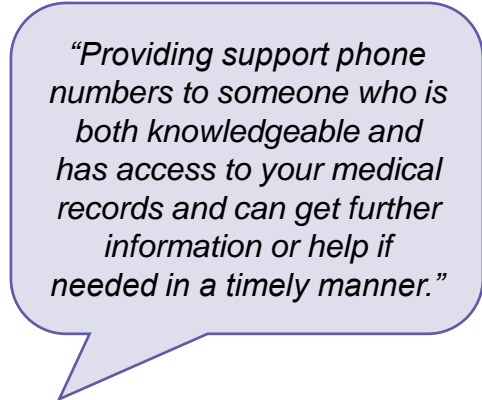
The majority of respondents within these groups would find it acceptable to travel further for surgery if they could be seen sooner, with the exception of those who identified as carers. We were unable to determine deprivation levels of respondents through the survey; however, we received feedback that the proposals could result in additional travel costs which may impact greater on those who are more deprived. Feedback from residents also included concerns about older and more vulnerable patients who may struggle to travel to some sites and their reliance on family/carers to attend hospital. Residents would value a choice of convenient appointment times and the ability to talk to someone for advice and support.

We have identified mitigations to address these issues and support any groups that may be impacted by the changes (see slide 7).

These include:

- Pathway Navigators – these will provide support to vulnerable patients, particularly in the HEIA cohorts, when asked to attend a different site for their surgery. This will ensure that both patients and sites are clear about the specific needs and requirements of the patient
- Clear patient information in a variety of formats – this will particularly support patients in the HEIA cohorts that have specific disabilities and/or whose primary language is something other than English
- GIRFT surgical hub accreditation - this is a means of recognition that surgical hub sites are meeting top clinical and operational standards and includes that they consider issues with access and staggered appointment times which is particularly important for the HEIA cohorts including older people (and their carers) who may have limits on travel time and people with disabilities and their carers.

Although some of the impact is mixed, there is no single group or characteristic that is disproportionately impacted.



“Providing support phone numbers to someone who is both knowledgeable and has access to your medical records and can get further information or help if needed in a timely manner.”

Above is a quote from a resident on the theme of support for vulnerable patients

9. Impact on Services



Estates	Impact	Solution	Review Date
Whittington Hospital Day Treatment Centre	No eye surgery on site, freeing up one theatre for 2.5 days/week.	<ul style="list-style-type: none"> Additional capacity used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with in-year forecast position. This would be achieved through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. Move Whittington's simple day case procedures from main theatres to the day treatment centre, giving more capacity for more complex procedures. Business case approved in December 2023 for two additional anaesthetists to support general anaesthetics lists for more complex procedures. This capacity will support the broader system across NCL. 	<ul style="list-style-type: none"> Review increase in activity through Planned Care Programme Board in March 2024.
Chase Farm Hospital	Fewer ophthalmology procedures, freeing capacity.	<ul style="list-style-type: none"> Additional capacity used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with in-year forecast position. This would be achieved through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. More capacity created to support Orthopaedics, Gynaecology, ENT, and/or Urology. 	<ul style="list-style-type: none"> Review increase in activity through Planned Care Programme Board in March 2024.
Edgware Community Hospital	Additional theatre needed for proposal. RFL pain management (requiring 1 day/week) and CLCH community podiatry service (requiring 0.5 day/week) need to vacate the second theatre.	<ul style="list-style-type: none"> Temporarily move RFL pain management to Hadley Wood. Explore options to move CLCH community podiatry including: Sundays at Edgware Hospital; using some of the freed capacity at Whittington Hospital; or using theatres in the independent sector. 	<ul style="list-style-type: none"> Business case to be approved by RFL governance in January 2024. CLCH podiatry to confirm best option for moving their surgery in January 2024 Review increase in activity through Planned Care Programme Board in March 2024.

10. Learning from NCL Elective Orthopaedic Centres (1/2)

NCL undertook a review of planned Orthopaedic services from 2018-2022. As part of the review, a consultation was undertaken inviting views on the proposals and a HEIA was produced. Mitigations were identified and grouped into five themes, providing information on how the model of care could be further adapted to meet the needs of residents. The northern and southern Elective Orthopaedic Centres (EOCs) have recently reviewed the implementation of and effectiveness of the mitigations.

Theme	Orthopaedic Mitigation Review	Link to Ophthalmology Mitigations
Transport and Travel	<p>Initially, there were some concerns reported from patients travelling between North Middlesex University Hospital (NMUH) and Chase Farm Hospital (CFH), but most patients are reported to be willing to travel between sites. The northern EOC reported that a handful of patients from NMUH have expressed reluctance to travel to CFH and choose to have their surgery at NMUH. The northern EOC wish to explore in more detail the reasons behind some patients' reluctance to travel.</p> <p>Information on how to access trust sites, including by public transport and parking information, is available to patients. Documentation in relation to patient choice and transport options, including how to access transport support and claim for travel costs, is available on the NCL ICS website. Patient Navigators (originally termed Care Coordinators) identify patients who have additional transport requirements and support them with accessing any support they may be eligible for. From January 2020, two new bus routes serve CFH, which include stops at local tube and rail stations. The introduction of the extended routes has improved access to the hospital for patients, visitors, and staff. The EOCs also make reasonable adjustments for those patients who are unable to transfer, especially those with severe co-morbidities and/or mobility issues.</p>	<ul style="list-style-type: none"> • We will review of travel information on Trust websites to meet the requirements expressed in the patient engagement. • We will review patient letters to be as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care). • We will communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website. • We will look to get consistency of patient navigators across NCL to support vulnerable patients in ophthalmology.
Patient Choice	<p>All NHS patients continue to have a right to choose where they go for their care, in consultation with their GP. The range of options for patients are available on the e-Referral Service, including independent sector and out of area NHS hospitals. A patient can ask at the point of referral to be referred to a hospital or provider that is not within one of the two EOC partnerships. Information in relation to the changes was produced to enable GPs to have informed discussions with patients on their choices. The changes were also presented to GPs at the NCL GP webinar and included within the GP Bulletin. The northern EOC have reported that some patients find the choices they can make confusing. Further work is required to ensure patients have information that is easy to understand and accessible to them on their choices, along with the benefits of choosing to have surgery within surgical hubs.</p>	<p>We will communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website.</p>

10. Learning from NCL Elective Orthopaedic Centres (2/2)

Theme	Orthopaedic Mitigation Review	Link to Ophthalmology Mitigations
Delivering Patient-Centred Care	<p>The role of the Patient Navigator has been identified as a key component of the model of care within the EOCs and have been very well received by patients and clinical teams. Patient Navigators support vulnerable patients to navigate the pathway and access the right support at the right time. They act as a single point of contact for patients and carers with queries related to their elective Orthopaedic care and they ensure patient care is coordinated between trusts within the partnerships. An NCL-wide Orthopaedic care coordinator framework has been developed, which sets out the core competencies required for the role.</p>	<p>We will look to get consistency of patient navigators across NCL to support vulnerable patients in ophthalmology.</p>
Communication and Information Sharing	<p>Patients with communication requirements are identified during the assessment and referral process, and requirements are included in the care needs plan shared between the EOCs. The Patient Navigator role provides assistance and signposting to relevant support services including mental health, speech and language, and learning disability services. My Health Matters passports or folders are widely used by learning disability service users across NCL, which contains important information about the individual patient's needs as to when they visit the hospital for inpatient stay or outpatient appointment. Easy read documents and online information are available to patients with learning disabilities to help make the patient experience as positive as possible. Other support provided by NHS trusts to patients with communication needs includes staff awareness training, and access to BSL translators.</p>	<ul style="list-style-type: none"> • We will look to get consistency of patient navigators across NCL to support vulnerable patients in ophthalmology. • We will review patient letters to be as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care).
Leading at Network Level	<p>The NCL Orthopaedic Clinical Network was established to ensure consistency of implementation, monitoring benefits, sharing of information and best practice, peer review and challenge, and ensuring mitigations have been adopted. The NCL Orthopaedic Clinical Network is an exemplar of how clinical and operational leaders working across various organisations can come together and improve quality and equity across the entire patient pathway within a speciality.</p>	<p>We will review increase in activity through Planned Care Programme Board, bringing together partners across health and care in NCL and includes links with the clinical network for Ophthalmology.</p>

11. Next Steps

Based on the feedback, mitigations and actions already in place we are going to take the following next steps:

1. Implement changes to services in February 2024.
2. Communicate changes to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website in February 2024.
3. Make changes to patient letters, following the review via the Clinical Interface work, so that information meets patients' requirements as set out in the engagement in February 2024.
4. Make changes to travel information on Trust websites so that information meets patients' requirements as set out in the engagement in February 2024.
5. Ophthalmology surgical hub business case to be approved by Royal Free London Group Executive Management Meeting (GEMM) in January 2024
6. Review current pathway navigation functions in April 2024.
7. Monitor implementation of changes to ophthalmology and initial impact on activity, equity and health inequalities via the NCL Planned Care Programme Board in April 2024.
8. Further develop wider surgical transformation programme targeting other specialties and building on experience with Orthopaedics and Ophthalmology from February 2024.

Appendix 1: Governance

The Eye Surgery Proposal has been developed and approved through the following governance:

- NCL Ophthalmology Board (monthly) – clinical leadership in the development of the proposal
- NCL Surgical Transformation Programme Board (STPB - monthly) – system leadership in the development of the proposal
- NCL Transformation Board (4 April 2023) – links to the broader NCL Transformation Programme
- NCL Joint Health Oversight and Scrutiny Committee (JHOSC - 26 June 2023) – approval to commence engagement on the proposal
- NCL Clinical Advisory Group (CAG - September 2022, 26 July 2023, 15 November 2023) – system clinical oversight of the proposal
- NCL System Management Board (SMB - 23 Nov 2022, 18 January 2023, 1 November 2023) – system leadership oversight of the proposal
- NCL Strategy and Development Committee (SDC - 6 Dec 2023) – approval of the proposal