North Central London Integrated Care System

# North Central London

# Surgical Transformation Programme



# DRAFT Ophthalmology Surgical Hub Engagement Findings Report

December 2023

# Contents

# 1. Executive summary

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.

### *Proposed changes to planned Ophthalmology surgery*

We are proposing to make two changes to where some adult patients have their planned Ophthalmology surgery:

1. To create a hub for Ophthalmology surgery at Edgware Community Hospital
    a. This hub would provide surgery for adults for 'simple' surgical conditions like cataracts
    b. This would 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 would 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 would continue to attend their local or preferred hospital for diagnostic tests and outpatient appointments.

### *Benefits and impacts on patients*

Of the approximately 25,000 procedures delivered a year in NCL, the proposals 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. It is estimated that an additional 3,000 procedures a year could be undertaken by introducing the proposed changes which could reduce waiting times by up to four weeks. Surgical hubs improve clinical outcomes and patient experience. The risk of surgery being cancelled last minute due to emergency care pressures should reduce.

We know from previous engagement and working with Healthwatch that in some cases patients are willing to travel if they are seen sooner. However, for some patients the proposed changes may mean they would need to travel an average of 19 minutes more using public transport. For a handful of patients, they may need to travel 70 minutes more to Edgware Community Hospital. Most patients will only need to travel to Edgware Community Hospital once or twice in their lifetime for Ophthalmology services. In the proposed model patients would continue to exercise their right to choose which trust to attend and therefore may choose a trust closer to them.

Our HEIA indicates that the proposed 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.

### *Summary of engagement*

We carried out a range of engagement activities over eight weeks, from 21st August to 16th October, reaching over 600 patients, public and wider stakeholders. 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 Integrated Care Boards (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. The conversations we had during engagements events were particularly insightful. As a result, 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. The perceived impact of the proposals and resistance to the changes were tempered by our confirmation that patients retain the right to choose where they receive care.

Detailed feedback on the proposals and ideas on what mitigations could be put in place to reduce the impact, should the decision be made to proceed with the changes, are included in this report. We have summarised the top seven key themes below in the 'You Said, We Will', which includes specific actions:

*You Said, We Will*

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| 1. We want well trained and supportive staff delivering the | • We will ensure that the staff who provide Ophthalmology services are compliant with the GIRFT[1] standards for the specialty which will enable them to deliver the best clinical care. | Trusts | |

[1] Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved. GIRFT is part of an aligned set of programmes within NHS England. The programme has the backing of the Royal Colleges and professional associations.

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| best clinical care | Currently all trusts monitor surgical performance of clinicians, undertake training of surgeons, ensure surgery is supervised by consultants and have muti-disciplinary teams managing patients on the day of surgery.<br>• 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.<br>• 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.<br>• GIRFT updates and the action plan will be overseen by RFH divisional management team as part of routine monthly performance management oversight. | | Mar 2024<br><br>Apr 2024 |
| 2. We want a choice of appointment times that are convenient for us and that run on time | • 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 issues with access and staggered appointment times.<br>• Review of MEH hub accreditation of St Anns and City Road sites with NHSE.<br>• 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 | Trusts / ICB | Apr 2024<br><br>Jun 2024 |

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| | appointments / treatments. This will support an increase in choice for patients.<br>• Surgical pathways to be developed to offer bilateral cataract procedures, reducing the number of appointments needed.<br>• 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. | | Jun 2024<br><br>Sept 2024 |
| 3. We want someone to talk to for advice and support for vulnerable patients | • 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 two 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:<br>• Admissions team<br>• OAC (Outpatient Appointment Centre)<br>• Operational management teams<br>• Clinical teams (Nursing and Dr)<br>• Learning Disability teams | Trusts / ICB | |

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| | • PALS (Patient Advise and Liaison Service)<br>• Initiate review of pathway navigation functions to develop greater consistency across these teams across all sites. | | Apr 2024 |
| 4. We want to discuss with a GP or optometrist our choices for surgery and how to change hospital if we want to | • 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.<br>• 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 |
| 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 | • We will work with sites to ensure that the information included in referral and appointment letters meets patients' requirements (as specified in Section 5) and meeting best practice information standards.<br>• Patient letters to be reviewed as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care).<br>• 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 | ICB | Feb 2024<br><br>Jun 2024 |

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| | home, waiting time for first appointment, and average waiting time for surgery (if appropriate). | | |
| 6. We want support with travel if we cannot afford it or need help | • We will work with sites to ensure that clear travel information, which includes how to access support with travel, is available to patients (this is partially covered by the action on patient letters above). 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.<br>• Review of travel information on Trust websites to meet the requirements expressed in the patient engagement (Section 5). | Trusts / ICB | Feb 2024 |
| 7. We want any theatre capacity that is freed up by the proposed changes to help reduce waiting lists in other areas | • 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.<br>• 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 | Trusts / ICB | |

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| | and beyond. Development of the Ophthalmology Surgical Hub will support this objective.<br>• 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<br>• Edgware theatre utilisation consistently achieved 85% in 23/24. Performance monitoring to continue monthly at Northern Surgical Hub Group.<br>• Review increase in activity through Planned Care Programme Board. | | Jan 2024<br><br>Monthly |

# 2. Introduction

## 2.1 Background

There are over 260,000 adult patients[2] waiting for elective care in North Central London (NCL) hospitals currently, which is 60,000 more than before the Covid-19 pandemic.

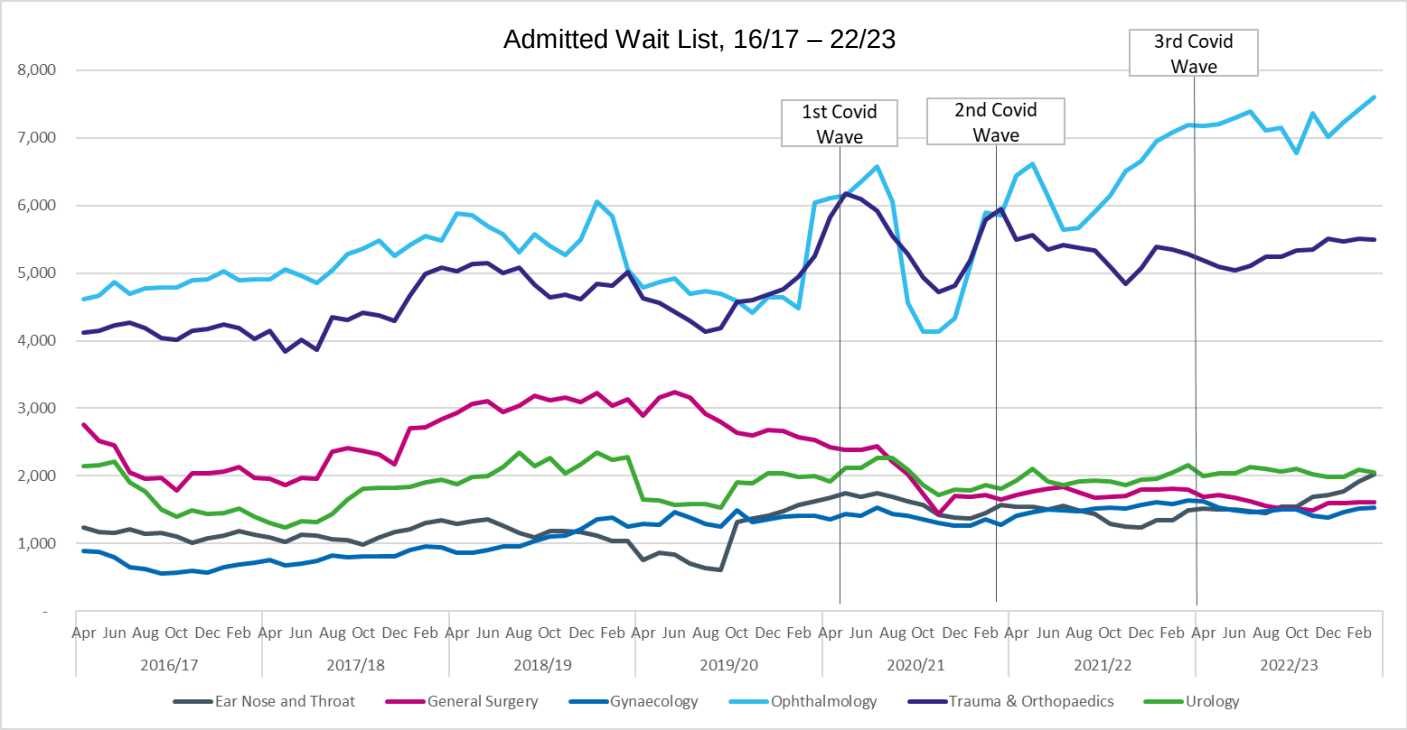
Out of the 260,000 patients that have been seen in hospital, 30,000 are now waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing. These risks can impact on people's ability to work, connect to their community, care for others, and live their life to the fullest.

75% of surgical procedures are in one of the six core surgical specialities:

- Gynaecology
- ENT
- Ophthalmology
- General Surgery
- Urology
- Orthopaedics

NCL hospitals are finding it a challenge to meet this growing demand. Surgical waiting lists have grown by 32% between 2016 and 2023, whilst surgical activity has grown by 8%.

[2] This programme is not reviewing children and young people's services, or maternity and neonatal services. These services are being reviewed as part of the Start Well programme.




Graph 1. Admitted waiting list growth from April 2016 to March 2023 for the top six surgical specialities.

NCL has delivered a large programme to try and reduce our waiting lists. A number of these programmes continue to deliver additional capacity. We have:

- Built more theatres. NCL received TIF (Targeted Investment Fund) money to invest in six surgical schemes across NCL acute trusts: (1) MEH increasing capacity in the Stratford Ophthalmology Hub to repatriate North East London patients currently using NCL sites (this is nearing completion); (2) additional day case theatres in the new NMUH Day Surgery Unit; (3) RFL additional day case capacity in the RFH Inpatient / Day Case Unit; (4) RNOH development of an Orthopaedic Specialist Surgery Hub with four additional theatres; (5) development of the UCLH Queen Square Short Stay Neurosciences Unit; (6) and the relocation of Day Case Recovery at WH (this has now been delayed until April 2024)
- Redesigned clinical pathways so that we make better use of prevention, screening, diagnostics, and community health services before a referral is made
- Improved theatre productivity to reduce wasted time and resources
- Delivered more evening and weekend clinics
- Used some of the independent sectors spare capacity
- Hospitals with a bit more capacity offered mutual aid to hospitals that were particularly struggling with capacity
- Supported GPs to make better referrals with advice and guidance

- Notified GPs via ‘capacity alerts’ of extremely long waits at specific hospitals before a referral is made
- Improved access to diagnostics by building two new community diagnostic centres
- Developed an innovative information system that links data across different hospitals, primary care, and other care settings (‘HealtheIntent’).

This programme has led to some great successes whereby NCL have managed to reduce the number of people waiting more than 104 weeks or two years (due to Covid-19) from a few hundred to zero in less than a year.

However, despite this great work and improvements in our activity, this is still not enough to meet the growing demand we have in NCL. There is also a national shortage of certain staff groups (e.g., theatre nurses, anaesthetic staff) which will limit the ability to deliver more of the same. We need to do something different, working together as a system.

## 2.2 Surgical Hubs

NCL has a history of innovation in the organisation of surgery. Over 1,200 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.

Surgical hubs are sites where only elective procedures take place. Staff and resources (such as beds and operating theatres) are kept separate from emergency care, reducing the risk of cancelling elective surgery especially when emergency demand increases over winter. Additionally, more operations in one place results in better outcomes for patients. Separating planned and emergency care can also lead to lower infection rates.

Known as Elective Orthopaedic Centres in NCL, they have doubled the number of surgeries for hip and knees, as well as operations being more accurate with faster recovery times. Patients have told us how beneficial they have found the Elective Orthopaedic Centres.

From June 2022 to June 2023, London saw a 20% growth in its Orthopaedic waiting lists, mainly due to the impact of the Covid-19 pandemic and the NHS industrial action. During this same period NCL saw a much slower growth rate of 10% along with good progress in reducing long waits and improving theatre efficiency. So even in challenging times the Elective Orthopaedic Centres are making a good impact for Orthopaedic patients.

**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**."

National evidence[3] shows that surgical hubs can deliver the following benefits:

- Increased elective capacity, e.g., 14% increase in activity at Gloucestershire Hospitals
- Increased efficiency in theatre utilisation, reduced length of stay, reduced cancellations, faster admissions, and transfers of patients, e.g., >85% in theatre utilisation at the NCL Southern Elective Orthopaedic Centre
- Improved quality in clinical outcomes, reduction in complication rates, improved patient satisfaction, reduced trauma admissions, and improved responsiveness of urgent care, e.g., 20% reduction in Trauma & Orthopaedic related trauma admissions at Gloucestershire Hospitals
- Improved working conditions for staff and consistent staffing levels, e.g., 17% vacancy rate reduction at Croydon Health Services.

The evidence reviewed did not demonstrate an impact on health inequalities including a variation in outcomes, access, experience, and productivity. Monitoring the impact surgical hubs may have on health inequalities will need to be factored into the future design.

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 specialities to see if we can replicate the success of the Elective Orthopaedic Centres in NCL and elsewhere nationally and make a bigger impact on

[3] 'Surgical Hub' type service case studies reviewed, including South West London Elective Orthopaedic Centre (SWLEOC); Gloucestershire Hospitals NHS FT; NHS South Coast Kent CCG; NHS NCL Orthopaedic Inpatients Review; Croydon Health Services NHS Trust Integrated Hub; United Lincolnshire Hospitals NHS Trust Hub; NHS NCL Mutual Aid

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

The first proposed programme of change being planned is Ophthalmology as this is a particularly high-volume area for surgery.

### 2.3 Current provision of Ophthalmology surgery

Ophthalmology is one of the highest volume specialities in the NHS, providing over 7.5 million outpatient appointments a year and more than half a million surgical procedures – including the most common procedure offer on the NHS, cataract surgery.[4]

Cataract surgery involves replacing the cloudy lens inside an eye with an artificial one. It is usually a straightforward, 'simple' surgery, often defined as a 'high volume, low complexity' procedure. Other types of Ophthalmology surgery, such as glaucoma surgery or corneal surgery, tends to be more 'complex' surgery. Some cataract surgery may be more complex in certain circumstances where patients have multiple co-morbidities. Ophthalmology surgical procedures may also be undertaken alongside other specialities, such as Plastic Surgery.

Currently patients can have planned Ophthalmology surgery in several sites spread across the five boroughs of NCL (Barnet, Camden, Enfield, Haringey, Islington):

- The Royal Free London NHS Foundation Trust, which delivers surgery at Edgware Community Hospital, Royal Free Hospital, Chase Farm Hospital, or Whittington Hospital
- North Middlesex University Hospital NHS Trust
- Moorfields Eye Hospital NHS Foundation Trust, which delivers surgery at Moorfields Eye Hospital (City Road Campus), or Moorfields Eye Unit at St Ann's Hospital
- Independent sector providers contracted to provide Ophthalmology surgery services for the NHS.

NCL patients have the choice of going to any of the above providers for their Ophthalmology surgery. They also have the choice of going to out of area providers, e.g., Moorfields Eye Unit at Potters Bar Community Hospital.

[4] 'Cataract Hubs and High Flow Cataract Lists' (2021) Getting it Right First Time and The Royal College of Ophthalmologists

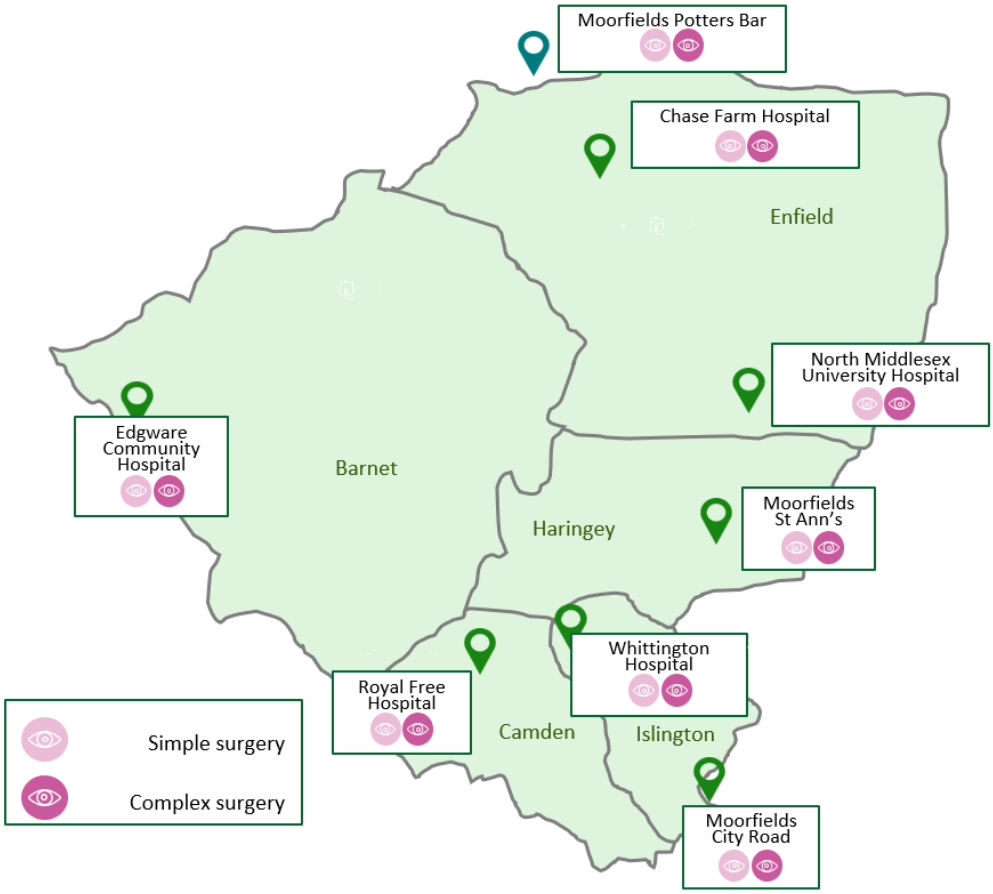
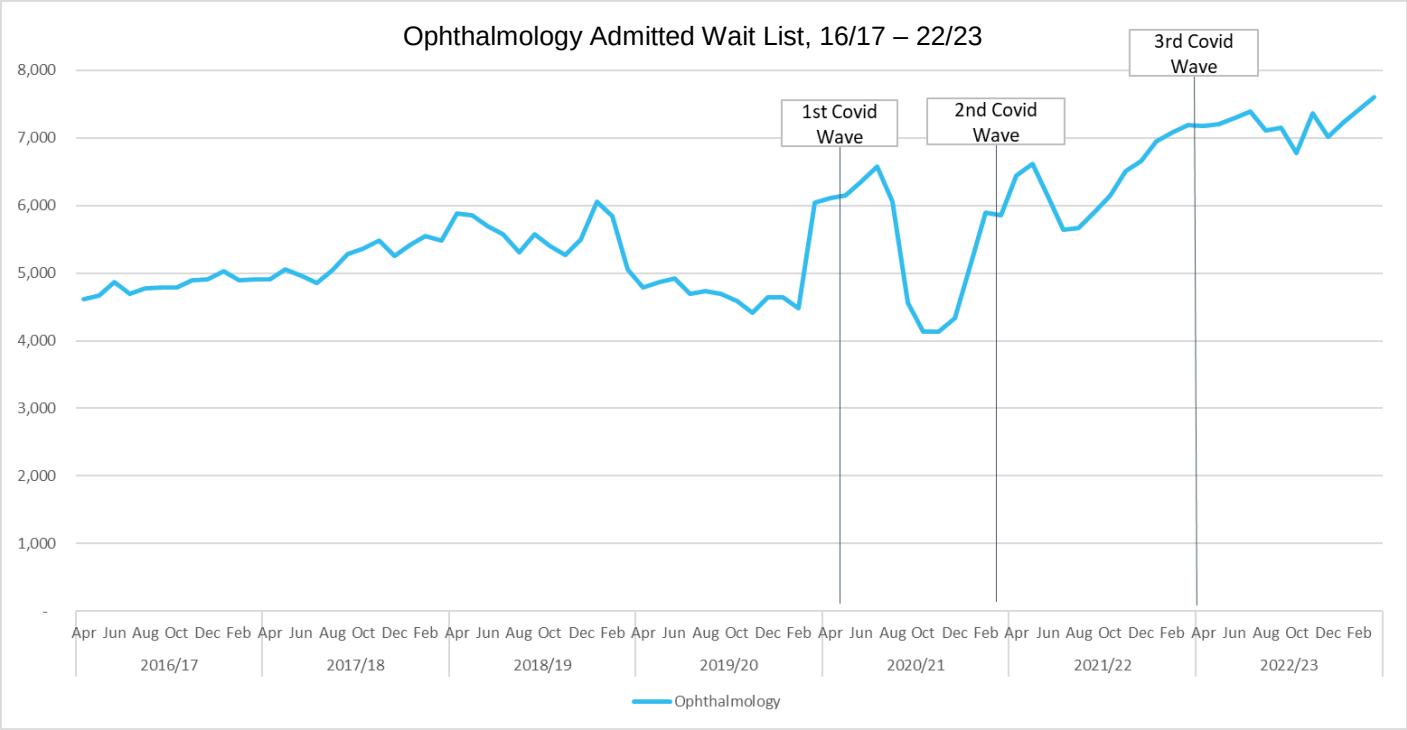



Figure 1. Current NHS trust provision of Ophthalmology surgery within or nearby to NCL.

NCL trusts provide Ophthalmology surgery to patients from across the country. Approximately 25,000 procedures are performed by NCL trusts a year. Since 2019/20, there is on average 11,000 procedures performed on NCL patients. The remaining patients come from neighbouring sectors including North West London, North East London and Hertfordshire and West Essex. A smaller number of procedures are performed by independent sector providers contracted to provide Ophthalmology surgery services for NCL patients (avg. 1,500).

There is a year-on-year growth of the Ophthalmology surgical waiting list, which has grown by approx. 50% between 2016 and 2023. NCL has some of the largest Ophthalmology waiting lists in London.




Graph 2. Admitted waiting list growth from April 2016 to March 2023 for Ophthalmology.

### 2.4 Proposed changes to Ophthalmology surgery

To help tackle waiting lists for Ophthalmology surgery and improve service quality, we are proposing to make two changes to where some adult patients have their planned Ophthalmology surgery:

1. To create a hub for Ophthalmology surgery at Edgware Community Hospital
    a. This hub would provide surgery for adults for ‘simple’ surgical conditions like cataracts
    b. This would 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 would continue at North Middlesex University Hospital, Moorfields Eye Hospital sites (City Road Campus, St Ann’s Hospital, and Potters Bar Community Hospital) and independent sector providers contracted to provide services for the NHS.

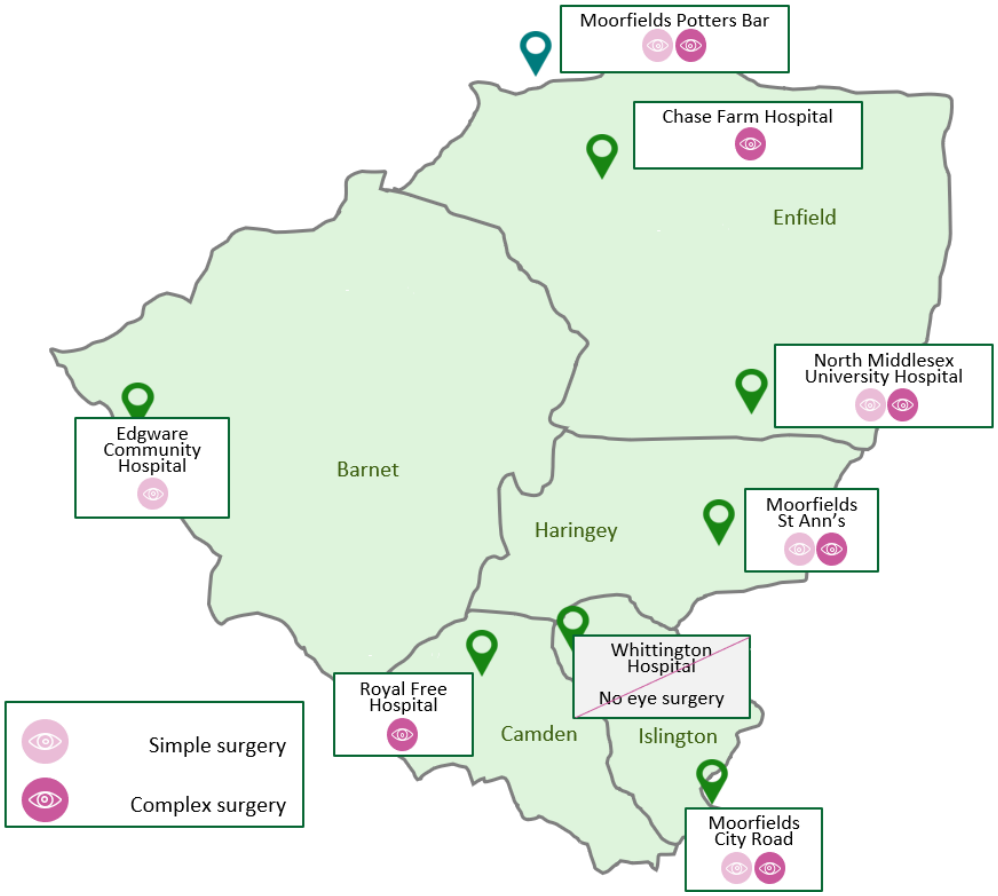



Figure 2. Proposed changes to NHS trust provision of Ophthalmology surgery within NCL.

Patients would continue to attend their local or preferred hospital for diagnostic tests and outpatient appointments.

Patients will continue to choose which NHS provider they are referred to for their care. Patients who require Ophthalmology surgery will be informed at the point of referral of the sites that offer surgery. Any changes made to the sites offering Ophthalmology surgery will be communicated out to all GPs and optometrists in NCL.

No changes are being proposed as to where patients received any emergency Ophthalmology surgery.

Of the approximately 25,000 procedures delivered a year in NCL, the proposals would affect approximately 5,000 procedures, or 20%. Note some patients may 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 we can improve the efficiency and productivity of our theatres. It is estimated that an additional 3,000 procedures a year could be undertaken by introducing the proposed changes which could reduce waiting times by up to four weeks.

### 2.5 Impact on patients

NHS England commissioned the Health Innovation Network, the Academic Health Science Network for South London, to deliver a qualitative evaluation of the effects of surgical hubs on patient experience.[5]

Patients tended to be satisfied with the quality of care received within surgical hubs. They were keen to emphasise the speed at which their surgery was scheduled after their initial appointment, and how caring the nursing staff were during their pre-assessment appointments and on the day of surgery. They also tended to be pleased with the quality of care they received from their consultant (irrespective of if this was the original surgeon seen in outpatients), and the ongoing communication received from clinical staff on the day of surgery.

Beyond the quality of care received, patients' experiences could vary. Communication issues were raised in relation to scheduling and transport, along with inconsistency in communication messages. There were mixed views held in relation to the waiting areas, and the on-the-day processes in relation to patient transport services provided by hospitals.

Patients were overall accepting of travelling for their care. Being treated quickly outweighed being treated somewhere local for most. Consultants playing a key role in providing information and assurances to patients to allay any concerns in relation to quality of care provided within surgical hubs.

In relation to the proposed changes for Ophthalmology surgery in NCL, we know that by doing more procedures on fewer sites the evidence suggests we can create extra capacity for an additional 3,000 procedures a year. This could reduce waiting times by up to four weeks. Surgical hubs improve clinical outcomes and patient experience. The risk of surgery being cancelled last

[5] 'High Volume Low Complexity Hubs Patient and Staff Insights' (2022) Health Innovation Network South London https://healthinnovationnetwork.com/resources/hvlc-insights-report-summary

minute due to emergency care pressures should reduce as surgical hubs are ring-fenced away from such pressures. Separating staff, beds, and theatres away from emergency care can also reduce the risk of post-surgery infection.

We recognise that 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, they may need to travel 70 minutes more by public transport to Edgware Community Hospital.

We know that in most cases patients are willing to travel further if they are seen sooner. The extra capacity of 3,000 procedures realised from the proposed changes to Ophthalmology surgery could reduce waiting times by up to four weeks. Improvements to the surgical pathway at Edgware Community Hospital could mean that some very low risk patients could avail of having both cataracts treated on the same day, a procedure called immediate sequential bilateral cataract surgery. This would mean that for most patients who will travel to Edgware Community Hospital for cataract surgery will only need to make the journey once or twice in their lifetime. In the proposed model patients would continue to exercise their right to choose which trust to attend and therefore some patients may choose to visit a trust that is closer to them, for example North Middlesex University Hospital or Moorfields Eye Unit at Potters Bar Community Hospital, rather than travel to Edgware Community Hospital if they wish.

### 2.6 Impact on equalities

We have reviewed the potential impact the proposed changes may have on our local population based on health inequality protected characteristics and any other groups that may be more at risk of experiencing inequalities because of service change.[6]

[6] A full Health Equalities Impact Assessment has been carried out which includes all nine protected characteristics, inclusion health groups and other groups that may be more at risk of experiencing inequalities.

### *Age*

It is estimated that 31% of people aged 65-74 and 53% of people aged 75 and above have a visually impairing cataract in one or both eyes.[7]

In NCL, the rates of Ophthalmology surgery increase significantly from ages 50-64 (21%) to 65-74 (30%), and from 64-74 to 75+ (40%).[8]

The demand for Ophthalmology surgery is likely to grow as the population aged over 65 continues to grow. The over 65 population is expected to increase by almost a third (32%) by 2030.[9]

Within NCL, the density of 65+ population is highest in Barnet and Enfield boroughs. As such, the proposed changes at Chase Farm Hospital may have a negative impact on those aged 65+. Increased provision at Edgware Community Hospital could have a positive impact on the 65+ population living in Barnet.

[7] 'Equality and Health Inequalities Impact Assessment High Volume Low Complexity Surgical Hubs – Ophthalmology' (2021) NHS London, Health Innovation Network, and Imperial College Health Partners
[8] SUS and NHS spine population data
[9] 'London: A place for older people to call home' (2020) Centre for London https://centreforlondon.org/reader/older-londoners-housing/

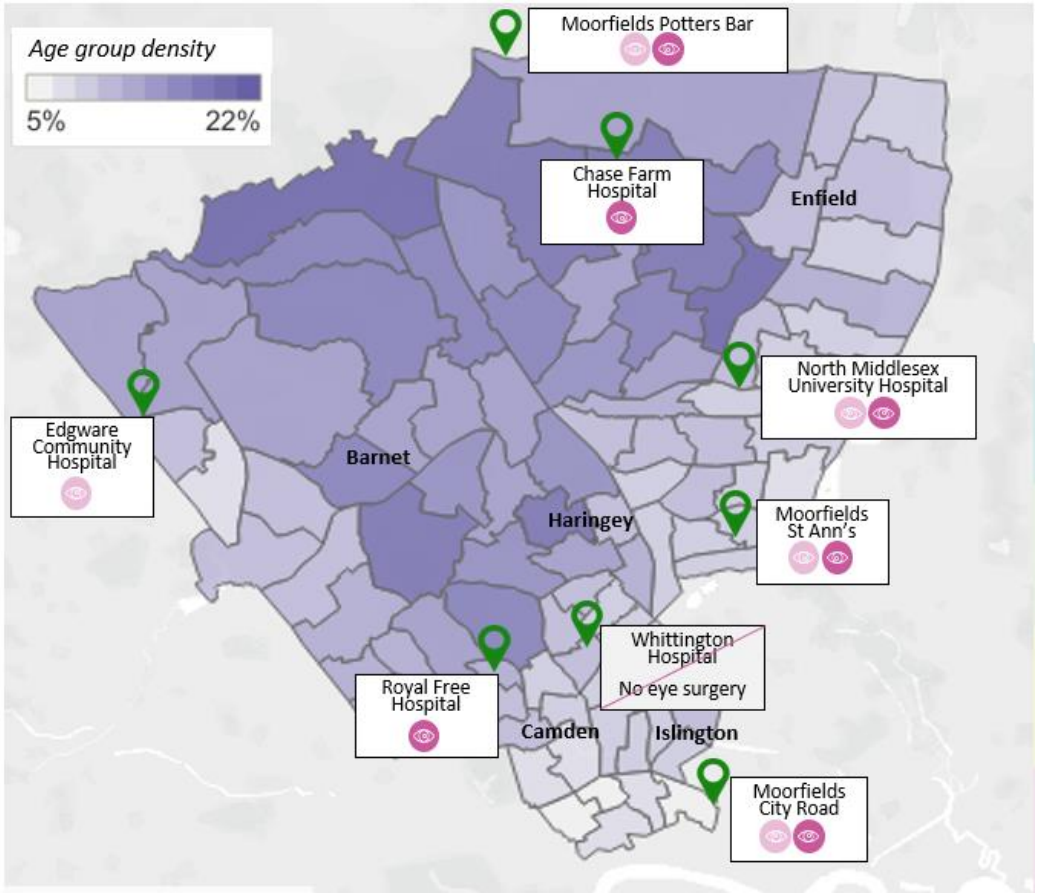



Figure 3. Map of NCL 65+ population as a percentage rate of entire population with proposed changes to Ophthalmology highlighted.[10]

Waiting longer for surgery can cause deterioration of conditions and a worsening of symptoms including pain. Older people waiting for treatment also report difficulty with day-to-day activities, worsening of mental well-being, and a decline in quality of life.[11] The proposed changes to Ophthalmology Surgery aim to reduce waiting times and improve patients' quality of life, therefore this would have a positive impact on older people.

Patients with mobility challenges or poor eyesight due to age may find it challenging to travel further from their local hospital for their surgery. Mitigations in relation to the proposed changes would need to be identified to support older people who may find travelling challenging.

[10] NCL HealtheIntent, January 2023
[11] 'Patiently Waiting: Older People's Experiences of Waiting for Surgery' (2021) Independent Age https://www.independentage.org/policy-and-research/patiently-waiting

### *Ethnicity*

Certain ethnic minority groups have a greater risk of developing ophthalmic conditions than White ethnic groups. Black ethnic groups have a higher risk of developing glaucoma, whereas both Black and South Asian ethnic groups have a higher risk of diabetic eye disease.[12]

Within NCL, the rates of Ophthalmology surgery are significantly higher in the Black and Asian ethnic groups than other ethnic groups. The Black ethnic group appears to have shorter wait times for Ophthalmology surgery compared to other ethnic groups.[13]

There are significantly higher waiting times for Unknown ethnic category than other ethnic categories. Unknown ethnic category relates to individuals who have either declined to provide their ethnicity when asked, or trusts have not collected the data. It must be noted that ethnicity coding in Ophthalmology is poor with rates of Unknown category higher in Ophthalmology compared to other specialities.

Within NCL, the Black ethnic group resides in higher concentrations in Enfield. As such the proposed service changes at Chase Farm Hospital may have negative impact on the Black ethnic group.

North East London are making some changes to the provision of their Ophthalmology surgery which should create capacity at Moorfields St Ann's Hospital as North East London patients can choose to be seen at the new Moorfields Stratford Surgical Hub. This should have a positive impact for Black ethnic groups residing in Haringey and Enfield.

[12] 'Key Statistics about Sight Loss' (2021) RNIB https://www.rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/key-information-and-statistics-on-sight-loss-in-the-uk/

[13] SUS and NHS spine population data

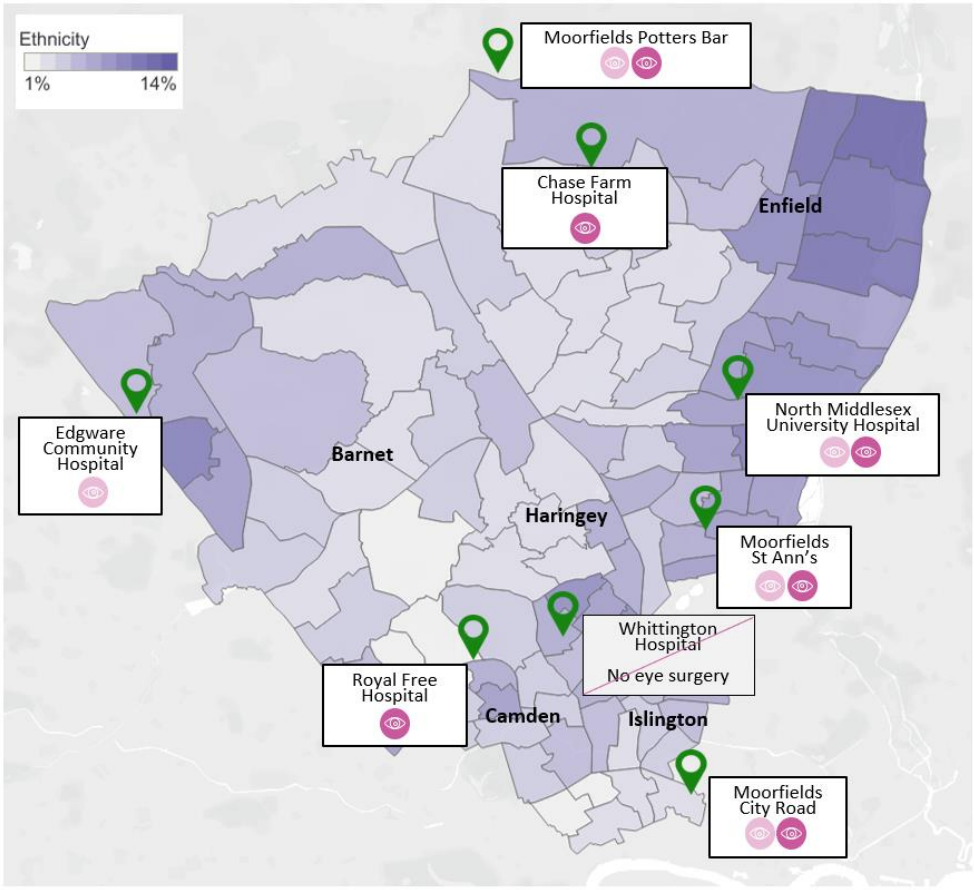



Figure 4. Map of NCL Black ethnic group as a percentage rate of entire population with proposed changes to Ophthalmology highlighted.[14]

The Asian ethnic group resides in higher concentrations in Barnet. As such, the increased provision at Edgware Community Hospital may have a positive impact on the Asian ethnic group based in Barnet. Patients living in Barnet will benefit by shorter journey times given the proximity to Edgware Community Hospital.

[14] NCL HealtheIntent, January 2023

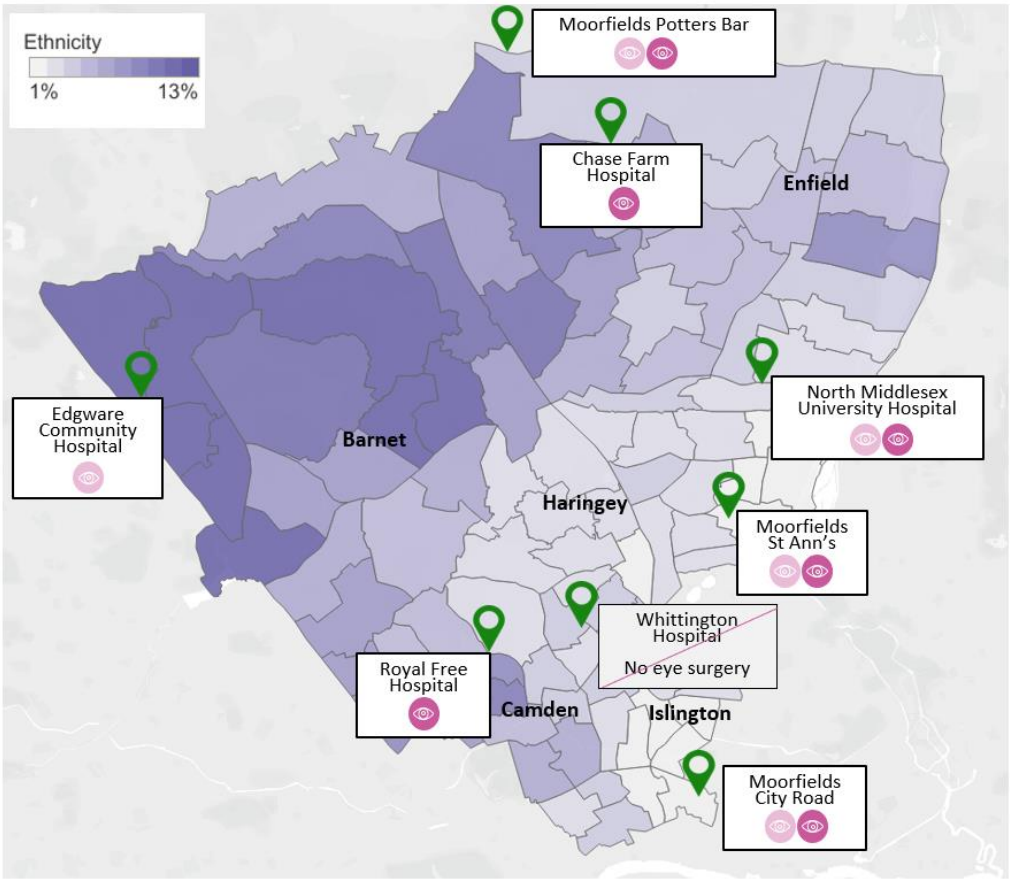



Figure 5. Map of NCL Asian ethnic group as a percentage rate of entire population with proposed changes to Ophthalmology highlighted.[15]

Adverse impact to changes in clinical settings may be higher amongst ethnic minority groups who are disproportionately affected by deprivation, have lower levels of health literacy and lower levels of English proficiency. Mitigations would need to be identified to support ethnic minority groups to understand the proposed changes.

### *Deprivation*

People from areas of higher deprivation have lower life expectancy and spend a longer proportion of their lives in poor health.

The impact of waiting longer for treatment may be disproportionately felt by patients of working age, particularly from lower income households, because of being unable to work. Research indicates that longer waits effect poorer households' mental health more when compared to more affluent households.[16] The proposed changes aim to reduce the number of weeks waiting for

[15] NCL HealtheIntent, January 2023
[16] 'Health Disparities: Waiting for Planned Care' (2022) Healthwatch
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Health%20Disparities_waiting%20for%20planned%20care.pdf

Ophthalmology surgery which would have a positive impact on patients' ability to work and mental health.

Within Ophthalmology surgery, there are high rates of activity in the most deprived quintiles. Waiting times for Ophthalmology surgery tends to be shorter for the most deprived quintile than other less deprived quintiles.[17]

The 20% most deprived (IMD quintile 1) is mostly concentred in Enfield. Patients from more deprived communities may be more adversely impacted by the cost of transport to hospitals. Cancellations could be costly for people affected by deprivation, for example, those on zero-hour contracts. Blue collar or manual workers are more likely to see their income adversely impacted by long waits for surgery. The proposed changes to Ophthalmology surgery aim to reduce the number of cancellations and reduce the number of weeks patients are waiting to be seen.

The proposed service changes at Chase Farm Hospital may have a negative impact on the more deprived communities in Enfield. Conversely, the additional capacity that could be made available at Moorfields St Ann's Hospital following the repatriation of North East London patients to the newly created surgical hub at Stratford may have a positive impact on the more deprived populations in Enfield.

[17] SUS and NHS spine population data

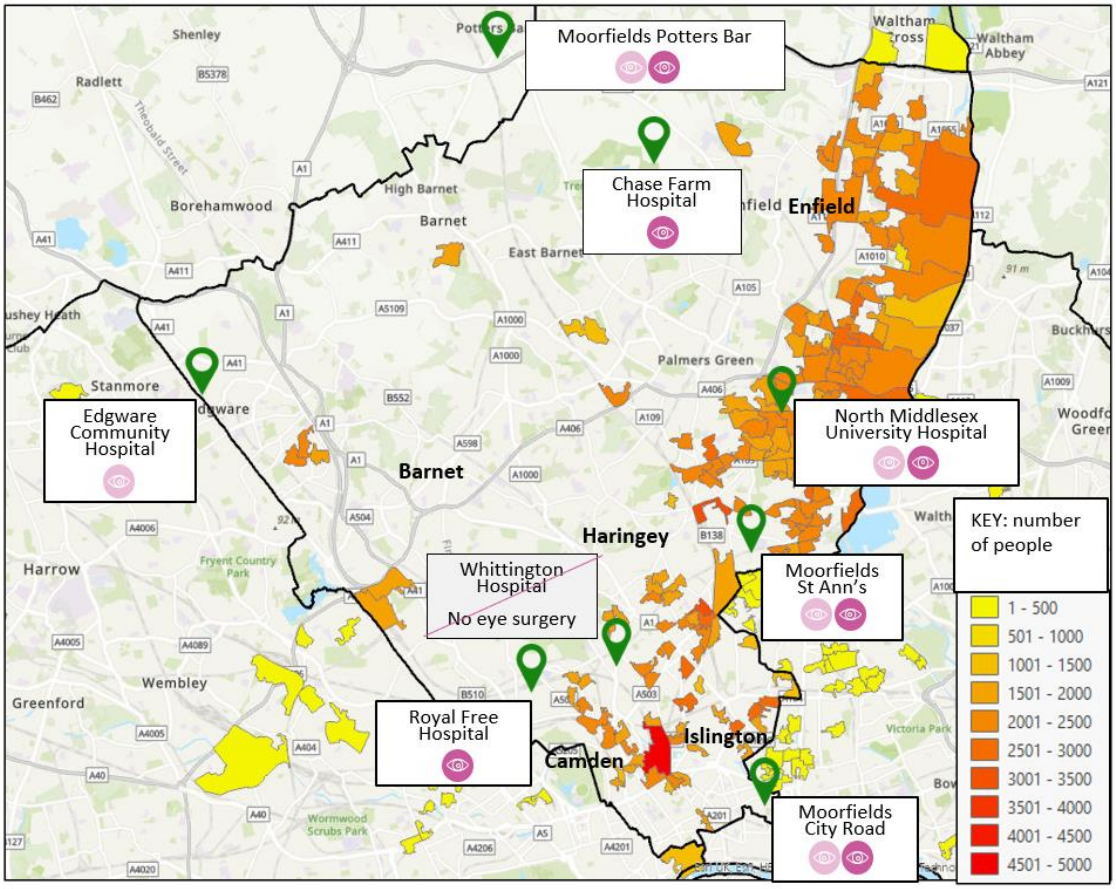



Figure 6. Map of NCL's 20% most deprived population with proposed changes to Ophthalmology highlighted.[18]

Based on a geospatial and travel analysis, patients living in more deprived quintiles who may be more impacted by these proposed changes tend to live in pockets around Whittington, Royal Free Hampstead, and Chase Farm sites. The majority of patients who live in the more deprived eastern parts of Enfield and Haringey tend to have Ophthalmology surgery at North Middlesex University Hospital where no changes are being proposed.

### *Co-morbidities*

Co-morbidities is the simultaneous presence of two or more diseases or medical conditions in a patient. The number of co-morbidities a patient has is a strong predictor of healthcare utilisation. The rates of planned surgery are particularly high for those with 3+ co-morbidities. Patients with diabetes, cancer, COPD, asthma, and dementia are more likely to have higher rates of planned surgery. Co-morbidities also increase with age, deprivation, and within certain ethnic groups (e.g., CVD, hypertension and diabetes is higher amongst South Asian and Black ethnic groups).

[18] Personal Demographics Service (PDS) dataset

Patients with co-morbidities, especially if unmanaged, may experience longer waiting times if they require their condition to stabilise before surgery. This can impact on patients' quality of life. The proposed changes aim to reduce the number of weeks patients are waiting for Ophthalmology surgery, which may have a positive impact on patients with co-morbidities whose care is becoming more complex the longer they wait for surgery.

Within NCL the population living with a co-morbidity appears to be evenly spread. However, those living with two co-morbidities appears to be slightly higher in Enfield, followed by Barnet. This may be as a result of older populations living in these boroughs.

As such, the proposed services changes at Chase Farm Hospital may have a negative impact on those living with co-morbidities in the area. Increased provision at Edgware Community Hospital may have a positive impact on the community based in Barnet living with co-morbidities.

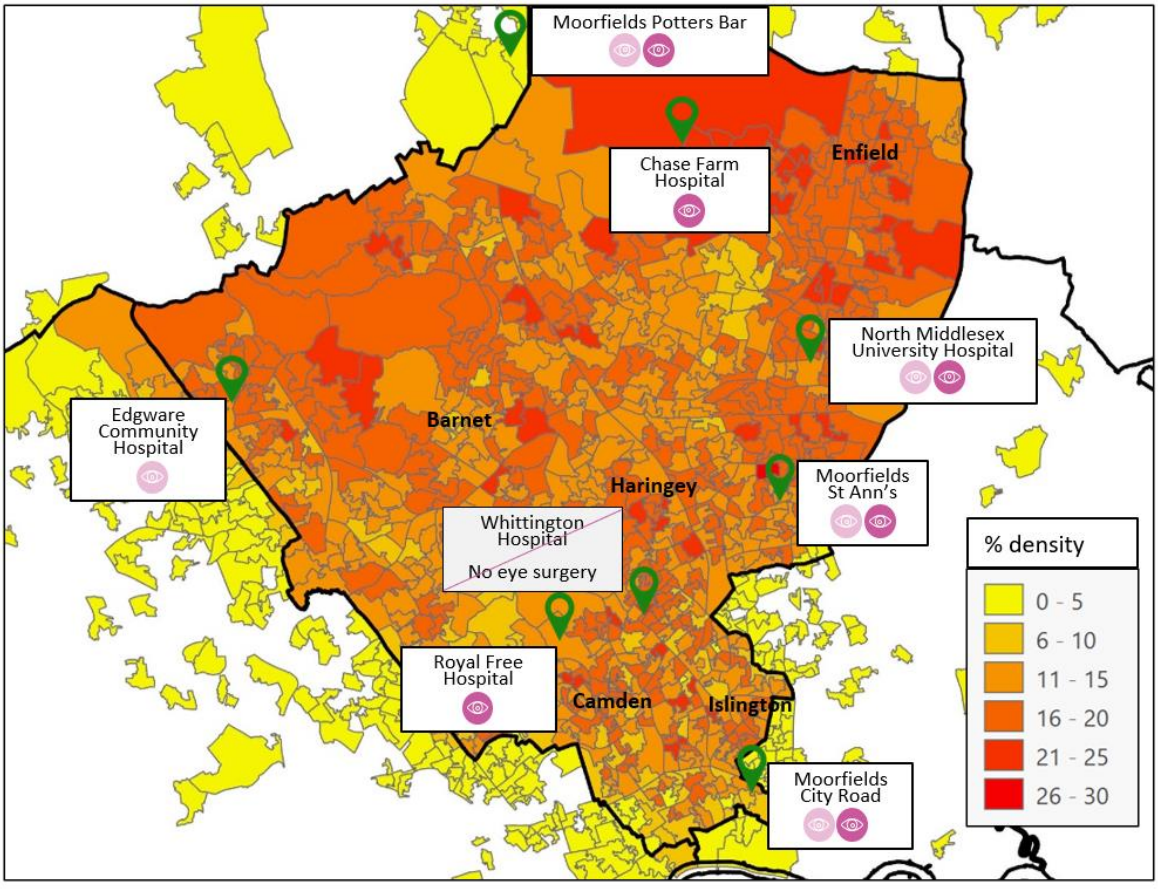



Figure 7. Map of NCL's population living with two co-morbidities with proposed changes to Ophthalmology highlighted.[19]

[19] Personal Demographics Service (PDS) dataset

### *Disability*

Longer waits may affect patients with disabilities more than patients with no disabilities in their ability to work, carry out household tasks, socialise, and physical fitness.[20] The proposed changes to Ophthalmology surgery aim to reduce waiting lists, therefore the proposed changes should have a positive impact on people with disabilities waiting for treatment.

Changes in the hospital and surgical environments may be challenging for some patients with disabilities. They may choose to avoid or have adverse reactions to changes in their clinical settings. Physical access to services and parking are also key considerations for patients with disabilities. Mitigations would need to be identified to support people with disabilities who may find the proposed changes more challenging.

### *Carers*

Carers are twice as likely to suffer from poor health compared to the general population, primarily due to lack of information and support, finance concerns, stress, and social isolation.[21]

Waiting for surgery may impact on carers' ability to provide care. Cancellations can be particularly disruptive to carers who have had to make plans for care provision in their absence. The proposed changes to Ophthalmology surgery aim to reduce waiting lists and reduce the number of cancellations, therefore the proposed changes should have a positive impact for carers.

Longer, more complex, or more costly journeys are likely to have negative impacts on carers. The shortest time away from home is beneficial. Mitigations would need to be identified to support carers who may find the proposed changes more challenging.

### *How the equalities analysis has shaped our work*

The HEIA analysis has been used to shape both the engagement work and the proposed implementation plans.

[20] 'Health Disparities: Waiting for Planned Care' (2022) Healthwatch https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Health%20Disparities_waiting%20for%20planned%20care.pdf
[21] 'Carer Facts – Why Investing in Carers Matters' NHS England https://www.england.nhs.uk/commissioning/comm-carers/carer-facts/

We worked with partners with links to the community to specifically target our engagement to older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers:

- Appendix 7.3 is a demographic breakdown of the 138 survey responses we received and shows that we had a spread of responses across the cohorts
- Appendix 7.4 is a breakdown of the voluntary, community and social enterprise groups we targeted across these cohorts.

The analysis was used to ensure clear mitigations are in place to support any groups that might be impacted by the changes. 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.

### 2.7 Impact on staff

The Health Innovation Network also provided a qualitative evaluation on the effects of surgical hubs on staff experiences.[22]

[22] 'High Volume Low Complexity Hubs Patient and Staff Insights' (2022) Health Innovation Network South London https://healthinnovationnetwork.com/resources/hvlc-insights-report-summary

On the one hand, staff expressed several benefits from working within surgical hubs. This included more predictable working patterns, lower stress of working on non-complex procedures and patients, enhanced knowledge and skill development, opportunities to develop new and enhanced roles, satisfaction on clearing waiting backlogs, and establishing fruitful relationships with other hospitals.

On the other hand, staff identified challenges around the practicalities of implementation and delivery of surgical hubs. This included having challenging conversations with patients about choice, restrictive eligibility criteria for the surgical hubs, lack of interoperability between IT systems and sites, workforce issues, and a lack of funding and resources against the ambitious objectives surgical hubs attempt to achieve.

As the proposed changes affect sites operated by Royal Free London, staff members from this trust are more likely to be impacted by the proposed changes. The direct impact on staff has been assessed as low, the majority of which are surgeons. These surgeons have been involved in developing the surgical hub plans and welcome the benefits the proposed changes can introduce, including the ability to train the future Ophthalmology workforce by running trainee lists at Edgware Community Hospital. As outpatients at Chase Farm Hospital and Whittington Hospital are unaffected, there is likely to be few tangible impacts on nursing and admin teams. Staff directly impacted by the proposed changes have been communicated with on an individual basis.

### 2.8 Impact on estates and interdependent services

The proposed changes to Ophthalmology surgery will overall retain similar theatre capacity across NCL but through improving efficiencies within this theatre capacity will allow for a greater number of surgical cases to take place. The implementation planning for the proposed changes has identified an impact on estates and services, which are described below with the mitigations that are being explored and summarised at the end of the section.

#### *Whittington Hospital*

Currently Ophthalmology surgery is delivered by Royal Free London in the Day Treatment Centre at Whittington Hospital over 2.5 days a week. Ophthalmology surgery is proposed to move off the Whittington Hospital site. The capacity made available from these proposed changes would be used to move less complex procedures requiring local anaesthetics from the Whittington's main

theatres to the Day Theatre Centre, e.g., low complex hand and wrist procedures, low complex General Surgery procedures. This would allow the Whittington to run parallel day surgery lists and better utilise the limited anaesthetic resources. This would also give available capacity in their main theatres for more complex surgery requiring general anaesthetics such as Spinal surgical lists, and complex General Surgery surgical lists including urgent Colorectal surgery and Bariatric surgery. A business case was approved through Whittington governance in December 2023 for two additional anaesthetists to support general anaesthetics lists for more complex procedures. This would also include providing support to other trusts within NCL with long waiting lists for surgery through mutual aid arrangements.

The additional activity that Whittington could achieve as a result of the proposed changes to Ophthalmology surgery would help the trust to achieve their 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 should not incur an additional cost pressure to either Whittington or NCL Integrated Care System (ICS).

As a result of the proposed changes, there would be some costs incurred for additional consumables and equipment. These costs would be accounted for by the Whittington trust and should not incur additional cost pressures to the trust or to NCL Integrated Care System (ICS) either in-year or subsequent years.

*Chase Farm Hospital*

Some simple Ophthalmology surgery procedures are proposed to move off the Chase Farm Hospital site and Royal Free Hospital site to Edgware Community Hospital. More complex Ophthalmology surgery will remain at both sites. The capacity made available from these proposed changes could be used to support other specialities with long waiting lists within the Royal Free London, such as Orthopaedics, Gynaecology, ENT, and Urology. This capacity could also be used to support other trusts within NCL with their long waiting lists for surgery through mutual aid arrangements.

*Edgware Community Hospital*

The proposed changes aim to create an Ophthalmology surgical hub at Edgware Community Hospital and move Ophthalmology surgery from Whittington Hospital and some cases from Chase Farm Hospital and Royal Free Hospital to the surgical hub. Currently there are two theatres at

Edgware Community Hospital. Royal Free Ophthalmology services currently operates from one of the theatres. In order to accommodate the increase in activity from other sites, along with increasing productivity within the existing Ophthalmology theatre, the proposal is to utilise the second theatre as well. This would allow the running of parallel lists.

The existing services currently using the second theatre are Pain Management services (1 day a week), operated by Royal Free London, and Community Podiatry surgery services (0.5 days a week), operated by Central London Community Healthcare (CLCH). Alternative locations are being identified to accommodate these services:

- Hadley Wood Hospital has been proposed to temporarily host the Pain Management surgery. Hadley Wood Hospital is part of the Royal Free London's Private Patient's Unit and patients would receive the same high-quality NHS care at this site
- Options are being explored to accommodate the community podiatry surgical list including running the surgery on a Sunday at Edgware Hospital, using some of the freed capacity at Whittington Hospital, or using theatres in the independent sector.

The patients who may be impacted will be informed of any proposed changes to the location of their surgery.

If these changes are approved, there would be a cost associated with the creation of the hub, which relates mainly to the movement of equipment from Whittington Hospital to Edgware Community Hospital, as well as the relocation costs of Pain Management surgery to Hadley Wood Hospital. This would largely be offset by the costs currently being incurred from the Royal Free London operating out of Whittington Hospital. Through increased productivity the Edgware surgical hub will support delivery of 2023/24 activity plans with opportunity to increase further when a suitable plan is made for the relocation of Podiatry. A phase 2 business case has been worked up to expand the Ophthalmology service further which will be managed by the Royal Free London.

*Summary of impact on estates*

| Estates | Impact | Proposed Solution | Review Date |
|---|---|---|---|
| **Whittington Hospital** | No eye surgery on | • Additional capacity used to deliver additional | . |

| Estates | Impact | Proposed Solution | Review Date |
|---|---|---|---|
| **Day Treatment Centre** | site, freeing up one theatre for 2.5 days/week. | 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.<br>• Move Whittington's simple day case procedures from main theatres to the day treatment centre, giving more capacity for more complex procedures.<br>• 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. | • Review increase in activity through Planned Care Programme Board in March 2024. |
| **Chase Farm Hospital** | Fewer Ophthalmology procedures, freeing capacity. | • Additional capacity used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with | • Review increase in activity through Planned Care Programme |

| Estates | Impact | Proposed Solution | Review Date |
|---|---|---|---|
| | | 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.<br>• More capacity to support Orthopaedics, Gynaecology, ENT, and/or Urology. | Board in March 2024. |
| **Edgware Community Hospital** | Additional theatre needed for proposal. RFL pain management and CLCH community podiatry services need to vacate the second theatre. | • Temporarily move RFL pain management to Hadley Wood.<br>• Business case approved by RFH Local Executive Committee in December 2023.<br>• 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. | • Business case to be approved by RFL Group Executive Management Meeting in January 2024<br>• CLCH podiatry to confirm best option for moving their surgery in January 2024.<br>• Review increase in activity through Planned Care Programme Board in March 2024. |

The wider impact on services and proposed plans have been approved by the NCL Clinical Advisory Group and will be monitored through the programme governance.

### 2.9 Governance

The approval of the decision to proceed sits with NCL Integrated Care Board (ICB) and will be taken via the Strategy and Development Committee which has the responsibility for ensuring that all the ICB's strategic commissioning priorities and plans are aligned with the NCL system plan with the key aim to improve population health outcomes, tackle health inequalities, enhance value for money and support broader social and economic development.

Clinical and operational staff led the design of the proposals through the NCL Ophthalmology Clinical Network. The clinical network consists of clinical and operational leads from across NCL including Moorfields Eye Hospital, North Middlesex University Trust, Royal Free London, and the NCL Local Optical Committee. The network is chaired by Ms Dilani Siriwardena who is also the clinical director for Moorfields Eye Hospital as well as the London clinical lead for Ophthalmology which helps ensure the proposals are aligned to broader development in Ophthalmology care across NCL and London.

The NCL System Management Board (SMB) is the system group accountable body for the strategy of surgical hubs and elective recovery. This board brings together partners and ensures that the designs has been clinically led, the proposed changes have been engaged on, and are responsible for endorsing the decision to proceed or not with the proposed changes.

The NCL Planned Care Programme Board oversees and manages the programme. The board provides assurance to SMB on programme delivery, monitors programme risks, and can provide specific specialist support as and when required (e.g., PMO support, communications and engagement, analytics).

## 3. Engagement approach and methodology

### 3.1 Aim of engagement

The aim of the engagement was to share the proposals as widely as possible to obtain feedback from residents who use or may use Ophthalmology services in NCL.

In addition to the general public, our Health Equality Impact Assessment (HEIA) identified specific 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. These groups were identified as either having higher service use than other groups or they were likely to be more impacted by the proposed changes than other groups.

### 3.2 Outline of timelines and activity

The engagement period ran for eight weeks, from 21st August to 16th October. Our aim was to reach between 130 and 200 direct engagements with residents and other key stakeholders. This is in addition to contacting 96 VCSE groups, and working through local Facebook groups, newsletters, and social media.

A range of activities were carried out during which the aim was to present the proposals to them and obtain their feedback. We wanted to hear their ideas on what mitigations could be put in place to reduce potential impact, should the decision be made to proceed with the changes.

The planned engagement included five main areas:

1. Targeted engagement - Working with partners with links to the community, to bring residents together via a focus group and patient engagement events based on sites due to undergo proposed changes:
    a. Those living in Enfield and near Chase Farm Hospital.
    b. Those living in Haringey and Islington near the Whittington Hospital.

    Participants for the targeted engagement were drawn from the groups identified within our HEIA:
    - older people aged +65 (due to higher activity)
    - Black or Asian ethnic groups (due to higher activity levels)
    - those living in more deprived areas (due to the increased travel time and, potentially, cost).

2. Residents – to engage with as many residents as possible to ensure we have heard from people within:
    a. the nine protected characteristics

b. those whose first language is not English
c. carers
d. those identified in the HEIA as potentially being more impacted by the proposed changes.

3. Trust Staff – led by trusts and targeting staff at all levels who may be affected by the proposed changes.

4. Wider Partners – this included broader health and care clinicians (including GPs and optometrists); Directors of Public Health; NCL MPs; Council leaders; Cabinet leads for Health; HWBB Chairs; VCSE leads.

5. General Communications – establish a webpage and opportunities for online engagement, materials in accessible formats.

### 3.3 Overview of methodology

The NCL ICB developed a communications plan to ensure the wide range of stakeholders outlined above were reached out to. As well as sharing these materials widely, stakeholders were also offered the opportunity for the programme team to attend key meetings or events to provide a briefing to members and hear their feedback. Further information on these events is included in section 3.6.

A key part of the deliverability of this communications plan was the commissioning of Healthwatch Enfield. The partnership with Healthwatch Enfield enabled us to gain a deeper and wider reach within our key communities. We would like to take this opportunity to thank them for their assistance.

### 3.4 Outline of materials

To support the engagement, we developed a key set of materials that were shared with our stakeholders. These include the website, patient information leaflets, a feedback survey, FAQs, copy for articles that stakeholders could use to share information on the proposals, and guidance on how to feed in their views. Below we provide further information on each of these materials.

### *Website*

The NCL ICB website, a dedicated webpage, was the main source of information to residents. This set out the proposals and included patient information leaflets, feedback surveys, FAQs, and additional contact options. Full details of these materials can be found in the appendices to this report.

### *Survey and leaflets*

A patient leaflet was developed that outlines the proposed changes, the reasons behind this, and the benefits this could deliver. It also provided further information on how residents could provide feedback to the programme team on the proposals via a number of mechanisms. The leaflets and survey details can be found in the appendices. We worked with local Enfield newsletters that reach over 12,00 residents to promote the proposed changes and opportunity to feedback.

## 3.5 Engagement promotion

In order to share the details of the proposed changes with a wide group of stakeholders and capture a wide range of feedback, the proposals, and aforementioned materials, were shared via a range of methods. These are outlined below.

### *NCL ICB webpage*

A new page was added to the NCL ICB website. Residents and stakeholders were encouraged to visit the site for further information and feedback mechanisms.

### *Social Media*

The details of the proposed changes were shared via the NCL ICB social media accounts, including X (formally Twitter), Facebook, and Instagram. Residents and stakeholders were encouraged to visit the NCL ICB website for further information and feedback mechanisms. Online impressions of these posts reached 877.

### *Other websites*

The details of the proposals were also included on partner websites including North East London ICB, Royal Free London, Healthwatch Enfield, Healthwatch Haringey, Healthwatch Islington, the NCL GP website, and Palmers Green Community.

### *VCSE groups*

Communications were shared with 96 VCSE groups directly. In some instances, our community or council partners shared this information more widely with their networks. A full list of these can be found in the appendices.

### *News articles*

News articles highlighting the proposals featured in local newspapers, including the Enfield Dispatch, Fitzrovia News, Harrow Online, Haringey Community Press, and the Islington Gazette.

This does not include other means of promotion to wider political and healthcare stakeholders. Further details of these are included in section 3.8.

## 3.6 Engagement contacts

### *Events*

A total of thirteen events with residents or resident groups took place over the engagement period. These events took different formats, such as presenting at meetings, attending patient clinics, and a focus group. These events took place across each of the five boroughs of NCL and reached a total of 237 residents. A full list of the events can be found in the appendices.

### *Engagement events*

Nine events with patient groups were attended by the programme team and, where possible, one of the clinical leads. At these events, the proposals were outlined, and questions and feedback were taken. Attendance at these events ranged from 4 to 37 residents. The groups were representative of a wide range of residents of different demographic backgrounds. A total of 175 residents were directly engaged with via these events.

### *Site visits*

Three visits took place at the sites that would be most impacted by the proposed changes: Whittington Hospital and Chase Farm Hospital. These visits were to Ophthalmology clinic waiting areas and enabled us to reach out directly to patients who are currently under the care of Ophthalmology services at these sites. We would like to take this opportunity to thank staff at the sites for their assistance in allowing us to attend during their busy clinics.

At these visits, patients were given information leaflets, hard copies of the survey, and had the opportunity to talk to Healthwatch Enfield or NCL ICB staff about the proposals and to complete the online survey via iPads.

A total of 62 service users were reached via these events.

#### *Focus group*

A focus group, led by Healthwatch Enfield, was held with residents to enable richer feedback on the proposals and, importantly, to explore the reasons behind any concerns and identify potential mitigations to anticipated impacts on residents.

#### *Survey*

A survey was hosted on Citizen Space, the NCL ICB's online platform for understanding local views. A total of 138 people completed the survey. Some of these respondents would have been reached via the events outlined above. Further analysis on the survey responses can be found in Chapter 4. The survey questions and the demographics of the respondents can be found in the appendices.

### 3.7 Engagement with staff

To ensure that the 11,000 wider staff within the Royal Free London were aware of the proposals, details of the proposals, engagement period and feedback mechanisms were included on their intranet. Staff members directly impacted by the proposed changes were communicated with on an individual basis. In addition, a briefing document was produced for RFL staff to assist them with external stakeholder conversations and shared via weekly staff newsletters.

### 3.8 Engagement with other key stakeholders

In addition to residents, we sought feedback from a wide range of stakeholders including GPs, local Community Optometrists, neighbouring ICBs, local MPs and councillors with a health remit. In total, 310 stakeholders were reached out to.

We also presented our proposals to 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. This does not include the wide range of

stakeholders who were involved in pre-engagement activity and the proposals were developed and refined.

# 4. Engagement findings

## 4.1 Approach to analysis

Feedback on the proposals was gathered via a variety of means: an online survey, public engagement events, site visits to Ophthalmology clinics, a focus groups, presenting the proposals

to public and stakeholder meetings. A short summary of the feedback for each of the engagement events was written up to capture feedback from that event.

Section 4.2 contains a summary of responses to the closed-ended survey questions. Section 4.3 contains a summary of the responses to the open-ended survey questions. Section 4.4 draws out the themes of responses from all of the engagement activity detailed by the type of respondent. Possible mitigations that would need to be considered to reduce any impact, should the decision be taken to adopt the proposals, are included in section 4.5.

### 4.2 Summary of closed-ended survey questions

In total, 138 responses to the survey were received. Each section below provides an overview and analysis of the responses to the closed-ended questions with the feedback survey. The total number of responses received for all survey questions can be found in the appendices.

#### *Type of respondent*

Respondents were asked to provide detail about in what capacity they were responding to the survey. There were 136 responses to this question. The majority (75%) were current or former service users or a friend/family member or carer of a service user. 13% were members of the public.

The high response rates from current or former service users or a friend/family member of a service user may be explained by the survey being targeted at this demographic.

8% of respondents were staff or healthcare professionals. It should be noted that the main strategy for gathering staff feedback was via face-to-face meetings with the potentially affected staff and were conducted through the Royal Free London. A summary of feedback from staff is included under each of the themes in section 4.4.

One response was received directly from a voluntary organisation or charity on behalf of their members. However, we did reach out to 96 VCSE organisations and worked with some of them to deliver public engagement sessions and to deploy news of the proposals on their websites or within their newsletters.

One response was received directly from professional bodies or other public bodies, stakeholders, or political representatives. However, it should be noted that these groups were engaged via communications and direct queries and responses were themed and included in this section 4.4.

*Borough*

Respondents were asked where they lived or where the organisation they were responding on behalf of is based. There were 135 responses to this part of the question. The HEIA identified residents living in Enfield and near Chase Farm Hospital and residents living in Haringey and Islington near the Whittington Hospital as likely to be more impacted by the proposals.

53% of survey respondents were from Enfield, with 16% from Haringey and Islington. The borough with the lowest proportion of respondents was Camden (1%). 9% of respondents were from outside of NCL.

The higher level of responses in Enfield are likely explained by the following factors:

- The HEIA indicated that residents living in Enfield were more likely to be impacted by the proposed changes and, therefore, the engagement strategy targeted feedback from residents in Enfield
- Engagement delivery with Healthwatch Enfield
- Two site visits to Chase Farm Hospital site in Enfield
- Three public events took place in Enfield
- The focus group was held in Enfield.

Full details of the VCSE groups reached out to by borough are available in the appendices.

| Option | Total | Percent |
|---|---|---|
| **Enfield** | 73 | 53% |
| **Barnet** | 29 | 21% |
| **Elsewhere** | 13 | 9% |
| **Haringey** | 9 | 7% |

| | | |
|---|---|---|
| **Islington** | 8 | 6% |
| **Not Answered** | 3 | 2% |
| **Camden** | 2 | 1% |
| **Prefer not to say** | 1 | 1% |

Table 1. Breakdown of survey respondents by borough.

### *Acceptance of further travel*

Respondents were asked how acceptable they would find it to travel further for surgery if they could be seen sooner. There were 136 responses to this part of the question. 51% of respondents would find it acceptable, 34% would find it unacceptable, and 13% were ambivalent.

| Option | Total | Percent |
|---|---|---|
| **Highly acceptable** | 24 | 17% |
| **Acceptable** | 47 | 34% |
| **Neither acceptable nor unacceptable** | 18 | 13% |
| **Unacceptable** | 25 | 18% |
| **Highly unacceptable** | 22 | 16% |
| **Not Answered** | 2 | 1% |

Table 3. Breakdown of survey respondents by acceptance of further travel.

That the majority of patients are willing to travel further for planned care is also reflected in the 2020 London Covid-19 Deliberation Report where consolidation of services at a dedicated elective centre, or hub, was the focus of one of the workshops. The NCL Elective Adult Orthopaedic Service Review also found that around half of all survey respondents were happy with the need to travel for improved care.

However, it should be noted that this willingness to travel is on the basis that wait times are reduced and outcomes are improved. In addition, the feedback is clear that mitigations would need to be identified to support older people who may find travelling challenging.

### *Important factors for decision-makers to consider*

Respondents were asked to highlight the three most important factors for the NHS to consider before making the decision to proceed with the proposed changes to Ophthalmology surgery. There were 135 responses to this part of the question.

The three most important factors, according to respondents were:

1. Staff are well trained, supportive, and welcoming to patients – 59%
2. Surgery runs on time with few cancellations – 48%
3. Advice and support for vulnerable patients and their carers – 47%

This was closely followed by the ease of changing to a different hospital after waiting a long time for surgery – 40%.

23% (34) of respondents indicated that there were other important factors for decision-makers to consider. The analysis of these factors is included in section 4.3.

| Option | Total | Percent |
|---|---|---|
| **Staff are well trained, supportive, and welcoming to patients** | 82 | 59% |
| **Surgery runs on time with few cancellations** | 66 | 48% |
| **Advice and support for vulnerable patients and their carers** | 65 | 47% |
| **Ease of changing to a different hospital after waiting a long time for surgery** | 55 | 40% |
| **Information on how to travel by car or public transport to hospital for surgery** | 32 | 23% |
| **Surgery is easy to find in the hospital and it is clear where to go** | 32 | 23% |
| **A website with information and resources for patients about their surgery** | 27 | 20% |
| **Other (Please tell us more in the box below)** | 25 | 18% |
| **Information about community, voluntary and statutory services that offer further support to patients** | 21 | 15% |
| **Not Answered** | 3 | 2% |

Table 4. Breakdown of survey respondents by important factors for decision-makers to consider.

### *Assisting choice*

Respondents were asked what would help patients to understand the different choices for Ophthalmology surgery. There were 134 responses to this part of the question.

The four most important factors, according to respondents were:

1. Discussing it at my GP practice – 53%
2. Discussing it at an optician – 48%
3. Discussing it with a person who can give advice and support for vulnerable patients and their carers – 40%
4. Reading written information – 39%
5. Getting information by email – 30%

The top two responses indicate that patients prefer to have a conversation regarding choice with the person who is making the referral to secondary care. The high levels of response for the third most popular reflects that it is particularly important to provide advice for vulnerable patients who require more support. The next popular responses indicate that more time and information would be required before a decision on choice can be made.

All of the top responses also indicate that information needs to be readily available for both healthcare providers and referrers to hold discussions with patients as well as for patients to access in their own time. Patients may wish to have both a discussion as well as written information to assist them in reaching a decision on choice.

This highlights that providing timely information to patients to help them make informed decisions remains important.

| Option | Total | Percent |
|---|---|---|
| **Discussing it at my GP practice** | 73 | 53% |
| **Discussing it at an optician** | 66 | 48% |
| **Discussing it with a person who can give advice and support for vulnerable patients and their carers** | 55 | 40% |
| **Reading written information** | 54 | 39% |
| **Getting information by email** | 41 | 30% |
| **Researching it on a website** | 25 | 18% |
| **Discussing it at a community or voluntary sector organisation I attend** | 8 | 6% |
| **Not Answered** | 4 | 3% |

Table 5. Breakdown of survey respondents by factors assisting choice.

### *Demographics*

Demographic information was requested as part of the feedback survey. They key demographic information for our target audience, as identified in our HEIA, has been included below. Full details of the responses for each demographic question can be found in the appendices.

### *Age*

The HEIA identified residents of 65+ years of age as being more likely to be impacted by the proposals are they have higher levels of activity. 60% of respondents who answered this question were 65 or older.

### *Ethnicity*

The HEIA identified residents from a Black or Asian ethnic group as being more likely to be impacted by the proposals are they have higher levels of activity.

Below is a table that compares the ethnicity of survey respondents to users of Ophthalmology services in NCL and the GP registered population. The level of responses from the Asian community is higher than the expected level of service uses and the GP registered population. The level of responses from the Black community is lower than we had hoped for. VCSE groups who work within this community were reached out to in order to hear feedback. There are high levels of respondents who did not want to disclose their ethnicity.

| Source | White | Black | Asian | Mixed | Other | Prefer not to say | Not answered |
|---|---|---|---|---|---|---|---|
| **Survey respondents[23]** | 58% | 6.5% | 19.6% | 1.4% | 4.4% | 10.1% | 0% |

[23] The Ophthalmology survey provided more options for respondents to identify their ethnicity than are available in SUS or on HealtheIntent – which are the data sources for service users and the GP registered population respectively.

| | | | | | |
|---|---|---|---|---|---|
| **Ophthalmology service users** | 59% | 17.1% | 16.6% | (Other) 7.4% | (Unknown) 3.1% |
| **GP Registered population** | 54% | 10% | 13% | (Other) 10% | (Unknown) 13% |

Table 6. Breakdown of ethnicity by survey respondents, Ophthalmology service users and GP registered population.

### *Deprivation*

The HEIA identified residents living in more deprived areas would likely be more impacted by the proposals if they have to travel further. We were unable to determine the deprivation levels of survey respondents. However, we have received feedback that the proposals could result in additional travel costs for patients who travel further, and this will impact on those who are more deprived. This has been addressed in the mitigations, which can be found in section 4.5.

## 4.3 Summary of open-ended survey questions

The following section is a summary of the responses to the open-ended survey questions:

### *Hospital of choice*

As part of the question on hospital of choice, respondents were asked to provide further detail on why they chose that particular site. There were 91 responses to this part of the survey. The most common answer was distance to home/ease of access, this was followed by previous experience and the hospital's reputation for excellence.

It should be noted that different hospitals were chosen for different reasons. For example, the majority of Chare Farm Hospital patients selected the site due to ease of access whereas Moorfields Eye Hospital patients selected the trust based on previous experience and a reputation for excellence.

### *Important factors for decision makers to consider*

As part of the question on important factors for decision makers to consider, there was an option of 'other' and the ability to provide further information. There were 34 responses to this part of the question.

The majority of factors fall within three themes:

- support for vulnerable patients: to ensure that there is support available for these patients and a means of contacting services
- travel and transport: support with travel and clear information on travel options
- patient choice: ensuring that patients have a choice around providers

*Improving the proposals*

Respondents were asked what else could be done to improve the proposed changes to Ophthalmology surgery. There were 73 responses to this part of the question which covered a wide range of themes including:

- support for vulnerable patients: concerns for older or more vulnerable patients that may struggle to travel to some sites
- communication: better information on the reasons for the appointment and the procedure(s) that will be undertaken, and the length of time patients can expect to wait
- support for vulnerable patients: to ensure that there is support available for these patients and a means of contacting services
- patient choice: ensuring that patients have a choice around providers
- other areas: there were many comments expressing frustration with cancellations. Long wait times and issues getting access to GPs

4.4 Summary of themes from patient events

Clear and consistent themes emerged from the 237 people who attended the engagement events. The majority of these were consistent with the communications plan or in the HEIA. The engagement gave us the opportunity to explore these in more detail to understand concerns of residents but also, more importantly, to hear what measures they felt could be put in place to help reduce any negative impact.

By analysing the feedback received from all engagement activity, we were able to identify the following common themes:

i. Patient choice
ii. Travel & transport
iii. Accessibility

iv. Communications

v. Support for patients with vulnerabilities

vi. Additional areas

Each of the themes is expanded on further in the tables below with these broken down into more detail. Responses to these themes are included within each theme. Possible mitigations for consideration should the proposals be adopted are outlined in section 5.

### *i. Patient choice*

Patient choice is an important aspect of the NHS constitution. In some instances, patients were not aware that they have a choice of where their surgery takes place and that this is guaranteed under the NHS constitution. The sub-categories that emerged within this theme are knowledge of choice and support to make a decision on choice.

The quote below demonstrates the importance of highlighting to patients that they have a choice in where the receive their elective care:

> *"I think if there is a choice of location and it was clear how long you would wait for surgery, this would give you clear indication of options e.g., if you chose a further hospital you would wait 1 month but by choosing a closer hospital, you would wait 6 months"*

| **Sub-category** | **Respondent** |
|---|---|
| <u>Knowledge of choice</u><br>Some patients expressed that their GP had not given them the choice as to what hospitals to go to for their treatment/operation. | Residents |
| Some patients were not aware that they could opt to have their procedure at an independent sector provider – if they are contracted to provide the NHS services. | Residents |

| | |
|---|---|
| Supporting decision-making on choice<br>In order to make choices, different patients use different factors that are important to them. For some, this will be waiting time, for others this will be distance from their home, and for others it will be based on what they have heard about sites from friends and family. However, no matter what factor(s) are important to a patient, clear and comprehensive information is required to assist conversations around the options available as well as to make a decision on which site to attend.<br><br>Optometrists as well as GPs should also have the required information to be able to help patients make an informed choice. | Residents<br><br>Residents |
| **Response to feedback**<br>The right to choose where you have surgery was reaffirmed. This means that if patients do not want to travel to Edgware Community Hospital, they can choose to have their surgery at North Middlesex University Hospital, at one of the Moorfields Eye Hospital sites, or at an independent sector provider contracted to provide Ophthalmology surgery services for the NHS.<br><br>A patient's right to choose did feature in the communications around the proposals but this was not always picked up on amongst all of the information presented. Once patients were reassured on this point, support for the proposals was generally high.<br><br>We acknowledged that a wide range of information needs to be available to patients to help them make decisions based on the factors that are most important to them.<br><br>We confirmed that the community optometrists and GPs across NCL have been engaged on the proposals. The programme team is in contact with colleagues in NCL ICB that is leading on proposed changes to community optometry services that should enable them to provide adequate information to patients to make a choice. | |

### *ii. Travel & transport*

The most common sub-categories from all engagement related to travel and transport are financial costs, distance, time, and support for those who might find travelling to a different site challenging.

Below is a quote from a resident on the theme of travel:

*"If you don't drive, then you rely on people. How do people get home after surgery? Some rely on kids, but they don't have a lot of time. There used to be a transport service for disabled people, done by the GP. If people could use it, they cannot bring anyone with them. Hospital usually says no to this, and taxies are expensive!"*

| Sub-category | Respondent |
|---|---|
| Cost of travel<br>The cost of travel was mentioned in feedback, indicating that it can be expensive for patients, particularly if they have no form of private transport, no chaperone, and are not eligible for patient transport service or travel reimbursement schemes. | Residents |
| Eligibility for patient transport schemes<br>There was concern that the transport schemes had very tight eligibility criteria.<br><br>GPs reported that patient's experience of booking transport (with or without support from carers) is highly variable, especially for vulnerable groups. GPs are not allowed to book transport for these vulnerable individuals. If activity is shifted and travel time is increased what new solutions will be added? | Residents<br><br>GPs |
| Distance<br>The increased physical distance was cited as an impact of the proposal which caused the most concern, with unfamiliarity with the Edgware Community Hospital site being a major factor. | Residents |
| Increased travel time<br>Respondents felt that longer travel means higher risk of delays or transport cancellations. Moreover, not many individuals can check their phone (digitally excluded, visually impaired, etc) or ask Transport for London (TfL) staff. | Residents |
| Reliance on a chaperone<br>Some highlighted the difficulty of travelling to Edgware Community Hospital, especially for those who rely on their children/grandchildren for transportation. | Residents |

| | |
|---|---|
| Individuals who couldn't bring a chaperone expressed concerns about the challenges of travelling to the hospital and navigating the healthcare system. | Residents |
| <u>Facilities available at Edgware Community Hospital</u><br>Patients are more likely (if possible) to get a lift to their Ophthalmology surgery. What facilities are there in Edgware Community Hospital for waiting relatives? | Residents |
| <u>Support for patient journeys</u><br>The programme team was also reminded that there are many VCSE groups within the boroughs that will offer support and assistance to patients and if it were possible, these should be signposted to patients to help them to plan their journey and relieve some stress for them. | Residents |

**Response to feedback**

We acknowledged that getting the right level of information to share with patients would be vital to help patients in making decisions on the choice of provider and with subsequent planning of their journey. It was acknowledged that journeys via bus in certain parts of the borough can often involve much longer and more complicated journey times than by car. Patients would require information on travel options to help inform their decision on choice of provider.

We confirmed that we would be seeking to work with trusts to respond to feedback from patients and residents on the level of information that should be communicated in appointment confirmation letters.

We confirmed that all trusts offer a patient transport service, with eligibility set at national level. However, trusts will also have a reimbursement scheme with conditions again set at national level. We are aware of the frustrations some patients have expressed in relation to accessing patient transport services.

The right to choose where you have surgery was reaffirmed. This means that if patients do not wish to travel to Edgware Community Hospital, they can choose to have their surgery at North Middlesex University Hospital, at one of the Moorfields Eye Hospital sites, or at an independent sector provider contracted to provide Ophthalmology surgery services for the NHS.

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| The programme team was also reminded that there are many VCSE groups within the borough that will offer support and assistance to patients and if it were possible, these should be signposted to patients to help them to plan their journey and relieve some stress for them.<br><br>The car park at Edgware Community Hospital is large. There is a shop on site and there is a wide variety of shops and restaurants within the local area for chaperones to use whilst waiting. |

### *iii. Accessibility*

The most common areas of feedback in terms of accessibility are information to help patients navigate their way to and within the site, proximity to public transport options, and appointment times.

Below is a quote related to accessibility:

*"I have to take time off to attend hospital. If my holiday days are gone, they are gone. So, I have to take unpaid leave but still have to pay for travel to the hospital. Weekend appointments would be amazing, as I don't have to take time off. As well as later appointments. While I'm aware that staff would have to work funny hours, this would help me.*

| Sub-category | Respondent |
|---|---|
| <u>Anxiety of navigating to a new site</u><br>Residents reported that going to a new site is often anxiety inducing, particularly for older or more vulnerable patients. | Residents |
| <u>Proximity to public transport</u><br>Not all hospital sites are close to a train or tube station. In some instances, patients would find it difficult to travel to those distances by public transport or by foot. | Residents |
| <u>Appointment times</u><br>Often patients are asked to arrive at the same time, at 8am or 9am, despite the surgery taking place at different time. Not only does this lead to longer wait times but travel for many during rush hour can present an issue for | Residents |

| | |
|---|---|
| patients in a variety of ways – from longer journey times, to increased costs, to finding someone who is available to help with the journey.<br><br>Freedom passes are not valid for morning peak travel. This impacts many cataract patients given they tend to be from older age groups.<br><br>Will weekend appointments be available? | <br><br>Residents<br><br><br>Residents |
| <u>Accessibility of Edgware Community Hospital</u><br>As the site was unknown to many residents, they asked how accessible Edgware Community Hospital is and if there is clear signage at the site to help find the department. | Residents |
| <u>Patients whose first language is not English</u><br>Patients who spoke English as a second language or functional level have expressed the proposed changes to Edgware Community Hospital would be difficult for them. | Residents |
| **Responses to feedback**<br>It was acknowledged that many patients may feel anxiety when travelling to a new site. The information that is required for patients to make a decision on where to have their surgery and how to get there needs to be both improved and consistent.<br><br>It was noted that staggered appointment times or offering more choice around appointment time would be helpful to patients.<br><br>The longer-term strategy for the NHS is for all elective care to offer a six-day service. This is a long-term strategy and is being led at a national level.<br><br>There are a variety of transport links to Edgware Community Hospital, including buses, tube, and train. The site also hosts a large car park, and all services are provided on a single floor.<br><br>Information on the proposals was made available in six languages. It was acknowledged that patients, whose first language is not English, may require additional support throughout their | |

patient journey. We confirmed that we would be seeking to work with trusts to respond to feedback from patients and residents on the level of information that patients need throughout their journey.

There are volunteers stationed at the main reception of Edgware Community Hospital to provide support and directions to visitors.

### *iv. Communications*

Much of the feedback on communication relates to the appointment letters that patients receive to help them understand where they need to go and what will happen to them on the day.

Below is a quote from a resident on the theme of communication:

*"I got a letter with an appointment. I didn't know what this is for. Didn't know the facility. Got to the hospital by cab but was told by the staff my doctor went to different room, I asked the staff which department to go, I kept going to different ones. Then I am told I'm late for the appointment, which initially I wasn't. No information – This has caused this issue! If I would have had information [of the correct department to go to in advance], I would have known where to go, and I wouldn't be late and needed another appointment. This cost me £40, a waste of time and money."*

| Sub-category | Respondent |
|---|---|
| <u>Adequate information</u><br>There was an important emphasis of receiving adequate information in advance, particularly about appointments and what to expect. | Residents |
| The types of patients who would undergo cataract surgery will tend to be older and, of course, have some difficulties with vision. The impact of these proposals is likely to be stressful. Clear and comprehensive communication to patients regarding their travel options to get to and from the site will be vital to alleviate stress and anxiety. Inclusion of bus routes and numbers as well as maps would help patients to navigate new journeys. | Residents |

| | |
|---|---|
| Impact of inadequate information<br>There is an impact on patients for missed appointments due to inadequate information on which department to go to. | Residents |
| Preferred means of appointment information<br>The majority of older aged participants preferred letter appointments posted to them. Patients who are visually impaired preferred phone call reminders with a letter posted to them.<br><br>Generally, texts are good for reminders but are not suitable for large amounts of information – emails and letters are better for this. | Residents |
| Patients whose first language is not English<br>Patients whose first language is not English expressed the importance of more information, clear and understandable. In many cases they may rely on family to help them understand the journey they are about to embark on. | Residents |
| Direct contact for patient enquires<br>It would be helpful if someone were to be delegated to provide patients with the required information prior to their Ophthalmology surgery. | Residents |

**Responses to feedback**

It was acknowledged that many patients may feel anxiety when travelling to a new site. The information that is required for patients to make a decision on where to have their surgery and how to get there needs to be both improved and consistent. We confirmed that we would be seeking to work with trusts to respond to feedback from patients and residents on the level of information that patients need.

We will be exploring if patients can choose the best way they would like to receive information and communications e.g., via letters, email, or texts.

Post-operative information leaflets from the Edgware Community Hospital are currently available in a larger print.

### *v. Support for patients with vulnerabilities*

The level of support needed for patients with vulnerabilities was another common theme, including the additional stress and anxiety for older people and people with disabilities to attend a new site and the reliance of these groups of patients on family/carers to attend hospital.

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

> *"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."*

| Sub-category | Respondent |
|---|---|
| Mobility issues<br>Patients with mobility issues or without carers may find the proposed changes more difficult. | Residents |
| Older patients<br>Older participants expressed concerns about the challenges faced, particularly those who go to appointments on their own. | Residents |
| Travelling alone<br>Individuals who travel on their own, that have disability, impairments, and/or of older age, expressed concerns about the challenges of travelling to the hospital and navigating the healthcare system. Some stated having to travel by themselves caused anxiety of travelling to somewhere far and unfamiliar. | Residents |
| **Responses to feedback**<br>It was acknowledged that patients with vulnerabilities may feel anxiety when travelling to a new site. The information that is required for patients to make a decision on where to have their surgery and how to get there needs to be both improved and consistent.<br><br>The support required for vulnerable patients were also raised as part of the Elective Orthopaedic Review consultation and a number of mitigations in relation to travel and transport were proposed. One mitigation introduced was the care coordinator role. Care coordinators support patients, especially those with vulnerabilities, with how to travel between sites and access | |

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|---|
| transport schemes where eligible (e.g., reimbursement scheme, patient transport services). This role could be considered to support vulnerable patients moving between hospital sites for their Ophthalmology surgery. |

*vi. Additional areas*

Stakeholders also provided feedback and queries on a wide range of additional areas such as the impact on other services. These are included below.

| Sub-category | Respondent |
|---|---|
| <u>Wait times</u><br>Referral time can be long, we heard that some patients waited for 3 to 6 months, even going back to 2021.<br><br>Residents experienced longer wait times at clinics when appointments prior to theirs run over schedule. Some reported that waiting times can be up to 5 hours. | Residents<br><br>Residents |
| <u>Clinical model</u><br>Can patients decide if they want both cataracts carried out at the same time?<br><br>Do the efficiencies and additional procedures claimed in the model take account of future growth?<br><br>Have any other models in how to deliver high volumes of low complex cataracts been considered, including models from other parts of the world?<br><br>Does cataract surgery have to go through EBICS (formally PoLCE) process? There have been some reports to this being required.<br><br>Does this require additional resource (staff, estates) to be a success? | Residents<br><br>Residents<br><br>GPs<br><br>GPs<br><br>Residents |
| <u>Impact on other services</u><br>What is the role of the independent sector in the strategy? | Residents |

| | |
|---|---|
| Does the move of Ophthalmology mean additional capacity for other surgical specialties?<br><br>Is the second theatre at Edgware Community Hospital currently in use and, if so, what is being moved?<br><br>What is the impact on Project Oriel?<br><br>What is the impact on Barnet Hospital?<br><br>What might be the impact of the proposed changes to community contracts such as Evolutio and Enfield Community Ophthalmology services? | Residents<br><br>Residents<br><br>Residents<br><br>Residents<br><br>Residents |
| <u>Monitoring the proposed changes</u><br>Aside from the usual performance metrics that the NHS uses to monitor its services, what steps will be taken to understand the patient experience of these proposed changes? | Residents |
| <u>Engaging stakeholders</u><br>It was highlighted that there was a lot of demand on VCSE groups to respond to engagement requests. This is from all sectors and presents a challenge to small groups with limited resources. | Residents |
| <u>Learning from previous surgical hub experience in NCL</u><br>How successful were the mitigations that were put in place for the Orthopaedic Elective Centres? | JHOSC |
| **Responses to feedback**<br><u>Wait times</u><br>We recognise that there are often long waits for surgery. One of the key benefits and drivers behind the proposal is the long waiting times. The introduction of a hub for cataracts at Edgware Community Hospital could reduce wait times by up to four weeks. | |

Clinical model

Whether a patient undergoes single or double cataract surgery would be a conversation between patient and clinician – if a double procedure is clinically appropriate.

We confirmed that a growth rate of 4% per year has been included in the modelling to take account of further expected rises in the demand for services. It was confirmed that the increase in 3,000 procedures is a result in improved productivity and efficiency at all sites that offer Ophthalmology surgery.

In terms of the type of clinical model used, we know there are lessons to be learnt from within our own system and from other systems about how to provide more efficiency and better utilisation. For example, our preferred pathway going forward will be to carry out procedures on both eyes in the same day rather than one eye (if clinically appropriate).

However, there are differences between the NHS models in the UK compared to other models. For example, types of surgery undertaken in NHS tend to be small incision cataract procedures and therefore not comparable with other international models where there tends to be larger wounds.

Looking more closely to home, independent sector providers can have 25-30 cases per list whereby patients are dilated from home and patients are worked up outside of surgeon time. However, independent sector providers tend to undertake more low complex cataract procedures whereby patients do not have medical co-morbidities so is not necessarily comparable to the work undertaken in the NHS at present.
Cataract surgery is listed within the latest NCL EBICS policy, including the criteria when cataract surgery is indicated. The EBICS policy is available on the NCL GP website.

By creating a surgical hub compliant with GIRFT standards, we can use the existing theatre and staff located at Edgware Community Hospital more effectively and therefore increase the number of Ophthalmology procedures performed. In order to maximise the volume of additional activity the surgical hub could provide, some additional resources (e.g., theatre, staff, equipment) would be required. There is an existing second theatre at Edgware Community Hospital which would enable the hub to run parallel theatre lists. The Royal Free London are currently developing a business case which outlines these resource requirements.

Role of the independent sector

We confirmed that the proposals do not include any changes to the provision of care by independent sector providers and that patients can continue to choose to have their surgery at independent sector providers that are contracted to provide NHS services.

We confirmed that there is separate work underway within NCL ICB to work with community optometrists so that they can a) make referrals directly for Ophthalmology surgery, and b) offer some follow-up care that might usually be provided within a hospital setting.

Impact on other services

We confirmed that any additional surgical capacity created at Whittington Hospital and Chase Farm Hospital would be used to help tackle waiting lists in other surgical specialties such as Gynaecology or Orthopaedics.

These proposals are separate to project Oriel and have no impact on the project. There is no impact on Barnet Hospital. They do not offer Ophthalmology surgery.

The proposed changes are specifically in relation to cataract services at Edgware Community Hospital so community contracts would not be impacted. Pre- and post -operative checks will continue to be done where they are now. Work is also underway to better utilise optometrists for providing ongoing care in the community which will mean care even closer to home than now.

Monitoring the proposed changes

We confirmed that the indicators for monitoring the service activity, productivity and outcomes are embedded within the NHS system and trusts routinely report on these. It was suggested that it would be helpful to try to gain insight into how many patients in future choose to go/not go to the proposed hubs and what their reasoning for this is. We will explore undertaking an audit or other monitoring process with the NCL Ophthalmology Clinical Network or via the Edgware Community Hospital hub.

Engaging stakeholders

The programme team had written to a wide range of stakeholders to inform them of the proposals to seek feedback. Some had responded to ask the team to attend patient events, others had not responded.

It was acknowledged that there is often a large number of demands asked of the VCSE sector to respond to engagement and consultation.

# 5. Mitigations for themes

Should the decision be taken to adopt the proposals, we have identified potential mitigations to the issues raised through the patient, public and stakeholder engagement that can be explored by our partners as part of the implementation design. Given that some mitigations may relate to feedback in multiple themes, each mitigation is outlined below and the theme to which it relates to is included.

| Theme | Mitigation |
|---|---|
| **Patient choice**<br>**Communication** | **a. Information to enable an informed choice**<br>It is usually at the point of referral when a patient will choose which hospital they want to go to. Clarity on a patient's right to choose needs to be made explicit at the point of referral. In addition, clear and comprehensive information should be available to referrers to enable patients to make an informed choice between relevant providers. This should include:<br><br>• Current wait time<br>• Distance from home<br>• A link to trust websites where further information on travel can be found. This information is detailed in mitigation d.<br><br>NCL ICB are intending to commission a lead provider responsible for a Single Point of Access (SPoA) for all Ophthalmology referrals in 2024. This SPoA will support patients to make an informed choice at the point of referral on which provider they can choose to be referred to. Through the SPoA patients will receive information including waiting time for first appointments, average waiting time for surgery (if appropriate), distance from home, if the provider provides door to door transportation, and information detailing the services provided.<br><br>Additionally, patients can access the My Planned Care website which provides weekly updates on average waiting times at hospitals, along with advice and support to help patients prepare for surgery while they wait. |

| Theme | Mitigation |
|---|---|
| | If choice is not made at the time of referral, patients need access to a range of information that reflects what is important to them – be this travel time, distance, or continuity of care. Potential mitigations are picked up under mitigations c and d. |
| Travel & transport<br>Accessibility<br>Patient choice<br>Support for patients with vulnerabilities | **b. Pathway Navigators**<br>Pathway Navigators (originally termed Care coordinators) are a potential mitigation for a wide range of concerns raised within the feedback such as the increased anxiety of travelling to a different site, questions on how to get to sites, what support for travel is available for vulnerable patients, and what will happen at the appointment. They were successfully used within the Elective Orthopaedic Centres to provide support to vulnerable patients, with the movement between Elective Orthopaedic Centres, including the navigation of travel and transport. This role could be considered to support vulnerable patients moving between hospital sites for their Ophthalmology surgery. Additionally there are several other services and teams who are available to support through a patient's pathway including admissions team, outpatient appointment centre, operational management teams, clinical teams (nursing and doctors), learning disability teams, and Patient and Advice Liaison Service. These roles are currently deployed differently across the different sites in NCL, so we will look to get greater consistency across these teams from April 2024. |
| Travel & transport<br>Communication<br>Patient choice<br>Support for patients with vulnerabilities | **c. Clear travel information**<br>Clear travel information on trust websites and appointment letters regarding how to reach the site and the support that is available including:<br>• A map of the site to assist with navigation upon arrival<br>• Nearby train and tube stations and details of the onward journey from these stations<br>• The route number of local buses that go directly to the site<br>• Eligibility criteria and booking process for the patient transport scheme |

| Theme | Mitigation |
|---|---|
| | • Eligibility criteria and process for how and when to claim via the travel reimbursement scheme<br>• Details of any additional local schemes run by VCSE organisations that may support patients with their transport<br>• A link to TfL's journey planner so that patients can plan the journey from their home address<br>• Details of how to arrive at the site via car via major routes<br>• Details of available parking, including costs<br>• Information on facilities available at the site, such as cafes and shops<br><br>Information should be available in different formats. This is particularly important for patients whose surgery is taking place at a different site and for patients who may have vision problems or patients whose first language is not English. |
| **Travel & transport**<br>**Communication**<br>**Support for patients with vulnerabilities**<br>**Accessibility**<br>**Additional areas** | **d. Information in referral and appointment letters**<br>Clear and comprehensive information should be sent to patients. This should include:<br><br>• The reason for the appointment<br>• Clarity of what clinic and clinician the appointment is with<br>• The expected length of the appointment<br>• Instructions on preparing for surgery (e.g., fasting, taking medication)<br>• A map of the site to assist with navigation upon arrival<br>• Nearby train and tube stations and details of the onward journey from these stations<br>• The route number of local buses that go directly to the site<br>• Eligibility criteria and booking process for the patient transport scheme<br>• Eligibility criteria and process for how and when to claim via the travel reimbursement scheme<br>• Details of any additional local schemes run by VCSE organisations that may support patients with their transport |

| Theme | Mitigation |
|---|---|
| | • A link to TfL's journey planner so that patients can plan the journey from their home address<br>• Details of how to arrive at the site via car via major routes<br>• Details of available parking, including costs<br>• Information on facilities available at the site, such as cafes and shops<br>• Information on how to request an interpreter, if required<br><br>Information should be available in a variety of different forms of communication (e.g., letter, email, text message, phone call, online portal). Patients can choose the method by which they wish to receive this information. This is particularly important for patients whose surgery is taking place at a different site and for patients who may have vision problems or patients whose first language is not English. |
| Accessibility<br>Support for patients with vulnerabilities | **e. Signage at the Edgware Community Hospital**<br>Review of Edgware Community Hospital signage and consider any improvements required to ensure it is adequate for patients suffering from poor vision (e.g., large font, Braille, directional signage, coloured floor markers). |
| Accessibility<br>Support for patients with vulnerabilities | **f. Site accessibility**<br>This could include a video walk-through of the site to help familiarise patients with what to expect at the site, or having other systems in place to support patients whilst on site (e.g., 'Reading Your Name' audio system). |
| Accessibility<br>Communication<br>Support for patients with vulnerabilities | **g. Embedding best practice**<br>The hub to review GIRFT surgical hub accreditation standards for access and patient experience. This is a means of recognition that hub sites are meeting top clinical and operational standards and includes that they consider staggered appointment times. MEH is currently progressing through the hub accreditation of their sites with NHSE. |

| Theme | Mitigation |
|---|---|
| | The surgical hub at Edgware would be developed into a GIRFT best practice centre for Ophthalmology. This would include more space to deliver additional appointments / treatments and support the increase in choice for patients. Surgical pathways would be developed to offer bilateral cataract procedures. Performance against GIRFT standards would be overseen by the RFH divisional management team, and an action plan would be developed to respond to any areas requiring intervention,<br><br>Consider the 'Ask for Christine' model as per Patient Association recommendations whereby patients are given a named contact in the administration team with whom they can liaise about appointments. |
| **h. Additional areas** | **i. Understanding the impact of the proposed changes**<br>Work with the NCL Ophthalmology Clinical Network and Royal Free London regarding how to gain insight into how many patients in future choose to go/not go to the proposed hub and what their reasoning for this is. |
| **j. Additional areas** | **k. Planning future engagement**<br>A centralised database within the NCL ICB of stakeholders. This would be of benefit to future engagement across all areas of the NCL ICB and NCL ICS.<br><br>A timeline of forthcoming engagement activity across NCL ICS to assist planning future engagement. |
| **l. Additional areas** | **m. Impact on other services**<br>One of the working principles of the healthcare system in NCL when working together on surgical transformation is that there will be no fallow capacity in the system. This means that should proposed changes result in theatre capacity being freed up at one site, this will not go to waste but will be used |

| Theme | Mitigation |
|---|---|
| | to help tackle waiting lists in other surgical specialties. We will ensure this is embedded into our governance structures. |

# 6. Conclusion

## 6.1 Conclusion

Overall, the feedback we received has been largely supportive of the proposals. The conversations we had during engagements events were particularly insightful. As a result, 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. The perceived impact of the proposals and resistance to the changes were tempered by our confirmation that patients retain the right to choose where they receive care.

The following action plan is proposed to deliver the mitigations to the issues raised:

| You Said | We Will (including actions) | Lead | Review Date |
|---|---|---|---|
| 1. We want well trained and supportive staff delivering the best clinical care | • We will ensure that the staff who provide Ophthalmology services are compliant with the GIRFT standards for the specialty 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 muti-disciplinary teams managing patients on the day of surgery.<br>• 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.<br>• An action plan will be developed by the service to respond to any areas requiring intervention – | Trusts | Mar 2024<br><br>Apr 2024 |

| | | | |
|---|---|---|---|
| | this again will be owned jointly by operational and clinical teams.<br>• GIRFT updates and the action plan will be overseen by RFH divisional management team as part of routine monthly performance management oversight. | | |
| 2. We want a choice of appointment times that are convenient for us and that run on time | • 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 issues with access and staggered appointment times.<br>• Review of MEH hub accreditation of St Anns and City Road sites with NHSE.<br>• 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.<br>• Surgical pathways to be developed to offer bilateral cataract procedures, reducing the number of appointments needed.<br>• 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 | Apr 2024<br>Jun 2024<br>Jun 2024<br>Sept 2024 |

| | | | |
|---|---|---|---|
| 3. We want someone to talk to for advice and support for vulnerable patients | • 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 two 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:<br>  • Admissions team<br>  • OAC (Outpatient Appointment Centre)<br>  • Operational management teams<br>  • Clinical teams (Nursing and Dr)<br>  • Learning Disability teams<br>  • PALS (Patient Advise and Liaison Service)<br>• Initiate review of pathway navigation functions to develop greater consistency across these teams across all sites. | Trusts / ICB | Apr 2024 |
| 4. We want to discuss with a GP or optometrist our choices for surgery and how to change | • 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. | ICB | |

| | | | |
|---|---|---|---|
| hospital if we want to | • Communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website. | | Feb 2024 |
| 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 | • We will work with sites to ensure that the information included in referral and appointment letters meets patients' requirements (as specified in Section 5) and meeting best practice information standards.<br>• Patient letters to be reviewed as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care).<br>• 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 | Feb 2024<br><br>Jun 2024 |
| 6. We want support with travel if we cannot afford it or need help | • We will work with sites to ensure that clear travel information, which includes how to access support with travel, is available to patients (this is partially covered by the action on patient letters above). 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 | Trusts / ICB | |

| | | | |
|---|---|---|---|
| | national teams are looking to streamline the process to access this.<br>• Review of travel information on Trust websites to meet the requirements expressed in the patient engagement (Section 5). | | Feb 2024 |
| 7. We want any theatre capacity that is freed up by the proposed changes to help reduce waiting lists in other areas | • 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.<br>• 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.<br>• 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<br>• Edgware theatre utilisation consistently achieved 85% in 23/24. Performance monitoring to continue monthly at Northern Surgical Hub Group.<br>• Review increase in activity through Planned Care Programme Board. | Trusts / ICB | Feb 2024<br><br>Monthly<br><br>Mar 2024 |

The HEIA analysis was used to ensure the mitigations listed are in place to support the groups that might be most impacted by the 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). 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.

# 7. Appendices

## 7.1 Patient information leaflets

The patient information leaflet was made available in eight formats. Links to these are included below.

| | |
|---|---|
| English version | Romanian version |
| Easy Read version | Somalian version |
| Bengali version | Spanish version |
| Polish version | Turkish version |

## 7.2 Patient feedback survey

The feedback survey was made available in eight formats. These are included below.

| | |
|---|---|
| English version | Romanian version |
| Easy Read version | Somalian version |
| Bengali version | Spanish version |
| Polish version | Turkish version |

## 7.3 Table of responses by key demographics

Analysis by key demographics is only available for the survey responses as it was not possible to ascertain these from the public events carried out. The tables below provide details of the demographic information of the 138 survey respondents by the relevant question and includes information of the nine protected characteristics under the Equality Act 2010.

*Type of respondent*

There were 136 responses to this the question.

| Option | Total | Percent |
|---|---|---|
| **Current or former patient or service user** | 85 | 62% |
| **Family member or friend of a patient or service user** | 18 | 13% |
| **Member of the public** | 18 | 13% |
| **Health or care professional or member of NHS staff** | 7 | 5% |
| **Staff who provide Ophthalmology services** | 4 | 3% |
| **Not Answered** | 2 | 1% |
| **Carer of a patient or service user** | 1 | 1% |
| **Voluntary organisation or charity** | 1 | 1% |
| **Other public body / stakeholder / political representative** | 1 | 1% |
| **Prefer not to say** | 1 | 1% |
| **Trade union or professional body** | 0 | 0% |

*Borough*

There were 135 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Enfield** | 73 | 53% |
| **Barnet** | 29 | 21% |
| **Elsewhere** | 13 | 9% |
| **Haringey** | 9 | 7% |
| **Islington** | 8 | 6% |
| **Not Answered** | 3 | 2% |
| **Camden** | 2 | 1% |
| **Prefer not to say** | 1 | 1% |

*Hospital of choice*

There were 138 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|

| | | |
|---|---|---|
| **Chase Farm Hospital** | 52 | 38% |
| **Moorfields Eye Hospital (City Road site)** | 24 | 17% |
| **North Middlesex University Hospital** | 14 | 10% |
| **Royal Free Hospital** | 11 | 8% |
| **Moorfields Eye Hospital (Potters Bar Community Hospital)** | 10 | 7% |
| **Edgware Community Hospital** | 8 | 6% |
| **Whittington Hospital** | 8 | 6% |
| **Not applicable** | 7 | 5% |
| **Other** | 2 | 1% |
| **Moorfields Eye Hospital (St Ann's site)** | 1 | 1% |
| **Prefer not to say** | 1 | 1% |

### *Age*

There were 137 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **16 – 18** | 1 | 1% |
| **19 – 24** | 0 | 0% |
| **25 – 34** | 5 | 4% |
| **35 – 44** | 8 | 6% |
| **45 – 54** | 18 | 13% |
| **55 – 64** | 19 | 14% |
| **65 – 79** | 62 | 45% |
| **80+** | 21 | 15% |
| **Prefer not to say** | 3 | 2% |
| **Not Answered** | 1 | 1% |

### *Gender*

There were 138 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Female (including trans woman)** | 100 | 72% |
| **Male (including trans man)** | 29 | 21% |
| **Non-binary** | 1 | 1% |

| | | |
|---|---|---|
| **In another way** | 4 | 3% |
| **Prefer not to say** | 4 | 3% |
| **Not Answered** | 0 | 0% |

*Change of gender*

Residents were asked if their gender identity is the same as the gender they were given at birth. There were 137 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Yes** | 129 | 93% |
| **No** | 3 | 2% |
| **Prefer not to say** | 5 | 4% |
| **Not Answered** | 1 | 1% |

*Ethnicity*

There were 138 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **White: Welsh/English/Scottish/Northern Irish/British** | 60 | 43.5% |
| **White: Irish** | 1 | 0.7% |
| **White: Gypsy or Irish Traveller** | 3 | 2.2% |
| **White: Any other White background** | 16 | 11.6% |
| **Mixed: White and Black Caribbean** | 0 | 0.0% |
| **Mixed: White and Black African** | 1 | 0.7% |
| **Mixed: White and Asian** | 1 | 0.7% |
| **Mixed: Any other mixed background** | 0 | 0.0% |
| **Asian/Asian British: Indian** | 12 | 8.7% |
| **Asian/Asian British: Pakistani** | 2 | 1.5% |
| **Asian/Asian British: Bangladeshi** | 2 | 1.5% |
| **Asian/Asian British: Any other Asian background** | 11 | 8.0% |
| **Black or Black British: Black – Caribbean** | 3 | 2.2% |
| **Black or Black British: Black – African** | 6 | 4.4% |
| **Black or Black British: Any other Black background** | 0 | 0.0% |

| | | |
|---|---|---|
| **Other ethnic background: Chinese** | 0 | 0.0% |
| **Other ethnic background: Any other ethnic group** | 6 | 4.4% |
| **Prefer not to say** | 14 | 10.1% |
| **Not Answered** | 0 | 0.0% |

*Disability*

There were 134 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Yes** | 43 | 31% |
| **No** | 77 | 56% |
| **Prefer not to say** | 14 | 10% |
| **Not Answered** | 4 | 3% |

There were 31 additional responses to describe the disability of the respondent. These covered a wide range of physical and mental health conditions.

*Religion*

There were 136 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **No religion** | 21 | 15% |
| **Buddhist** | 2 | 1% |
| **Christian** | 49 | 36% |
| **Hindu** | 20 | 14% |
| **Jewish** | 8 | 6% |
| **Muslim** | 10 | 7% |
| **Sikh** | 1 | 1% |
| **Atheist** | 0 | 0% |
| **Any other religion** | 4 | 3% |
| **Prefer not to say** | 21 | 15% |
| **Not Answered** | 2 | 1% |

### *Sexual orientation*

There were 133 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Heterosexual** | 110 | 80% |
| **Gay** | 2 | 1% |
| **Lesbian** | 1 | 1% |
| **Bisexual** | 0 | 0% |
| **Other sexual orientation** | 0 | 0% |
| **Prefer not to say** | 20 | 14% |
| **Not Answered** | 5 | 4% |

### *Carer status*

There were 136 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Yes** | 26 | 19% |
| **No** | 98 | 71% |
| **Prefer not to say** | 12 | 9% |
| **Not Answered** | 2 | 2% |

### *Marital status*

There were 135 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Single, never married** | 32 | 23% |
| **Married or civil partnership** | 51 | 37% |
| **Living with a partner** | 2 | 1% |
| **Widowed** | 17 | 12% |
| **Divorced** | 15 | 11% |
| **Separated** | 1 | 1% |
| **Prefer not to say** | 17 | 12% |
| **Not Answered** | 3 | 2% |

*Pregnancy*

There were 134 responses to this part of the question.

| Option | Total | Percent |
|---|---|---|
| **Yes** | 1 | 1% |
| **No** | 121 | 88% |
| **Prefer not to say** | 12 | 9% |
| **Not Answered** | 4 | 3% |

7.4 Contact with VCSE groups

Below is a list of the 96 VCSE groups, categorised by geographical reach, that were contacted directly by NCL ICB programme team as part of the engagement campaign to advise them of the proposals, the source of further information and feedback and an offer to brief them or their members.

| **Barnet** | **Camden** |
|---|---|
| African Cultural Association | Age UK Camden |
| Age UK Barnet | Bengali Workers Association |
| Alzheimer Society | Camden Asian Women's Centre |
| Barnet Carers | Camden Disability Action |
| Barnet Involvement Forum | Camden Voluntary Action |
| Barnet Minds | Centre 404 Camden |
| Barnet Multifaith Forum | Chinese Community Centre |
| Barnet Older Women's Cohousing | Disability Action Enfield |
| Barnet Seniors Association | Hampstead Community Centre Over 50s Club |
| CB Plus (Barnet Community Hub) | Healthwatch Camden |
| Chinese Mental Health Association / Meridian Wellbeing | Home Start Camden & Islington |
| Community Barnet Primary Care Group | Hopscotch |
| Deaf Plus Barnet | London Gypsies and Travellers |
| Grahame Park Community Centre | London Irish Centre |
| Healthwatch Barnet | Somali Cultural Centre |
| | Umoja African Health Forum |

| | |
|---|---|
| Magnolia Care Home<br>my AFK<br>New Barnet Library<br>Older Women's Cohousing Barnet | Voluntary Action Camden<br>West Hampstead Women's Centre<br>Winvisible (Women With Visible and Invisible Disabilities) |
| **Enfield**<br>Age UK Enfield<br>Alpha Care (Older persons)<br>Caribbean African Health Network (CAHN)<br>Centre 404 Enfield<br>Diversity Living Services<br>Enfield Carers Centre<br>Enfield Caribbean Association<br>Enfield Disability Action<br>Enfield East Asian Women's Association<br>Enfield Over 50 Forum<br>Enfield Vison<br>Enfield Voluntary Action<br>Enfield Women's Centre<br>Healthwatch Enfield<br>LBGT Enfield<br>One-to-One Enfield (Learning difficulties)<br>Selby Trust<br>The Shane Project | **Haringey**<br>Age UK Haringey<br>Bridge Renewal Trust<br>Carers Forum<br>Centre 404 Haringey<br>Chestnuts Connection<br>Citizen Advice Bureau<br>Community Prevent Advisory Group<br>Embrace UK<br>Haringey Association of Voluntary and Community Organisations (HAVCO)<br>Haringey Learning Partnership<br>Haringey Over 50s Forum<br>Haringey Wheelchair User Group<br>Healthwatch Haringey<br>Home Start Haringey<br>Keen London<br>Latin American Women's Rights Group<br>Managing chronic Arthritis<br>Nafsiyat<br>Selby Community Centre<br>Synagogue Stamford Hill<br>The Engine Room<br>Turkish Cypriot Women's Project |

| Islington | NCL and wider |
|---|---|
| Age UK Islington | Age UK Hertfordshire |
| Centre 404 Islington | Healthwatch Hertfordshire |
| Claremont Project | Royal National Institute of Blind People |
| Diverse Health Voices Islington | |
| Healthwatch Islington | |
| Islington Carers Hub | |
| Islington Carers Support Group | |
| Islington Pensioners' Forum | |
| Islington Somali Community | |
| Manor Gardens and Bright Start | |
| Manor Gardens Welfare Trust | |
| Octopus Community Network | |
| The Parent House | |
| The Peel Institute | |
| Voluntary Action Islington | |

Our list of VCSE groups ensured we reached out to groups in the following four categories:

- Older people aged 65+
- Black Asian and Minority Ethnic Groups
- Carers and those with disabilities
- Borough-focused groups

7.5 Campaign reach statistics

The table below outlines the activity that took place during the engagement period. It does not include all the pre-engagement activity that was carried out with key stakeholders to share the proposals and gain feedback in advance of 21st August.

Numbers reached indicate the number of people who received the article/email. Click-throughs indicate, where analytics were available, the number of those who opened the article.

| Engagement method | Area | Approach | Numbers reached | Click throughs |
|---|---|---|---|---|
| NCL GP Bulletin | NCL | Article to inform engagement is live | 361 | 53 |
| NCL ICB Website | NCL | Information and feedback mechanism | 267 unique views | |
| NCL ICB social media posts | NCL | A total of 14 posts on the proposals across X (formally Twitter), Facebook and Instagram | Clicks: 36<br>Reach: 330<br>Impressions: 877 | |
| RFL Website | NCL | Information and feedback mechanism | 67 unique views | |
| RFL intranet | Staff | Information and feedback mechanism | 11,000 | 88 |
| RFL weekly staff newsletter | Staff | Briefing document on proposals | 11,000 | 440 |
| RFL stakeholder newsletter | NCL | Information and feedback mechanism | 150 | n/a |
| NEL ICB Website | NEL | Information and link to NCL website | 4 unique views | |
| Healthwatch Enfield Website | Enfield | Information and feedback mechanism | 151 | n/a |
| Healthwatch Enfield social media channels | Enfield | Facebook (reach)<br>X, formerly Twitter (reach)<br>Instagram (reach) | 6664<br>375<br>51 | n/a |

| | | | | |
|---|---|---|---|---|
| Local Optical Committee | NCL | Letter to inform engagement is live | 200 | n/a |
| VCSEs | NCL | Letter to inform engagement is live | 96 | n/a |
| MPs | NCL | Letter to inform engagement is live | 12 | n/a |
| Councillors | NCL | Letter to inform engagement is live | 53 | n/a |
| NCL Integrated Care Update newsletter | NCL | Article on proposed changes | 522 | 5 |
| Love your doorstep | Enfield | Newsletter<br>Facebook | 12,000<br>1,200 | n/a |
| Healthwatch Haringey Newsletter | Haringey | Article on proposed changes | 746 | 19 |
| Healthwatch Islington | Islington | Article on proposed changes<br>Article in newsletter | 19 unique views<br>400 reach | |
| Enfield VCS e-bulletin | Enfield | Article on proposed changes | 661 | n/a |
| Palmers Green Community Newsletter | Enfield | Article on proposed changes | 1,500 | n/a |

7.6 Focus group topic guide

| **Focus group topic guide: section** |
|---|
| 1. Welcome – why we are here today, brief introductions |
| 2. You experience of eye surgery<br>• What works well? Why?<br>• What could be improved? How? Why? |
| 3. Outline of the proposal |

4. Views on the proposal – discussion in the group with a focus on impacts and potential mitigations
5. Where would you like to get information from about eye surgery?
6. Next steps, thanks and close

7.7 Event log

Below is an overview of the thirteen public events that were held during the engagement period to present the proposals and hear from 237 stakeholders.

| Stakeholder name | Borough | Date | Time | In attendance |
|---|---|---|---|---|
| **Camden Patient and Public Engagement Group** | Camden | 13-Sep-23 | 6pm | 37 |
| **Enfield PPG Network** | Enfield | 18-Sep-23 | 2pm | 18 |
| **Visit to Whittington Ophthalmology clinic** | Islington | 18-Sep-23 | 1-4pm | 19 |
| **Enfield Carers' Group** | Enfield | 19-Sep-23 | 1pm | 4 |
| **Focus Group** | Enfield | 25-Sep-23 | 12-2pm | 6 |
| **Visits to Chase Farm Ophthalmology clinic** | Enfield | 27-Sep-23<br>03-Oct-23 | 2-5pm<br>9am-12pm | 43 |
| **Barnet Asian Women's Association** | Barnet | 29-Sep-23 | 1pm | 37 |
| **Edmonton Green Library** | Enfield | 02-Oct-23 | | 4 |
| **Enfield East Asian Women's Association** | Enfield | 05-Oct-23 | tbc | 25 |
| **World Mental Health Day - Enfield Green Towers** | Enfield | 10-Oct-23 | | 10 |
| **Enfield Voluntary and Community Stakeholder Reference Group** | Enfield | 10-Oct-23 | 11am - 12.30pm | 19 |
| **Haringey Engagement Network** | Haringey | 10-Oct-23 | 2.30-4pm | 15 |

### 7.8 Information made available to residents during the engagement period

The NCL ICB website, a dedicated webpage, was the main source of information to residents. This set out the proposals and included patient information leaflets, feedback surveys, FAQs, and additional contact options.

Residents were encouraged to share views via a range of options:

- Complete a short online survey (please contact us using the details below if you require a printed survey)
- Email nclicb.surgicalhubs@nhs.net
- Write to Freepost SURGERY (no need for a stamp or postcode)
- Phone 020 4518 7132
- Invite the programme team to speak to your group using the contact details above.

Please contact us if you require information in a different format or support to provide feedback, using the details above.

### 7.9 Website FAQs

*Where can I currently have planned NHS eye surgery in North Central London (NCL)?*

1. The Royal Free London NHS Foundation Trust, which delivers services at Edgware Community Hospital, Royal Free Hospital, Chase Farm Hospital, or Whittington Hospital.
2. North Middlesex University Hospital NHS Trust.
3. Moorfields Eye Hospital NHS Foundation Trust at Moorfields Eye Hospital (City Road Campus), Moorfields Eye Unit at St Ann's Hospital or Moorfields Eye Unit at Potters Bar Community Hospital.
4. Independent sector providers contracted to provide services for the NHS.

*What changes are proposed for eye surgery?*

So the NHS can carry out an estimated additional 3,000 eye surgery procedures a year in NCL, two changes are proposed:

1. To create a hub for eye (Ophthalmology) surgery at Edgware Community Hospital which provides surgery for adults for common, usually straightforward (low complexity) conditions like cataracts. This would bring together all eye 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 higher number of surgical procedures can be done.
2. A small number of complex eye surgeries and procedures that need to co-locate with other specialties will remain at both Chase Farm Hospital and Royal Free Hospital.

Patients would continue to attend their local or preferred hospital for tests and outpatient appointments before and after having surgery.

Existing planned eye surgery services would 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 would continue to be able to choose which NHS provider they are referred to for care inside or outside NCL.

### *Why are changes being proposed for eye surgery?*

The NHS has been working extremely hard to tackle waiting lists for planned care, which were made much worse by the impact of the Covid-19 pandemic.

Good progress has been made in NCL and the number of people waiting the longest for care has been significantly reduced.

Despite these efforts, waiting lists for surgery continue to grow. This is because the number of people needing surgery is increasing at a faster rate than the number of surgical procedures we can do.

The longer people wait, the greater the risk their health deteriorates and the complexity of care they require increases. This can potentially impact on their ability to work, connect to their community, care for others, and live their life to the fullest.

We want to do everything we can to tackle this and have developed these proposals to help us to carry out more eye surgery procedures and reduce wait times.

### *How could patients benefit from the proposal?*

The proposed changes will allow us to carry out an estimated additional 3,000 procedures a year which means that many patients could be seen faster following their referral.

We have reviewed existing relevant patient engagement to understand what matters most to patients and a regular theme is that patients are willing to travel further if they can be seen quicker. By increasing the number of surgical procedures we can do, this should reduce waiting times by up to four weeks for some patients.

Patients will benefit from the shared expertise and experience of clinical teams working together and through services operating more efficiently, we expect there to be fewer last-minute cancellations or delays for patients on the day of their surgical procedure.

*Will patients still be able to choose which NHS provider they are referred to?*

Yes, patients will continue to be able to choose which NHS provider they are referred to. GPs are able to provide information about options, including waiting times, when making a referral. Read more about the choices available to you in the NHS on the GOV.uk website.

*What do the proposals mean for people currently on eye surgery waiting lists?*

Royal Free London patients who have currently been booked into a specific hospital (for example, the eye surgery service at Whittington Hospital) for their eye surgery will remain at that hospital, unless the appointment needs to be rebooked. After the proposed move date most patients who have not been assigned a hospital will be booked into Edgware Community Hospital, with a small number of more complex procedures booked into Chase Farm Hospital or Royal Free Hospital.

*Do the proposals include emergency care?*

No, the proposals only relate to planned eye surgery for adults. No changes are proposed to where emergency eye surgery is provided in NCL.

*Do these proposals impact on wider Oriel plans to move Moorfields Eye Hospital, currently at City Road, to St Pancras?*

No, these proposals are separate to Oriel. Oriel is a joint partnership between Moorfields Eye Hospital NHS Foundation Trust, the UCL Institute of Ophthalmology and Moorfields Eye Charity. It will move services from Islington to a new, integrated centre on part of the St Pancras Hospital site in Camden to create a world-leading centre for advancing eye health.

*How many eye surgery procedures will the proposed changes affect?*

Around 25,000 eye-related surgical procedures currently take place in NCL each year. The proposed changes would affect approximately 5,000 procedures (around 20% of the total).

*What will happen to any space created at Whittington Hospital and Chase Farm Hospital?*

Any additional surgical capacity created at Whittington Hospital and Chase Farm Hospital would be used to help tackle waiting lists in other surgical specialties such as Gynaecology or Orthopaedics.

*How have clinicians been involved in developing the proposals?*

The NCL Ophthalmology Board has led on developing the proposals for eye surgery. The Board has clinical and operational representation from all NCL acute trusts and community optometrists and is chaired by the Clinical Director at Moorfields Eye Hospital NHS Foundation Trust and London Clinical Lead for Ophthalmology, Dilani Siriwardena.

The work is overseen by a NCL Surgical Transformation Programme Board, which also has representation from all NCL acute trusts, and reports into a NCL ICS System Management Board.

*How might staff benefit from the proposal?*

National evidence suggests that working in surgical hubs, where planned procedures are separate from emergency care, can have benefits for staff including improved satisfaction through:

- more predictable working hours and workload due to fewer delays and cancellations
- opportunities to observe and try new roles and develop knowledge and skills around surgery.

*Have similar changes like these been made before in NCL?*

Yes, the NHS in NCL launched Elective Orthopaedic Centres in 2021 which have doubled the number of surgeries done for hips and knees locally and improved outcomes for patients.

The proposals for eye surgery aim to build on this good work by exploring how surgical hubs could help tackle waiting lists in a different speciality.

*How will you engage with patients and the public on the proposed changes?*

From 21 August to 16 October 2023, we will ask local patients and the public for their feedback – with a focus on how to reduce or avoid any negative impacts from the proposals.

This will cover issues such as travel and transport, accessibility, communications, support for patients with vulnerabilities and/or carers, and staff training.

Activity will include targeted discussion sessions with specific population groups identified in a health equality impact assessment, speaking to local voluntary and community sector organisations and elected representatives, and a feedback form where people can share their views.

Materials will be available in accessible formats and a report analysing the feedback will be published.

### *How can I share my views on the proposal?*

To share your views:

- Complete a short online survey or contact us using the details below for a printed copy
- Email nclicb.surgicalhubs@nhs.net
- Write to Freepost SURGERY (no need for a stamp or postcode)
- Phone 020 4518 7132
- Invite the programme team to speak to your group using the contact details above.

Please contact us if you require information in a different format or support to provide feedback, using the details above.

The opportunity to give feedback runs from 21 August to 16 October 2023.

### *Are similar proposals being considered for any other areas of surgery?*

Through a Surgical Transformation Programme, clinicians and operational staff are considering how we can build on the success of Elective Orthopaedic Centres – surgical hubs for Orthopaedic care – in other specialities where large amounts of surgery take place. The programme is beginning with proposals for eye surgery.

If proposals are developed for other areas of surgery in the future, we will engage with staff, patients and the public, and wider stakeholders at an early stage.