



London Clinical Senate

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Dear Sarah

The CCG and Moorfields response to the Clinical Senate's advice and recommendations regarding the proposal for Moorfields Eye Hospital to move from City Road to the St Pancras Hospital site.

Thank you for sending me the CCG and the Trust's response to the Senate's clinical review of the proposal for Moorfields Eye Hospital to move from City Road to a new integrated eye care, education and research facility in the grounds of St Pancras Hospital. The London Clinical Senate found that there was a clear, clinical evidence base for the proposed relocation. The Senate also notes that our recommendations are accepted and will be incorporated into the final draft of the Pre-Consultation Business Case(PCBC). There are some points raised in your response and at the meeting on the 8th January which deserve further comment and these I have set out below.

The Children's Paediatric Anaesthetic Pathway.

Whilst the Senate did not make a formal recommendation about the paediatric anaesthetics at Moorfields the review panel did want to know more about both the current and proposed pathway for paediatric anaesthetics. So, the Trust's response on page 15-17 is most helpful. The Senate notes the results of the survey from the Paediatric Anaesthetic Research Network (PATRN) and the data produced on unplanned admissions following paediatric day case surgery. It's clear that Moorfields has a low transfer after surgery rate; indeed, there were no transfers in 2017 and 2016. The Senate welcome the Trust's commitment to commissioning an

independent review of its plans for the provision of children and young peoples' surgery at the proposed new site.

Commissioning and Primary Care; the delegation of Optometry Commissioning.

The Senate welcomes the NCL CCGs commitment to strengthening the commissioning of eye health services from primary care. The Senate's report also mentioned that the devolution of the commission of General Optical Services (GOS) to the CCGs should be considered. Having spoken to colleagues in Primary Care Commissioning at NHS England their view is that the devolution of General Optical Services(GOS) contracting to a CCG is unlikely and that a more realistic option is for CCGs to commission instead enhanced services from Optometrists. I would imagine that NHS England's Optical advisers can provide you with further advice on this matter.

Amendments to the Clinical Review.

As was agreed at the meeting on the 8th the Clinical Review has been amended to be clear that GOS refers to General Optical Services contract and not the hospital. The wording of the passage on page 22 regarding the draft PCBC meeting the terms of reference and Senate's principles has been changed. I have mentioned that the evidence presented at the review meeting helped the Senate better understand the CCG & Trust's proposals. The amended review is attached.

Co ordinating communication.

A Clinical Senate review remains the property of the requesting body, in this case Islington CCG, acting as the lead commissioner. This means the review can only be published or shared with your permission. It's stated in the review's term of reference that the CCG will allow this, probably once the consultation process starts. The Senate will then place the report on it's website as a source of information for other Senates, Commissioners and Provider. Thank you for suggesting that we co-ordinate the publication of the review with the CCGs and the Trust. Do let us know how we can do this.

Learning from the Clinical Review.

The London Clinical Senate wants to learn from each review it conducts so we can improve our management of future clinical reviews. We would therefore welcome the views of both the CCG and the Trust on how the Moorfields clinical review was conducted.

Can I once again thank everyone at the CCG, the STP and Moorfields for the work they put into developing the PCBC and for their participation in the clinical review. Once the consultation starts and the review is published then the London Clinical Senate's involvement in the relocation proposal is largely at an end. The Senate will in a year's time ask for an update on the progress made in implementing the service change and how our recommendations are being implemented.

Yours sincerely

Edward Ward
London Clinical Senate Manager.

CC

Dr Mark Spencer, **Vice Chair, London Clinical Senate Council, Medical
Director, NWL Health and Care Partnership**