**Consultation Plan for Public and Patients**

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Product of the Communications, Involvement and Consultation Working Group

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# **Purpose**

This paper sets out the plan for public consultation on the proposal to create a new, purpose-built centre of excellence for eye care, research and education. The proposal, also known as Oriel, is a joint venture between Moorfields Eye Hospital, UCL and Moorfields Eye Charity.

The public consultation plan will be delivered by a partnership of NHS clinical commissioning groups (CCGs), NHS England Specialised Commissioning, Moorfields Eye Hospital NHS Foundation Trust and the Oriel project team.

The CCGs’ Committee in Common is asked to consider and approve the public consultation plan.

# **Summary**

**Who is consulting?**

Camden CCG is leading the public consultation process on behalf of all CCGs that commission the services of Moorfields Eye Hospital NHS Foundation Trust and in partnership with NHS England Specialised Commissioning, which commissions Moorfields’ specialised services for the population of England.

**The process**

Following four phases of patient and public engagement, there will be 12 weeks period of public consultation between May and August 2019, leading to a final decision (about the proposed move) by December 2019.

During the public consultation, we will be seeking views on:

* The proposal and how people may be affected
* What matters to patients, their carers and families, and how this could influence decisions, designs and plans
* The wider implications of the proposed change, its impact on healthcare, social care and environmental issues
* Alternative proposals and suggestions.

Our approach has an emphasis on active participation and not just a request for written responses to the proposals. The programme of consultation activities includes open discussion workshops, discussions with key groups and meetings on request. People can give their views through several channels, including an online feedback questionnaire, via social media, email and post and through face-to-face discussions.

A dedicated Oriel website will provide access to consultation documents and supporting materials, background information and relevant reports. Information will be offered in accessible formats, including large print, audio versions, easy read summaries and languages on request.

**Programme resource and governance**

The public consultation programme is run by a core consultation team of communications specialists collaborating with NHS England and CCG communications leads coordinated by the Communications, Involvement and Consultation Working Group. The consultation team reports to the Programme Director, the Senior Responsible Officers and the Consultation Programme Board. An Oriel Advisory Group of patient and public representatives is in place to advise the Programme Board on approaches to engagement.

To ensure best practice public consultation, The Consultation Institute has been supporting the programme since November 2018 and will provide independent quality assurance of the consultation process.

During the engagement period between November 2018 and April 2019, the consultation team has established working relationships with several eye charities and groups within the sight loss community, who have agreed to collaborate with the programme to ensure effective public consultation.

**Outcome of consultation and decision-making**

At the end of the public consultation period, the feedback and outcomes will be evaluated and analysed by an independent reviewer to provide a final report.

In line with legislation and national guidance, we have started to consult local authority health scrutiny committees. In a coordinated approach to scrutiny, the North Central London (NCL) Joint Health Overview and Scrutiny Committee will meet before, during and after the public consultation process to consider its recommendations.

For the final decision-making process, the Committee in Common will be asked to consider the outcome of consultation as part of a Decision-making Business Case, which will also include the conclusion of assurance by the national regulators and recommendations from the NCL Joint Health Overview and Scrutiny Committee on behalf of all scrutiny committees.

# **Why we are consulting people – our decision**

***Note****: The following is in draft, subject to the findings of an options review and refresh, and may be updated before the committee’s meeting on 24 April.*

Moorfields Eye Hospital NHS Foundation Trust is proposing to build a brand new centre to bring together excellent eye care, ground-breaking research and world-leading education and training in ophthalmology.

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

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

If the move were to go ahead, Moorfields Eye Hospital NHS Foundation Trust would then sell its current land at City Road and all proceeds of the sale would be reinvested in the proposed new centre.

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

* in the interests of the health of our populations, both locally and nationally
* in line with our long term plans to improve health and care
* an effective use of public money

To inform our decision, we are seeking views about the proposed change, including access to the proposed new site, from:

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

We are holding a public consultation between May and August 2019. The outcome of consultation will influence the decision-making business case for consideration by the CCGs and specialised commissioning, who will reach a decision by December 2019.

# **Background**

The proposal for public consultation is based upon a pre-consultation business case (PCBC), which was assured in March 2019 by the national regulators, NHS England and NHS Improvement.

The case for change within the PCBC was considered in detail by the London Clinical Senate. The Clinical Senate supported the case with a number of recommendations, which are being or have been implemented. The findings of the London Clinical Senate will be available as part of a suite of consultation documents.

Four phases of patient and public engagement have informed the development of the PCBC, a review and refresh of proposal options and the final proposal for public consultation.

**Summary of previous engagement and feedback**



**Recent engagement activities – phase 4 (November 2018 – April 2019)**

Between November 2018 and April 2019, over 1,300 people expressed their views through the following channels:

* 4 surveys covering travel, care, patient priorities and initial views on proposed move
* 8 drop-in sessions in London and Kent (including at children’s eye centre)
* 24 open discussion groups in London, Hertfordshire, Buckinghamshire and Kent
* Discussions with vulnerable people – older people with visual impairment, people with learning disabilities, black and ethnic minorities, people with physical disabilities, representatives of LGBTQ
* Discussions with key groups e.g. Somers Town residents, eye charities, local authorities, CCG governing bodies and patient participation groups

An Oriel Advisory Group, a coordinating group of patient and public representatives, is
set up to advise the Programme Board on approaches to engagement. The group held its first meeting on 31 January and will meet again in April, July and October 2019.

A task and finish group of public and patient representatives will meet on 17 April 2019 to participate in an options review and refresh prior to the launch of the public consultation. The group represents a balance of interests of people who may be affected by the proposed change. Their views will inform an options review and refresh, which is taking place before and after the public consultation.

**Feedback themes from phase 4 (November 2018 – April 2019)**

Indications of support

Most participants in discussions are supportive of a proposed new centre for Moorfields Eye Hospital. Survey respondents are less supportive, expressing concerns about disruption due to change.

When asked what they consider to be critical to success, most people express views about the following:

* Level of services to continue, with the expectation of improvements
* There should be minimal disruption, a well-managed transition and continuity of service
* Accessibility of the proposed new centre has utmost importance for service users and visitors.

Accessibility is the top theme

Participants in discussions provided detailed insights and ideas on access to the proposed new centre, both in terms of the journey to the hospital and navigating the services within.

There are diverse views on the proposed location at the current St Pancras Hospital site. Views vary according to where people live and their service needs. People in Hemel Hempstead, Ealing, Camden, for example, felt the proposed location offered similar or better access than the current facilities at City Road. Some people in Tower Hamlets were concerned about a potential extended journey and costs.

Travel times were frequently considered less important than the journey from transport hubs to the proposed new centre – referred to by one person as “the last half mile”. It was considered that the current journey from Old Street tube to Moorfields Eye Hospital is shorter and simpler than the current journey from Kings Cross station to the St Pancras site.

Transport and wayfinding to the proposed site is a priority for consideration, including how to maintain the value of the much-appreciated “green line” that currently leads from Old Street tube station to the front door of Moorfields Eye Hospital at City Road.

People are open to new ways to assist accessibility and suggest ideas including, for example, a shuttle service for those with limited mobility, efficient drop-off and pick-up at the hospital and use of navigation technology.

We are continuing these discussions during the public consultation, with service users and industry experts, to determine the scope for an accessibility plan.

Improving the patient experience

People hold strong faith in the clinical excellence of Moorfields Eye Hospital, but patient experience in the current facilities does not always live up to same high standards.

The following were common themes from feedback as the main areas for improvement:

* **Awareness of the needs of people with visual impairment** – the proposed new centre is an opportunity to design better accessibility, with the aim of Moorfields being the national exemplar in accessibility
* **Communications and person-to-person support** – to help people navigate the hospital, understand the appointments system, make care choices, understand their conditions and how to manage them, build knowledge of wider support services.
* **Managing stress** – Long waits, uncertainty about what is happening, cramped and uncomfortable waiting areas all add to the existing stress of anticipating eye procedures.

In general, people are optimistic that a proposed new centre would bring significant improvements in patient experience. More immediately, Moorfields is committed to using the engagement feedback to make continuing improvements in the short term.

There is a strong view that the proposed new centre could improve, not just physical aspects, but the whole culture of eye care to achieve world class status in all aspects.

Other themes

* **Opportunities for information and support** – people offered ideas on using space for access to wider support e.g. voluntary sector services
* **Access to research** – people are appreciative of the potential benefits of integrated eye care, research and education, and would like more patients to access clinical trials
* **Support for staff** – people are interested in how staff feel about the proposed move and how the proposal could improve recruitment and retention
* **Wider strategic view** – people see the need to embrace new technology and treatments with the potential to shift towards more care for people at home and in the community
* **Relationships with other services** – participants representing optometrists, social care and the voluntary sector highlighted the benefits of closer relationships to improve whole care pathways.

A detailed summary of the feedback from engagement will be published with the consultation documents.

# **Aims of the public consultation plan**

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| --- | --- |
| **Aims** | **Evidence of achievement** |
| **Overall aim** - To implement best practice involvement and consultation to influence plans in 2019, and to embed involvement for future implementation. | Outcome reports NHS England assuranceJHOSC responseAccreditation by The Consultation Institute |
| **Five specific aims** |  |
| 1. To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions | Stakeholder analysis Engagement logConsultation documents and accessible versions |
| 2. To expand the range of people and groups involved, including action to reach minority and protected groups | Outcome reports and influence on plansEngagement log |
| 3. To ensure sufficient information is made available during consultation for intelligent consideration and response  | Background information available as well as main consultation document - to include outcomes of pre-consultation engagement  |
| 4. To improve public awareness and confidence in change | Survey results and feedback |
| 5. To build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation | Established involvement mechanisms and updated strategy and action plan |

# **Principles**

1. All partners will work together to ensure openness and transparency in decision-making
2. We will endeavour to provide sufficient and accessible information for people to make intelligent choices and input to the process
3. Although we will present developed proposals, we will keep an open mind during consultation and in future phases of design and build
4. We will maximise the opportunities for co-production
5. We will allow adequate time for consideration and response. This includes timely information and responses to communications needs

# **Reaching our audiences**

The consultation team is working with a detailed list of audiences, groups and organisations to be contacted and consulted. We are also requesting that those we contact share information with their networks and via their websites, newsletters, social media and other channels.

In all communications we emphasise that people can contact the consultation team for further information or to request a meeting.

In summary, the main audience groups are as follows:

|  |  |
| --- | --- |
| **Main audience groups** | **Channels for publication and feedback** |
| General public, local residents and all audience groups | Oriel website, social media, news coverageCascade distribution and publicity via CCGs, NHSE Specialised Commissioning, local authorities, voluntary sector and other partners |
| Service users, carers and representatives | Collaboration with eye charities and HealthwatchInvolvement of networks and forums e.g. Trust members, CCG patient participation groups, voluntary sector forums and social media |
| Minority interests and protected groups | Direct contact with identified groups and tailored workshopsInformation in range of formats and language versionsCollaboration with Healthwatch and voluntary sector partners |
| Voluntary sector and advocates | Collaboration with Healthwatch and councils for voluntary servicesDirect contact with identified advocacy groups and forums |
| Local authorities, wards and neighbourhoods, partner agencies: planning, transport health and wellbeing, scrutiny | Direct contact with relevant bodies e.g. planning partners, scrutiny and other committeesCollaboration with relevant Neighbourhood Forums and other local representatives |
| CCG, Specialised Commissioning and Trust staff | Existing channels of internal communications e.g. intranets, briefings, development sessionsCollaboration with Clinical, Workforce and HR functions |
| Primary care contractors | Existing forums and channels via CCGs and NHS England |
| MPs and Ministers | Existing Trust and CCG briefing arrangementsBriefing via NHS England |
| Unions, Royal Colleges and professional representatives | Via Trust and CCG HR forums and local representative committeesDirect contact with Royal Colleges, BMA, RCN, Unison |
| Press and media: local, national, trade | Existing channels via Trust, CCGs, Specialised Commissioning and NHS England Comms teams |
| Neighbouring trusts, wider geography of CCGs and other interests | Direct contact using distribution channels of CCGs, Specialised Commissioning and NHS England |
| Partners in research and education | Direct involvement of the Oriel Management ExecutiveCascade to research and education staff and external networks |
| National regulators | Direct contact and assurance process |

# **Summary of main methods**

*See Appendix 1 for a summary of the content of the main consultation document.*

*See Appendix 2 for further details on actions and dates.*

**Opportunities to get involved**

**Open workshops for deliberative discussion and feedback**

Dates of discussion sessions open to all audiences will be published on the Oriel website, in consultation documents and via social media and other channels.

Building on what we have learned during previous engagement, the most effective discussions come from smaller groups of up to a maximum of 20 people (although we would not limit attendance at an open discussion, except for health and safety reasons). We have found the best approach is to offer sessions in association with community and representative groups and eye care charities, using venues where these groups already meet.

The method is highly interactive using questions to prompt feedback, which will be in line with the online feedback questionnaire for the public consultation.

We are planning for 15 open discussion sessions across London, the midlands and east and the southern counties. We are writing to specialised commissioners, CCGs, local authorities and nationwide charities to offer meetings on request in other areas.

**Deeper-dive discussions on key themes identified in engagement**

In addition to general discussions we are inviting people to participate in five themed workshops with subject matter experts. These will cover the following key themes:

* Options review and refresh
* Accessibility and wayfinding
* Patient experience
* Innovation
* Design

**Proactively arranged discussions with key groups**

As part of our direct contact with representative groups of both professionals and public, we will be requesting discussion and feedback via items on the agenda of meetings. We are also offering meetings on request.

**Consulting protected groups**

We are writing directly to national, regional and local advocates for people with protected characteristics as identified in the Equalities Act 2010 to consult their views on issues of equality in relation to the proposed move.

We are also proactively seeking person-to-person discussions with a range of community groups of people with protected characteristics to listen to their experiences and issues that may impact on equality.

We are planning for 20-25 discussions with protected groups.

Feedback from this part of the consultation process will inform an equality impact assessment, which will be included in the decision-making business case.

**Oriel Advisory Group and network of people with an interest**

Throughout the previous engagement we have invited people to join a network of people with an interest in the Oriel proposal. From this network and the wider network of patient forums and patient participation groups across the NHS, we have established a core group of patient and public representatives known as the Oriel Advisory Group to advise the Programme Board on approaches to engagement.

Throughout the consultation, we will maintain two-way communications with the Oriel Advisory Group and wider network.

**Opportunities to give views**

**Feedback channels include:**

* Online and printed feedback questionnaire, also in audio format
* Participation in workshops and meetings, which will have written records
* Social media
* By individual letter or email

As part of the two-way process of consultation, we will be open to new ideas or requests for further information. These may bring additions and adjustments to the main proposal, which we will publish via the Oriel website. Further information may be added in frequently asked questions or additional fact sheets and background documents.

**Management of feedback**

A communications protocol is in place for the Communications, Involvement and Consultation Working Group to manage horizon scanning and timely reactions.

There will be a single system for receiving, acknowledging and recording feedback from multiple channels. Feedback reports and notes of meetings will be available via
the Oriel website. The final collation of responses will be passed to an independent organisation for analysis and evaluation at the end of consultation.

**Managing enquiries**

The core consultation team will manage enquiries, providing responses where necessary, involving subject matter experts as required. General enquiries are to be acknowledged within two working days and answered, where possible, within 10 working days. Enquiries under FOI will be handled using the existing processes.

# **Accessibility of the consultation process**

* We will release briefings and updates throughout the process, promoting media coverage and other publicity to raise awareness of the process.
* There will be standing exhibitions in public areas at the Moorfields Eye Hospital City Road site and other network sites to raise awareness with existing service users, visitors and staff.
* The Oriel website is approved for accessibility for people with sensory impairment
* The main consultation document uses plain English, but shorter and simpler summaries will be available, including an Easy Read version for people with learning disabilities
* The consultation document will be offered in a range of formats, including audio and braille. Other languages are available on request.
* The open discussion sessions are designed to meet a range of needs:
	+ Accessible venues
	+ Most of the discussion is oral, with minimal use of written and visual material
	+ Volunteers will provide support where this is needed, including “meet and greet” from the nearest transport hub to the venue.
* If required, people can phone in their views, using a central phone line.
* Special meetings are available on request.

#  **Staff and clinical involvement**

The consultation process outlined above is open to all, including staff and clinicians within Moorfields Eye Hospital, UCL and the commissioning organisations.

This links to other workstreams to ensure more specific and continuing staff and clinical involvement, which will guide and influence the design, development and implementation of proposals over the next five years and beyond.

# **Beyond this phase of consultation**

During the previous engagement period, we have already started to build relationships, activities and contacts that will establish a foundation for continuing involvement and co-production with patient and public representatives.

During the next phase of public consultation, we anticipate further development of our detailed directory of contacts and several mechanisms for continuing work e.g. a continuing role for the Oriel Advisory Group and the potential creation of other task and finish groups.

This will embed strong patient and public involvement to inform our longer term strategies for participation in design, development and implementation.

# **Appendix 1 – Consultation document summary**

It is normal practice when undertaking a consultation process to produce a written consultation document, send it to stakeholders, and ask them to comment by a certain date.

Typically, a consultation document might include: an executive summary of the main points of the consultation, a brief outline of what is being consulted upon, with its main advantages and disadvantages laid out, and where possible an idea of the cost involved.

The document for the consultation on the proposal to relocate Moorfields Eye Hospital is currently being drafted.

In summary, the document comprises three sections:

1. Who is conducting this consultation and why (the case for change)
2. What the proposals mean (the pros and the cons for each main stakeholder group)
3. A description of the decision-making process and next steps.

Additionally, the document will contain a series of questions and opportunities for people to comment on the proposals.

Specifically, the document seeks to explain the situation and its associated complexity:

* Sight loss is an increasing reality for many people and more and more will need treatment for eye conditions in the future, placing increased pressure on services and facilities. **This requires organisations to be agile, adapting their service models in response to changing clinical and technological advances**
* The rising incidence of eye disease requires the development of new techniques and technology to better diagnose and treat conditions. **The City Road site constrains scientists and clinicians and has ageing facilities and a configuration that hinders rather than facilitates innovation and interaction**
* Patient feedback from the Friends and Family Test and other sources has **highlighted factors associated with the environment** and specificallywaiting times in clinics, such as availability of refreshments; communication; distractions; temperature; and environment
* The 2017 Care Quality Commission (CQC) highlighted the impact of the current **ageing estate at City Road on patient experience, specifically in relation to privacy and dignity**

It will explain the options that have been considered in reaching the proposal and how the preferred option would:

* Create **the best possible patient experience** by substantially improving the current patient experience, especially the patient journey which can be long and complicated at the City Road site due to limitations of the current estate, which is not suited to the current or future provision of clinical care, research or education
* **Benefit the local population** by offering, for the majority of people attending appointments there, a more accessible location and with step-free access making the trip for patients and carers easier. Although some patients would experience slightly longer travel times, there would be better transport links and accessibility at St Pancras (with the King’s Cross and Euston hub), plus reduced follow-up appointments because of better use of technology (for instance, online support to patients and clinicians in primary and secondary care).
* **Attract and empower staff** by improving staff satisfaction and creating an environment that encourages more efficient use of staff time and provides ways of managing ever increasing workloads so that the high quality of services to patients is maintained
* **Invent and innovate together to be at the leading edge** by accelerating scientific research and discoveries with educational and research partners in London and more widely, to improve the prevention, diagnosis and treatment of eye disease to meet rising demand, through improved facilities and more interaction between scientists and clinicians
* **Educate people to be the very best** by extending capacity for teaching by providing an environment in which students could flourish
* **Drive efficiency and effectiveness** by enabling improved service efficiency.

# **Appendix 2 – Outline schedule**

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| --- | --- |
| **Actions**  | **Dates** |
| **Pre-launch of public consultation*** Release committee-in-common papers via CCG websites
* Publish pre-consultation business case
* Notify audiences of forthcoming public consultation
* Media and social media release
 | 15-16 April |
| **Preparations for public consultation** |  |
| Options refresh | 17-23 April |
| Confirm dates for open discussions and other meetings | By end April |
| Completion of stakeholder interest mapping | By end April |
| Preparation for staff and clinical engagement | By end April |
| Complete consultation documents | By 2 May |
| Complete meetings planner | By 2 May |
| Create accessible versions and support materials | 2-10 May |
| Staff briefing | Early May |
| Design workshops | April-May |
| Recruitment, briefing and preparation of key spokespeople | April-May |
| **Public consultation launch*** Release documents and online questionnaire via websites
* Media and social media release
 | May |
| **Discussion programme** |  |
| 20-25 discussions with protected groups | April-July |
| 5 themed deep-dive discussions – options review, wayfinding, design, patient experience and innovation | April-July |
| 15 open sessions for communities, patients and public | June-July |
| Meetings with key groups | May-July |
| Discussion programme for staff and clinical involvement  | May-July |
| **Consultation feedback management** |  |
| Responses to requests, enquiries and comments | April-December |
| Management of social media content and response to public posts | April-December |
| Management and collation of live feedback from discussions | June-August |
| Management and collation of online feedback | June-September |
| Engagement log, feedback log | April-September |
| End of public consultation period  | August |
| Deliver outputs to EIA, options review, evaluation team and design team  | August |
| **Communications**  |  |
| Continuing update of information via website and social media | May-October |
| Standing exhibitions and drop-ins | May-October |
| Mid-consultation update, media and social media release | End June |
| Prior to end of consultation update, media and social media release | End July |