Pre-Consultation Business Case (PCBC) executive summary.

Oriel: creating the centre for advancing eye health.

From Version 9 pf PCBC.

28 February 2019.

# Foreword.

NHS organisations in north London share a vision for our community to be happier, healthier and to live longer in good health.

Working together in partnership, we have a shared vision, a collective agenda and the commitment to transform the health and care services of north London.

Creating a healthier population is at the heart of our plan. To do this, we must embrace the opportunities that working together can deliver. We must look to emerging technologies and finding new and better ways of working that can eliminate duplication and waste and we must develop and support a motivated, highly skilled and professional workforce to serve north London.

Our community has told us they want a more joined-up and integrated health and care system, they want care closer to where they live and work, delivered by a professional and compassionate health and care workforce.

“Our vision is for north London to be a place where our people experience the best possible health and wellbeing. North London is a place where no-one is left behind.”

Working together presents an opportunity for our health and care services to focus on the people we commission and provide services for. We want to share the collective responsibility for meeting the eye health and care needs of the north London community and to help make our community more resilient.

Our greatest aim is to help people to be, stay or regain good health and wellbeing. To do this we must take a preventative approach, build strong community services and improve health and care outcomes for people. Working together in this way will allow us to look across the system at how services are provided and identify opportunities to add value, improve outcomes and eliminate duplication and reduce costs.

Our sight is a critically important sense. Sadly, sight loss is an increasing reality for many people, and it is estimated that by 2050 there will be four million people in the UK living with sight loss. The experience of losing sight is often distressing and can be isolating and costly for the individuals affected, as well as their families and carers. Putting the people affected by sight loss at the centre of care is essential if their needs are to be supported.

Moorfields’ ability to establish modern, efficient and effective treatment pathways is achieved despite the need to compromise in the face of the limitations of its current site in City Road. These buildings, some of which are over 125 years old, are impacting negatively on patients and their experience at the hospital.

That is why we are looking at moving the hospital facilities from the outdated City Road site onto a new purpose-built environment at the St Pancras hospital site in Camden. Moving Moorfields Eye Hospital services from City Road, together with the UCL Institute of Ophthalmology (IoO), onto a newly-built site would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

The proposed new facility at the St Pancras hospital site would be fit for purpose and offer reduced clinical journey time, allowing for greater efficiency of the service, which is integral as service demand continues to grow. Along with clinical pathway development, this proposal could address overcrowding in outpatients and the space constraints at Moorfields’ City Road. Furthermore, the relocation proposal would offer a more accessible building with step-free access and on-site research facilities.

We believe that the changes proposed in this document provide an exciting opportunity to deliver on our ambition to improve eye care services in north London and reduce the health inequalities of our communities.

It could bring benefits to patients and their carers through improved patient experience, more efficient services, and provide the infrastructure so that fewer patients need to visit hospital in the future. It would also allow greater access for patients to participate in research and clinical trials with the benefit that new treatments can bring.

It could bring benefits to staff by offering a better working environment, aiding recruitment and retention. Developing new care pathways could also offer new job opportunities and the ability to develop new roles and approaches that would enhance career development opportunities for a range of medical and non-medical staff.

By integrating teaching facilities alongside UCL and service delivery, the education and training capability would be both enhanced and expanded, as well as supporting the development of staff and students to meet the increased demand for eye care professionals in the future.

Future research would benefit through providing facilities to broaden the scope and scale of research that could take place, securing the availability of, and access to, the top research talent and integrating research with service delivery so that the benefits of research are translated more quickly into patient care.

Improving operating efficiency will be vital as the demand for services increases in the future. The ability to develop efficient care pathways for those patients who still need to come to hospital, together with better integration with service provision taking place in community and primary care settings, will be vitally important.

The care that we provide to patients must be underpinned by best practice and in the best facilities we can provide in the NHS. We want to be at the forefront of research developments to ensure that people who experience eye disease receive the best care possible. By working with our academic partners, we can ensure that every intervention is evidence based and so will be the least restrictive as possible.

Helen Pettersen David Probert

Accountable Officer for the North Central London CCGs Chief Executive

and Convenor for North London Partners in Care Moorfields Eye Hospital

# Executive summary.

Introduction.

The NHS in north central London is working with Moorfields Eye Hospital NHS Foundation Trust (Moorfields), Moorfields Eye Charity, and University College London (UCL) on the proposed development of a facility that would integrate Moorfields’ main City Road hospital site in Islington and the UCL Institute of Ophthalmology (IoO) in a new purpose-built environment on the St Pancras hospital site in Camden. This would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

Services provided at Moorfields City Road are commissioned by 109 NHS clinical commissioning groups (CCGs) and by NHS England specialised commissioning. Leading the programme in respect of these proposals is NHS Camden Clinical Commissioning Group.

This pre-consultation business case (PCBC) sets out in detail the proposal to move Moorfields Eye Hospital on City Road to a new location at the St Pancras hospital site and will inform the process of public consultation, in advance of the trust submitting an outline business case (OBC) for the proposed site move.

The PCBC assesses the opportunity to deliver better outcomes for users of Moorfields Eye Hospital through the development of an integrated and flexible facility and sets out a way forward for public consultation on a preferred option. The objectives of the PCBC are to:

Make the case for change for the proposed relocation as the best solution in terms of benefits for all stakeholders – the ‘preferred option’ for future estates development

* Describe the clinically developed model of care and specification.
* Detail the process undertaken to engage the public, staff, residents and other stakeholders in the pre-consultation phase and demonstrate how their feedback has shaped the development of the options as well as the proposed option to take forward.
* Set out how the development of the preferred option is compliant with the Secretary of State for Health and Social Care’s four tests of service reconfiguration and NHS England’s new test to evaluate the impact of any proposal that includes a significant number of bed closures.
* Make the case to NHS Camden CCG, NHS Islington CCG, other CCGs, and NHS England specialised commissioning to consult with patients, staff, residents and other stakeholders on the preferred option.

The proposals set out in this document is to move services being provided from Moorfields City Road site (including the Richard Desmond Children’s Eye Centre and A&E) to the St Pancras hospital site.

Commissioners and the trust continue to seek views and input from stakeholders, patients and the public on the proposed move before new clinical models, building design or other details have been developed. This will provide people with he opportunity to talk about the proposals and ensure that decision-making is informed by patients and stakeholders at this early stage. They will continue to be involved in the co-design of all elements of the building and in the ways in which eye care could be provided in the future.

Decision-making will be through a commissioner-led Committee in Common whose members have delegated decision-making authority from their CCGs for these proposals. This committee in common will review the material and evidence in order to make a decision, together with NHS England specialised commissioners, to launch a consultation on the proposals. It will also be responsible for making the service decision after consultation taking account of responses.

Context

Our sight is a critically important sense. Sadly, sight loss is an increasing reality for many people – every five seconds someone in the world goes blind. It is estimated that by 2050 there will be four million people in the UK living with sight loss. The experience of losing sight is often distressing and can be isolating and costly for the individuals affected, as well as their families and carers. Putting the people affected by sight loss at the centre of care is essential if their needs are to be supported. A recent survey published in the Journal of American Medical Association – Ophthalmology (JAMA) found that 88% of more than 2,000 respondents considered good vision to be vital for overall health and wellbeing, and 47% considered losing sight to having the greatest impact on quality of life. All the respondents considered sight loss as being equal to, or worse than, loss of limb, memory, speech or hearing.[[1]](#footnote-1)

The number of people likely to suffer from the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. The ageing population contributes to this challenge, resulting in greater and more complex demand for eye services as 79% of people aged 64 and over live with sight loss.[[2]](#footnote-2) It is estimated that 200 people per day in the UK develop a blinding form of macular degeneration and approximately 8% of all NHS outpatient appointments are for ophthalmology, second only to trauma and orthopaedics.

The 2016 Office for National Statistics (ONS) predicted that over the next 15 years, London’s population will grow by 16%. Within this population growth, the expectation is that certain groups of patient will grow at faster rates than others. The population of people aged 65 years and over is expected to grow by 47%; and those over 85 years by 54%. When planning for future health care services, it is expected that the most significant pressure comes from a growing elderly population. The expected population growth of 16% is similar across all five sustainability and transformation partnerships (STP) areas, aside from north east London, which is forecast to grow by 10%, and north west London, which is forecast to grow by 13%.

Local and regional context

Moorfields Eye Hospital NHS Foundation Trust operates a networked model of care, with around 30 sites in London and the south east of England. Services provided by Moorfields are located at sites located across a total of eight STP footprints. Five of these are in London (in each of the London STP areas: north east, north west, north central, south west and south east). The other STP footprints which include Moorfields’ sites are: Bedfordshire, Luton and Milton Keynes; Kent and Medway; and Hertfordshire and West Essex.

A focus within the north central London STP (NCL STP or NCL), also known as North London Partners in Health and Care (NLP) case for change is modernising estate. The need to modernise NHS estate and develop models of care that respond to rising demand is noted in both the NHS Five Year Forward Review and the Naylor Review of NHS property and estates.

NHS services provided at Moorfields are commissioned by 109 CCGs, in part due to the specialist services provided. 14 CCGs hold significant (defined as >£2m per annum) contracts with Moorfields for activity at City Road, in addition to a number of CCGs outside of London. Services at Moorfields City Road are also commissioned by NHS England specialised commissioning.

As part of the development of the PCBC, arrangements for a lead commissioner to work with Moorfields and progress the consultation on the proposals have been put in place, with NHS Camden CCG in this role, representing commissioners across the country. NHS England specialised commissioning will work with Camden CCG so that there is one consultation process as specialised commissioners cannot delegate their consultation requirements to a CCG under s.13G of the Health and Social Care Act 2012[[3]](#footnote-3).

Capacity and demand modelling

Moorfields commissioned a demand assessment in 2013 for the NHS outpatient and theatre activity. Further modelling exercises are being undertaken for the Outline Business Case (OBC) and will be consistent with the activity requirements of the local health systems in north central London, as well as wider (London and UK-wide) capacity plans. The aim of further modelling is to ensure that assumptions are tested to ensure that we create the right level of capacity which does not result in supply-led demand but meets the needs of future population and demand projections. This modelling will also include alignment to future workforce plans, organisational service developments and any efficiency programmes.

Case for change

There are a number of national, regional and local factors driving the need for change.

More patients 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 specifically waiting times in clinics, such as availability of refreshments; communication; distractions; temperature; and environment.

The 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.

Exemplar organisations have demonstrated opportunities to generate efficiency and financial benefits by tackling unwarranted variation in care across hospital eye services. Delivering significant improvements in operational efficiency requires optimal configuration of physical estate.

Moorfields has the unique ability to combine clinical excellence and patient outcomes with outstanding, internationally recognised research and education. A purpose-built facility that allows the effective combination of service delivery, teaching and research will allow them to continue to achieve excellence across all three disciplines. A new building will allow an approach that is free from the constraints affecting City Road – a building which is 120 years old and has been the subject of incremental modifications, refurbishments and upgrading works over time.

Eye health care model, services and expected benefits

Nationally, it is acknowledged that current demand for ophthalmology services is not being met. The number of patients referred to hospital varies greatly and there is significant unwarranted variation in referral patterns[[4]](#footnote-4). This contributes to the continued increase in patients requiring hospital eye services.

Ophthalmology is identified in north central London as a clinical speciality where services and care could be provided more efficiently in partnership. This agenda has been accelerated in London by the introduction in 2018/19 of NHS England’s High Impact Intervention for Ophthalmology and Ophthalmology Elective Care[[5]](#footnote-5), published in January 2019 as part of the national elective care transformation programme.

Commissioners and providers in north central London are working together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, would create a huge benefit for clinical outcomes.

To realise the proposal to move from City Road to the St Pancras hospital site, the vision is to bring together clinical care, research and education expertise in one flexible, fully-integrated facility, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators.

Built in partnership with patients, staff and students, this proposed new, integrated facility would enable clinicians and researchers to collaborate more freely, for the benefit of patients and people with sight problems, in an environment where innovation flourishes; inspiring advances to improve people’s sight.

“The new centre needs to be a place of hope and optimism about getting the most out of life – showing people, this is what you CAN do” – Moorfields patient.

A critical requirement is to operate from a more flexible space given the way that patients navigate ophthalmic care pathways across NHS services now and in the future. The pace of innovation and change would continue to be rapid, with the development of more sophisticated technologies, such as artificial intelligence, genomics and new therapies.

For this innovation to flourish, there is a need for a flexible, technology-supported, physical infrastructure available across the health, care and research system that will inspire advances to improve people’s sight.

The proposed new facility would have a vital role to play in supporting the development of an integrated culture that strives for excellence in clinical practice, research and education, encouraging a spirit of collaboration between clinicians and researchers to enable greater innovation in delivering care, research and education.

Moorfields is committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital health information exchange platform being implemented across north central London providers. Additionally, through the STP digital work stream, Moorfields would encourage other providers to adopt interoperable digital solutions where there are material benefits to patient care.

“I believe that Oriel will allow Moorfields and UCL to fully realise our potential to lead in the field of eye care. The limitations of our current infrastructure should not be underestimated. A large proportion of effort at present revolves around overcoming the inflexibility of our physical space.

“I support this move, as it will not only facilitate implementation of digital innovation but also fulfil our aspirations to reduce eye care inequality through telemedicine.” - Dawn Sim, Clinical Lead, Teleophthalmology, Moorfields Eye Hospital, Consultant Ophthalmic Surgeon

Eye care in a new integrated facility

Moorfields’ ambition to is develop a facility able to meet the growing demand for ophthalmic services, helping to support the health system in London and beyond to manage waiting lists and times. The proposed site could enable improved pathways across care settings:

Primary care: optometrists would be better supported in the community with defined pathways (tele-ophthalmology or co-management) via direct electronic communication and referral advice

Primary care in north central London: through the co-design of new pathways with local patients, GPs and primary care staff.

Work is underway at a system-level to ensure that networks and pathways are being developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, would create a huge benefit for clinical outcomes.

Expected benefits of the new facility

The strategic objectives of the proposed integrated facility include:

Creating 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

Benefiting 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). Additionally, in the development of new models of care at a new site, commissioners would work with Moorfields, staff, patients, stakeholders and the public to transfer appropriate services out of hospital, supported by improved infrastructure and new technologies available at a purpose-built integrated site

Attracting and empowering people by improving staff satisfaction across the landscape 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

Inventing and innovating 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

Educating people to be the very best by extending capacity for teaching by providing an environment in which students could flourish

Driving efficiency and effectiveness by enabling improved service efficiency as highlighted in the elective care high impact interventions: ophthalmology specification published in May 2018[[6]](#footnote-6) and, at Moorfields, for cataract surgery in the Getting it Right First Time (GIRFT) review[[7]](#footnote-7).

The proposed new facility would have a vital role to play in supporting the development of an integrated culture that strives for excellence in clinical practice, research and education, encouraging a spirit of collaboration between clinicians and researchers to enable greater innovation in delivering care, research and education.

Moorfields plans to engage with patients and staff who use the Richard Desmond Children’s Eye Centre (RDCEC) which was built as a new integrated purpose-built centre, to ensure that it learns and incorporates feedback from their experience of building and using the centre. As part of this, Moorfields is undertaking an evaluation of the building project and will include members of staff, patients, their families and carers; the project evaluation is expected to be completed in spring 2019. Moorfields is also working with other providers across the NHS, and internationally, who have recent experience of new hospital developments.

Governance

A governance structure to lead the engagement and consultation process is in place which is led by the commissioners. Reporting to the CCG governing bodies’ Committee in Common, the Moorfields consultation programme board has been established to lead the process.

Within the governance structure, sub-groups leading on communications and engagement, finance, and planning have been established. These are working with key stakeholders to progress the proposal and ensure that the outcomes benefit patients and support the vision to increase integration between scientific research and clinical practice.

Leadership

The Moorfields consultation programme board is chaired by Sarah Mansuralli, chief operating officer, NHS Camden CCG, on behalf of NHS Islington CCG as lead commissioner. There is senior clinical and managerial leadership from the commissioners, Moorfields and NHS England specialised commissioning for this programme. The consultation programme board is actively engaged with NHS England (NHSE) and NHS Improvement (NHSI) to provide assurance throughout the process.

Moorfields consultation programme board

The Moorfields consultation programme board, with the 14 CCGs listed in section 2.6, NHS England specialist commissioning, Moorfields Eye Hospital, patient representative, voluntary sector, optometrists, NHS England (NHSE) and NHS Improvement (NHSI) has been set up to oversee the development of the preparations ahead of the planned public consultation, such as this document, the pre-consultation business case.

The objectives of the Moorfields consultation programme board are to:

* Lead the delivery of the Moorfields consultation including pre-consultation and consultation to the approval of the decision-making business case (DMBC)
* Provide strategic direction and senior oversight to the Moorfields consultation programme
* Lead and champion the Moorfields consultation
* Make key decisions and to manage high level risks and risks escalated.

Committee in Common of CCGs’ governing bodies and NHS England

In determining the process for NHS CCGs to consider proposals for a City Road site move, legal advice has been sought on the decision-making process. A full governing body of all 14 CCGs in London and Hertfordshire that commission over £2m activity per annum from Moorfields would be too large and unwieldy to conduct an effective decision-making meeting. Each CCG will delegate the decision-making function to a small committee, and these will meet in common. This will minimise associated risks with decision-making, such as:

Ensuring that all decision-makers have access to the same information, both in terms of documentation and any verbal presentations prior to making their decisions

Sequencing decisions in such a way that all decision-makers are able to make decisions with an open mind.

This Committee in Common will review the material and evidence for the proposed site move and discuss the proposal to consult prior to launch with local authority scrutiny committees, in line with national legislation and guidance.

Concurrently, NHS England specialised commissioning will make a decision on the consultation document at its Delivery Executive.

Stakeholder engagement

Public and patient engagement has informed the planning process from its earliest stages in 2013 and will continue through consultation during 2019 into future planning phases, construction, transition and the next era of service delivery.

There has been a consistent pattern in themes of feedback which has influenced the current business case and the potential design of the proposed new centre.

Between 2013 and 2019 there were five phases of engagement:

Phase 1 (2013-2014) – Early discussions and consultation on options. Outcomes include overall support for a move to the preferred location and prioritises areas for improvement including accessibility, continuity in transition, waiting times, environment, signage, social space and patient support.

Phase 2 (2014-2016) – Developing the business case. Outcomes include a patient reference group exploring further the issues raised in previous consultation. Feedback to the Oriel project team influenced work on land acquisition business case and improvements in current services.

Phase 3 (2017-2018) – Developing the design potential. Outcomes include patient feedback on accessibility and environment influenced the brief to prospective bidders for the design contract and criteria for bid evaluation. Further feedback on shortlisted design bids influenced the design team selection.

Phase 4 (2018-2019) – Pre-consultation engagement. Outcomes include overall support for the move to the preferred location and confirmation of key issues addressed in the pre-consultation business case. Review of the priorities for improvement will inform immediate short term service improvement plans, help to shape details of proposals for consultation and set a framework for further development of the business case, future service models and design of the proposed new centre.

Phase 5 (2019) – Consultation. Outcomes include consultation feedback will help to shape the detailed decision-making business case and future Outline Business Case and Full Business Case.

In each phase, there is a repeating pattern of feedback:

* Most participants in discussions are supportive of the proposed move
* Accessibility is the top priority for patients and carers
* Moorfields is considered a centre of excellence in eye care, but patient experience needs significant improvement.

Overall aim for involvement and consultation

The overall aim is to implement best practice involvement and consultation in order to influence and support plans during 2019, and to embed sustainable involvement for future involvement and engagement of staff, residents, patients and carers in the development of the proposal.

To achieve this, commissioners, partners and the trust would work to 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.
Evidenced by stakeholder analysis, engagement logs and consultation documents.
2. To expand the range of people and groups involved, including action to reach minority and protected groups (this strategy links to a separate workstream to assess the equality impact of proposed change and will support delivery of the public sector equality duty).
Evidenced by outcome reports showing evidence of influence on plans.
3. To ensure sufficient information is made available during consultation for intelligent consideration and response.
Evidenced by 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.
Evidenced by 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.
Evidenced by establishing involvement mechanisms and updated strategy and action plan.

Views by people affected by potential service change should inform commissioning decisions, business plans and buildings design. As previously stated, this strategy builds on the three previous phases of involvement and consultation, and now covers phases 4 and 5. It is vital that best practice involvement and engagement is used to influence and support plans in 2019 and beyond.

Key actions to complete during phase 4 (2018-2019) pre-consultation engagement.

Raising awareness and delivery of information and updates by:

* Launch of dedicated Oriel website and social media channels with information on proposals and consultation plan.
* Launch of consultation briefing and regular updates via audio podcast and written formats.

Analysis of stakeholder interests and plan for consultation by:

* Completion of list of stakeholder interests and methods of involvement
* Establishment of a patient advisory group – the Oriel Advisory Group (inaugural meeting on 31 January 2019) – and joint review of plan for consultation
* Assignment of public and patient representatives to work with the new building design team and other workstreams
* Agreement on local authority scrutiny process.

Final compilation and analysis of feedback from pre-consultation engagement by:

* Completion of current online survey of responses to the proposed move
* Completion of wider programme of drop-in events, discussion groups and meetings with target and protected groups
* Final outcome report from pre-consultation engagement, with responses from the programme partners to show how feedback is influencing proposals and plans.

How people can get involved?

The involvement and consultation programme has an emphasis on action and participation, and not just the passive process of responding to written proposals. Some of the opportunities to get involved in are:

* Open workshops for deliberative discussion and meaningful feedback – these sessions, led by clinicians, are interactive and structured
* In-depth discussions on the key themes identified in pre-consultation engagement: accessibility, transport, patient/visitor experience
* Proactively arranged discussions with key groups
* Discussions at regular and existing forums, meetings and committees
* Membership of the Oriel Advisory Group to advise and challenge the involvement and consultation process
* Service user and carer experts to work closely with design team and other workstreams.

Other opportunities to give views include:

* Online feedback questionnaire, also available in audio format exploiting latest artificial intelligence technology
* By attending a workshop, a meeting or drop-in – recorded notes
* By individual letter or email
* Stakeholders would also have access to information – via website and online distribution
* Discussion and consultation documents, available in a range of formats, including audio and braille
* Short summaries and leaflet versions
* Easy read versions
* Presentations
* Letters for different audiences
* Further background information and data e.g. fact sheets on finance, the design process, clinical evidence, latest research, pre-consultation business case, recommendations of the London Clinical Senate and further information on request
* Briefings and updates in written formats and podcasts
* Blogs, articles and opinion pieces
* Video snapshots of involvement and consultation
* Standing exhibitions and drop-ins in public areas.

Upcoming events - A log of future engagement and involvement events is available in Appendix A2.5.

Phase 5 consultation plan

Under section 242 of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012, NHS trusts and CCGs (and specialised commissioners) have a legal duty to make arrangements for individuals to whom the services are being or may be provided to be involved throughout the process.

Additionally, all consultations should adhere to the Gunning Principles:

* That consultation takes place when proposals are at a formative stage
* That people have enough information to allow for intelligent consideration and response
* That adequate time must be given for consideration and response
* That the product of consultation must be conscientiously taken into account.

In 2018, NHS England published additional guidance – Planning, assuring and delivering service change for patients – setting out expectations on stakeholder involvement, in particular patient and public participation, for local areas developing STPs.

It is proposed, subject to further engagement with patients, carers, staff and residents, that we would consult on the proposal to build a new integrated centre for eye care, research and education on the St Pancras hospital site in Camden. All services currently provided on the City Road site in Islington would transfer to the new centre under these proposals, subject to consultation.

Patients are at the centre of these decisions and plans. To get this right, we need to listen to views from diverse audiences – people who have used the service, people with a variety of needs, community representatives and all partners in health and social care.

Therefore, it is planned that the period of consultation would run for 12 weeks to ensure sufficient time and opportunities for meaningful discussions.

We would be consulting people on:

* How they view the proposal and the way in which it might affect them
* What matters to patients and families and how this could influence decisions, designs and plans
* The wider implications of the proposed change – its impact on healthcare, social care, environmental issues and London’s infrastructure.

Future decision-making and plans would be informed by feedback on these issues and our engagement and consultation processes will build sustainable relationships for continuing involvement in planning for the next five years and beyond.

Options appraisal

A thorough options development and appraisal process has been undertaken before arriving at the preferred option of moving services from City Road to the St Pancras hospital site. Throughout this process the Secretary of State’s four tests were closely considered (see section 10).

The Oriel partners agreed four critical success factors which aligned to the aspiration to retain and develop the Moorfields Eye Hospital and UCL collaboration to benefit patients:

1. Improved patient care and patient access to ophthalmic clinical care and research
2. Provision of a facility enabling maximum integration between the partners in the delivery of excellent research, education and clinical care
3. This facility to be located in close proximity to MedCity, the Francis Crick Institute and other UCL departments
4. An expansion of capacity for research and education.

These four elements of Oriel’s vision formed the basis of assessment criteria against which to appraise the longlisted options.

Working with the partners, the Oriel team then established an options appraisal framework, which saw the initial longlist of options progress through a process which considered feasibility, critical success factors and Oriel vision criteria.

In deliberating the options available to meet the vision of Oriel, the partners considered a comprehensive list of alternatives to the current estate and service configuration constraints. They identified nine longlisted options (although one – 2c – was discounted as unviable as a construction option, therefore it was discounted and not scored).

The options appraisal panel then scored each longlisted option through a range of 0= very poor and 10= excellent.

The qualitative options appraisal showed that option 5 (Off-site relocation and re-provision of Moorfields and UCL IoO) scored most strongly in both raw and weighted scoring. The second scored option was option 2b (Redevelopment of the City Road site), and the final shortlisted option – option 0 (Do nothing).

The outcomes from the options appraisal were ratified in 2013 through the Oriel governance structure. The outcome of the 2013/14 decision-making was reviewed by the trust board in 2017 as part of the refreshed land acquisition business case. The location search and appraisal undertaken late in 2013 identified the site at St Pancras hospital as the preferred site for relocation. To date, the Oriel project team considers there have been no significant changes that would alter the decision, and therefore the outcomes from the options appraisal process remain valid. A refresh of the options appraisal would be conducted for the OBC to validate the preferred option.

Further details on scoring of options against criteria, including patient outcomes and impact on primary care are in section 8.

Finance case

The financial case describes the impact of the preferred option to relocate to the St. Pancras hospital site on the financial position of Moorfields over the next 10 years, i.e. the design and construction period followed by the first few years of occupation of the new building. This demonstrates that the preferred option is financially sustainable for Moorfields. It also describes how the preferred option is projected to impact the affordability of the 14 CCGs and NHS England specialised commissioning.

Financial modelling for Moorfields demonstrates that the capital investment for the proposal is affordable and the long-term financial position of the trust is sustainable. The financial assumptions that underpin the financial case are considered realistic and achievable. Analysis also indicates the investment provides value for money for the public purse. The risks to the investment have been appropriately tested using sensitivity analysis, and appropriate mitigations have been identified to manage the risks.

Capital costs of £344m (which includes 19% of optimism bias as well as normal planning and related contingencies) are planned to be financed by a combination of proceeds from the sale of the City Road site, STP capital funding, philanthropy, and trust internal cash. Temporary borrowing would be required to support the construction until the City Road site is vacated and the final tranche of the sale proceeds is received.

The trust’s financial performance is projected to continue at its current trajectory with efficiencies of 3% and growth of 3%. In the planned year of the move to the new hospital, efficiencies are planned to fall to 1.6% due to the service disruption associated with the transition to the new hospital. Also, non-recurrent costs of £18.3m are planned to support the service transition and related impacts of the move. Thereafter, efficiencies are planned to return to 3% with an expectation of being able to exceed this level as the new hospital will offer more opportunities to deliver greater clinical efficiencies.

The commissioners consider the capital investment for this proposal to be affordable as it assumes annual activity growth of 3%, which is consistent with historic growth levels at Moorfields. This is well below the expected increase in demand for ophthalmology services among the population. The revised model of care, enabled by a new facility as well as technology solutions, may reduce Moorfields’ unit cost of providing these services, which would contribute to system-wide QIPP programmes.

In December 2108, ahead of the launch of the government’s long-term plan for the NHS n January 2019, the Department of Health and Social Care (DHSC) confirmed that NCL STP would receive capital funding to be used both to transform mental health services at Camden and Islington NHS Foundation Trust’s St Pancras hospital site and to create a state-of-the-art eye care, research and education facility, subject to the outcome of consultation.

The Secretary of State’s four tests

The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

Strong public and patient engagement: Robust and strategic stakeholder engagement has been undertaken since 2013/14, as described in section 7. Patient and public engagement has recently been strengthened and the detail of this is outlined in the stakeholder communications strategy. Strengthening patient engagement for the project has been a priority in 2018/19, hearing from more than 1,000 people, including people of varying ages, interests and backgrounds; people living with mental health problems, learning disabilities, physical disabilities and sensory impairment; and included professionals such as optometrists, social care staff and sight care experts from the voluntary sector.

Patient choice: Access to the current care pathways would remain the same, with the existing full range of services continuing to be delivered from a new site, including the transfer of emergency surgery and ophthalmic A&E care. Based on the current proposals to relocate the hospital from City Road to the St Pancras hospital site, there would be no change to district hubs, local surgical centres and community-based outpatient clinics, although these are being revisited as part of NCL STP’s plans for the future of ophthalmology services across London. Patient choice would be improved from a quality perspective as the proposed streamlined, modern and fit-for-purpose estate footprint would allow a more efficient patient journey time through the hospital and provide a higher quality experience for patients.

Clinical evidence base: The proposal gives the opportunity for integration between cutting-edge clinical care and cutting-edge research. This would have a huge impact on the quality of clinical care with patients having more access to the research from UCL. This will be central to the design of the proposed new hospital, providing a platform to create more efficient clinical journeys and continue to deliver innovative care currently hampered by the ageing estate. As described in section 10.3, the London Clinical Senate reviewed these proposals and confirmed that the proposal has a clear clinical evidence base for the proposed move from Moorfields’ City Road site to a new, purpose-built integrated facility at the St Pancras hospital site. The London Clinical Senate also provided advice and feedback prior to consultation, to which commissioners and the trust have responded.

Support from clinical commissioners: Moorfields’ services are commissioned by 109 CCGs across the country and NHS England specialised commissioning. Some 14 CCG commissioners hold significant contracts. NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. NHS England specialised commissioners are the single largest commissioner of services at the trust.

NHS England’s bed closures test: From 1 April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

Decision-making process and next steps

In order to proceed to public consultation, the process requires approval from a Committee in Common of CCGs’ governing bodies and NHS England. The CCG governing bodies will review the proposed consultation document, consultation methodology (including the equality impact assessment (EIA), financial modelling and consider the response from the London Clinical Senate.

In determining the process for NHS CCGs to consider proposals for a move from City Road to the St Pancras hospital site, legal advice has been sought on the decision-making process. A full governing body of all 14 CCGs is too large and unwieldy to conduct an effective decision-making meeting. Each CCG will delegate the decision-making function to a small committee, and these will meet in common (see diagram). This will minimise associated risks with decision-making, such as:

* Ensuring that all decision-makers have access to the same information, both in terms of documentation and also any verbal presentations prior to making their decisions
* Sequencing decisions in such a way that all decision-makers are able to make decisions with an open mind.

This committee of commissioners will review the material and evidence for the proposed site move and discuss the proposal to consult prior to launch with local authority scrutiny committees, in line with national legislation and guidance.

Concurrently, NHS England specialised commissioning will make a decision on the consultation document at its Delivery Executive.

After the consultation closes, the responses received from members of the public and organisations will be independently analysed and a report on the data received prepared for the Moorfields consultation programme board. The programme board will then consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process.

These will be summarised in the decision-making business case (DMBC) to assist CCGs, through the Committee in Common, in their decision-making on endorsement of the proposals. Specialised commissioners will use regional and national governance in their decision-making.

The outcomes of the consultation will also be presented to local authority scrutiny committees to scrutinise that the consultation process has been completed satisfactorily.

On approval of the decision-making business case, the trust will proceed in developing its outline business case. Feedback provided during the consultation process will be used to inform the trust’s proposals and next steps. The trust will implement the proposal, having factored in considerations from the consultation process.

NHS Improvement requires Moorfields to submit a strategic outline case (SOC), outline business case (OBC) and final business case (FBC) for approval for capital investment proposals of this value.

1. https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2540516 [↑](#footnote-ref-1)
2. The economic impact of partial sight and blindness in the UK adult population. Author: Access Economics Publisher: RNIB Year of publication: 2009. <http://www.rnib.org/knowledge-and-research-hub/research-reports/general-research/future-sight-loss-uk-1> [↑](#footnote-ref-2)
3. 13G: Duty as to reducing inequalities, Health and Social Care Act 2012 [↑](#footnote-ref-3)
4. The Way Forward, The Royal College of Ophthalmologists, 2017 [↑](#footnote-ref-4)
5. Transforming elective care services ophthalmology, NHS England elective care transformation programme, January 2019 [↑](#footnote-ref-5)
6. Elective Care High Impact Interventions: Ophthalmology Specification, NHS England, May 2018 [↑](#footnote-ref-6)
7. ] http://gettingitrightfirsttime.co.uk/surgical-specialty/ophthalmology-surgery/ [↑](#footnote-ref-7)