

## The London Clinical Senate

An independent clinical review of the proposal for Moorfields Eye Hospital to move from City Road to a new building on the site of the old St Pancras Hospital

Advice for Islington CCG, acting as the lead commissioner

January 2019

Author: Edward Ward

**Sponsoring Organisation:** Islington Clinical Commissioning Group, acting as the lead commissioner

**Clinical Senate:** The London Clinical Senate

**NHS England region:** London

### Review Chairs

Dr Mark Spencer, Vice Chair, London Clinical Senate Council

Medical Director, NWL Health and Care Partnership

Mr Mike Burdon, Consultant Neuro Ophthalmologist, University Hospital Birmingham

President of the Royal College of Ophthalmologists

## 1) Introduction and summary

The Commissioners of Moorfields Eye Hospital NHS Foundation Trust (Moorfields), with Islington Clinical Commissioning Group acting as the lead commissioner, have requested that the London Clinical Senate conduct an independent clinical review of the Trust's proposal to transfer all the services they provide at their City Road site to a new integrated eye care, education and research facility in the grounds of St Pancras Hospital.

The clinical review was requested as part of NHS England's assurance process for a major service change. The review is conducted to establish if there is a clear, clinical evidence base for the move from City Road.

If this proposal is agreed, then all the services currently provided at the City Road site will move to the St Pancras Hospital site by 2025-26. This includes the Richard Desmond Children's Centre and the UCL Institute of Ophthalmology.

Moorfields and the Institute of Ophthalmology are providers of world class clinical services, academic research and teaching. The move to the St Pancras Hospital site will significantly affect the provision of eye health care and research in London and England.

### About the London Clinical Senate

The London Clinical Senate is an independent body within NHS England. Its purpose is to support the development of London's health and care services by providing independent, strategic advice to commissioners and to help them to make the best decisions they can about health care for the populations they serve. The Senate's advice is independent, impartial and informed by the best available evidence.

### The outcome of the review and a summary of the Clinical Senate's recommendations

Having completed their review of the draft Pre-Consultation Business Case (PCBC) for the proposed integrated eye care, education and research facility in the grounds of St Pancras Hospital the London Clinical Senate confirms that **the proposal has a clear clinical evidence base.**

The Senate has the following recommendations about the proposal. They are that:

- the final PCBC should emphasise inter-operability and whole system change

- the PCBC would benefit from having further details on the clinical models for the new facility at St Pancras and how they will lead to improvements in patient care
- the CCG and Moorfields widen their consultation amongst patients and carers and learn from how other similar large hospital relocations or service reconfigurations have managed such a consultation
- that the design of the new facility involves patients, carers, and clinicians from the start. This should build on the new system of co-designed pathways.
- that there is further consideration of the provision of paediatric surgery on a site (City Road) that does not have the full range of paediatric support services.

The review panel's full findings and its recommendations can be found on pages 13 to 24.

## **2)The background to the request for the clinical review**

In August 2018 Islington CCG, acting as the lead commissioner, asked the London Clinical Senate to undertake a clinical review of Moorfields Eye Hospital NHS Foundation Trust's (Moorfields) proposal to move the services currently located at its City Road site to a new integrated eye care, education and research facility in the grounds of the old St Pancras Hospital. The proposal is a joint venture between:

- Moorfields Eye Hospital NHS Foundation Trust
- Moorfields Eye Charity
- University College London's (UCL) Institute of Ophthalmology (IO).

The Senate's Clinical Review is a Stage 2 review of a draft of the CCG's Pre-Consultation Business Case (PCBC). The CCG requested the clinical review as part of NHS England's assurance process for a major service change and to establish if the proposal has a clear, clinical evidence base.

### **The proposal to move to St Pancras**

The Moorfields Eye Hospital is situated in the London Borough of Islington on City Road. The main part of the City Road hospital was built in the nineteenth century. Its out-dated design and inefficient layout hinders clinical integration between Moorfields, the Richard Desmond Children's Eye Hospital, and the Institute of Ophthalmology.

There is little or no space for growth on the Moorfields site. The Richard Desmond Centre for Children is in a separate building on the Moorfields site and though that building is only 10 years old the Richard Desmond Centre now sees almost twice the number of children it was designed for.

The site of the proposed integrated eye care, education and research facility will be in Camden. If the move to St Pancras takes place, the City Road site will close. The proceeds of the sale of the City Road site are to be used to fund the move to the St Pancras site. The new integrated eye care, education and research facility is expected to open in 2025/26. The proposed move is also known as Project Oriel. All the services currently provided at the City Road site, including the UCL Institute of Ophthalmology, and the Richard Desmond Children's Eye Hospital will move to the new facility.

Moorfields and the IO are recognised as national and international centres of excellence for eye health care treatment and research. Moorfields believes that the move to the St Pancras site is necessary because the City Road site significantly limits the ability of the Trust and the IO to continue to deliver world-leading health care and research.

The Trust, in developing its business case, conducted an options appraisal of potential sites; including the option of rebuilding on the City Road site. They concluded that a move to the St Pancras site was the preferred option.

### **The expected outcomes from the relocation of Moorfields Eye Hospital, City Road, to the St Pancras Hospital Site**

Moorfields Eye Hospital expect that the move from City Road to the St Pancras Hospital site will:

- provide a more therapeutic, recovery focussed environment for patients with eye disorders,
- improve clinical efficiency and clinical pathways through having an environment more appropriate for people with an eye disorder,
- provide world class research facilities for ophthalmology, enabling practice to reflect the best evidence.

### **The commissioning of services provided by Moorfields at the City Road site**

Moorfields Eye Hospital is commissioned to provide Ophthalmology and Eye Health Care by CCGs in North and North East London, parts of North West London, and parts of South Hertfordshire and South Essex. Islington CCG is the lead commissioner for the CCGs who commission eye health care services from Moorfields. A list of the CCGs with contracts at the City Road site of over £2 million is in Appendix (1).

NHS England Specialised Commissioning, London Region, also commission Moorfields to provide specialist ophthalmology. London's Specialised Commissioning team represents the NHS England's Highly Specialised Commissioning Team for the commissioning of ocular oncology services at the Trust.

The current annual value of all services commissioned from Moorfields at the City Road site by the CCGs and NHS England is £59m.

A steering group, with CCGs and NHS England as members, was set up to oversee the public consultation for the proposed move to the St Pancras site. The SRO for the Moorfields PCBC is Sarah Mansuralli, Chief Operating Officer, Camden CCG. Within the NCL CCGs Islington CCG, also part of NCL CCGs, remains the lead commissioner.

### **Exclusions**

Moorfields is a provider of ophthalmology services at other sites in London and the South East. However, the London Senate's review is concerned only with the services provided at the City Road site.

### 3) Clinical Reviews, the Clinical Senate, and NHS England's assurance process for a major service change

The Senate's clinical review of Moorfields proposal to move to the St Pancras Hospital site and to create an integrated eye care, education and research facility there is conducted as part of NHS England's assurance process for a major service change.

Under "[Planning, assuring and delivering service change for patients](#)," (NHS England, March 2018, *the guidance on managing service change in the NHS*) NHS England is required to assure itself that a proposal for a major service change or reconfiguration satisfies all of the following tests.

A proposal for change must:

1. Contain evidence of strong public and patient engagement
2. Be consistent with current and prospective need for patient choice
- 3. Have a clear, clinical evidence base**
4. Have the support of Commissioners for its proposals.

The role of the Clinical Senate is to establish if a proposal meets the third test, i.e. that it has a clear, clinical evidence base. This is done this by conducting a clinical review of a draft of the Pre-Consultation Business Case (PCBC).

In conducting the review, the Clinical Senate examines a draft of the PCBC to establish if it:

- has a clear articulation of patient and quality benefits
- fits with national best practice and is clinically sustainable
- contains an options appraisal which includes a consideration of a network approach, cooperation and collaboration with other sites and / or organisations

The Senate's review of a draft PCBC enables a Commissioner to revise their business case and integrate the Senate's recommendations into the final version of the PCBC.

#### The Senate's principles for improving quality and outcomes

The London Clinical Senate has a set of principles that it believes are essential for the improvement of quality and outcomes. A Senate clinical review panel looks for evidence of these principles in the issues it considers and promotes them in the advice it provides. They are to:

- Promote **integrated working across health and social care** and ensure a seamless patient journey

- Be **patient-centred and co-designed** (this includes patient experience, patient involvement in development and design of services)
- Reduce **inequalities** (this involves understanding and tackling inequalities in access, health outcomes and service experience – between people who share a protected characteristic and those who do not - and being responsive to the diversity within London's population)
- Demonstrate a **parity of esteem** between mental and physical health for people of all ages
- Support **self-care** and **health and wellbeing**
- Improve **standards and outcomes** (these include use of evidence and research, application of national guidance, best practice and innovation)
- Ensure **value** (this includes issue such as cost effectiveness and efficiency, long term sustainability, implications for the workforce, consideration of unintended consequences).

## 4) The Review's Methodology

### The review's terms of reference

These are the terms of reference, agreed with Islington CCG, for the clinical review of Moorfields Eye Hospital's proposal to relocate services from the City Road site to the St Pancras Hospital site.

The clinical review seeks to establish:

- 1) That the proposed clinical models for the services to be provided on the St Pancras site, when Moorfields Hospital Trust City Roads services move there in 2025/26, have a clear, clinical evidence base (where this exists).
- 2) Whether the proposals for the new integrated eye care, education, and research facility:
  - will enable improvements in the clinical care of patients
  - are informed by best practice
  - align with national policy and are supported by STP plans and commissioning intentions.
- 3) Whether the proposed clinical models, clinical workforce, and clinical digital strategy are sufficient to meet the growth in demand for ophthalmology and eye health services and can reduce the number of patients whose eye disorder could be avoided.
- 4) Whether the proposed clinical models for the new eye care centre meets the needs of NHS Commissioners, including Specialised Commissioners.
- 5) Whether Oriel and the move to St Pancras Hospital site enhances opportunities for education, research and the adoption of innovation
- 6) That the commissioners and the Trust have considered the effect on patient and carers of the proposed move to the St Pancras site.
- 7) Whether the Trust's proposed clinical model for services at the new eye care centre is both clinically safe and has the potential to improve the safety of care when compared to the current clinical model.

### How the review was conducted and the review's governance

Once the Clinical Senate Council agrees to a request for a clinical review it establishes a review team to undertake the review and write the report. The size and membership of the review team is relative and proportionate to the size, nature and complexity of the

topic. The Clinical Senate Council appoints the review's chairs, one of whom is a member of the London Senate Council.

## Policy

In determining their approach and in formulating their advice the Clinical Senate and the Review Panel relies on the following guidance:

- [Clinical Senate Review Process: Guidance Notes](#), NHS England, August 2014  
NHS England's Service Change Toolkit
- [Planning, assuring and delivering service change for patients](#), NHS England, March 2018.

The Senate Council has overall responsibility for the work of the Review Team. The Council agrees the final version of the Review Team's report.

## The Moorfields Review Panel

The membership of a Review Panel is always multi-professional. Members are chosen for their expertise in the services and pathways being considered.

## Chairing of the Review Panel

The Moorfields Review Panel was jointly chaired by:

**Dr Mark Spencer**, GP and London Clinical Senate Vice Chair

**Mr Mike Burdon**, Consultant Neuro Ophthalmologist at University Hospital Birmingham and current President of the Royal College of Ophthalmologists.

## Membership of the Moorfields Review Panel

The members of the Moorfields review panel were:

Name	Role
<b>Dr Mark Spencer, Joint panel chair</b>	GP and London Senate Vice Chair Medical Director, NWL Health and Care Partnership
<b>Mr Mike Burdon, Joint Review Joint panel chair</b>	Consultant Neuro Ophthalmologist, University Hospital Birmingham, President of the Royal College of Ophthalmologists
<b>Mr Michael Clarke</b>	Consultant Paediatric Ophthalmologist, Royal Victoria Infirmary, Newcastle upon Tyne.

<b>Miss Saaeha Rauz</b>	Clinical Senior Lecturer at the Centre for Translational Inflammation Research, College of Medical and Dental Sciences, University of Birmingham (UK). Consultant Ophthalmologist at the Birmingham and Midland Eye Centre.
<b>Professor Ian Rennie</b>	Professor of Ophthalmology and Head of the Academic Unit of Ophthalmology and Orthoptics at the University of Sheffield, Honorary Consultant Ophthalmologist at the Royal Hallamshire Hospital, Sheffield.
<b>Ms Rebecca Turner</b>	Ophthalmology Nurse Consultant Oxford Eye Hospital, Oxford University Hospitals NHS Foundation Trust
<b>Ms Poonam Sharma</b>	Optometrist and lead optometry adviser for NHS England (London);
<b>Dr Mary Backhouse</b>	GP partner at Tyntesfield Medical Group Chair of North Somerset Clinical Commissioning Group 2017-2018. Member of the South West Clinical Senate
<b>Mr Asif Chadury</b>	Consultant Upper GI/Oesophagogastric Surgeon, Royal Marsden Hospital
<b>Mr Richard M Ballerand</b>	Member of the London Clinical Senate Patient and Public Voice group
<b>Ms Sally Kirkpatrick</b>	Chair of the London Clinical Senate Patient and Public Voice group

A full list of members and their biographies can be found in Appendix (3)

### **Conflicts of interest and confidentiality**

The membership of the Moorfields Review Panel did not include anyone involved in the development of the proposal or who was associated with the commissioning bodies or the providers who are the subjects of the review. All Review Panel members signed a confidentiality agreement and declared any actual or potential conflicts of interests.

## Ownership of the report

The report of the Moorfields clinical review is owned by the sponsoring organisation, in this case Islington CCG. It can only be copied, transferred or published with their permission. It is expected that the CCG once formal consultation on the proposal is underway will agree for the Senate to publish the report and its advice to the commissioner on the Senate website.

## The Review Panel's advice

The Review Panel's advice is based upon:

- Their consideration of the documentation provided,
- The presentations and discussion with clinicians, patients, commissioners, and manager during the Review Panel hearing on the 29<sup>th</sup> November. The agenda for the Review Panel is in Appendix (2)
- The panel members' knowledge and experience.

## Documentation relied upon by the Moorfields Review Panel

In formulating their advice, the Clinical Senate Review Panel relied upon the following documentation:

- A draft Pre-Consultation Business Case (PCBC) for the integrated eye care, education and research facility
- The Case for Change (the rationale for the proposed change and the evidence base)
- An outline of the process used to develop the proposals including staff, service user and public involvement
- The Trust's performance against key quality indicators and benchmarking data
- CQC inspection reports
- The North Central London STP plan
- Moorfield Hospital Trust's Clinical Strategy for the next 10 years
- Patient experience data

The following information was contained in other documents submitted in the draft PCBC bundle or is currently being developed by the Trust or CCG.

- The proposed clinical models for services at the new site; including a description, rationale and evidence base for the clinical mode. ***The Trust will develop this through the extensive pre-engagement activities and strengthened through the formal consultation process***
- A schedule of the evidence, and examples of best practice that informed the proposals for the integrated eye care, education and research facility- ***This was provided in section 3.5 of the draft PCBC***
- Supporting information such as workforce data and modelling, patient flows and pathways. ***The Trust will develop this through the extensive pre-engagement activities and strengthened through the formal consultation process.***

- Public Health and Population health data for Eye Health services including projection for changes in demand over the next 10 years. ***This is provided in the Eye Health Network for London: Achieving Better Outcomes report:*** <http://www.londonsenate.nhs.uk/wpcontent/uploads/2015/07/Item-5-2015-07-21-LCSCFinal-London-Eye-Health-Network-Achieving-Better-Outcomes.pdf>
- A summary of the outcomes of Patient and Public engagement undertaken relating to this proposal. ***This is provided in section 5.1 of the draft PCBV***
- A summary of the outcomes from stakeholder engagement, including that with neighbouring Trusts likely to be affected by Project Oriel. ***This is provided in section 5.1 of the draft PCBV***
- An explanation and description of patient access to the new site. There should be a reference to access by patients with a visual deficit and how that will change following move from City Road. ***The Trust will develop this through an extensive engagement programme and strengthened through the consultation process.***
- An equality impact assessment – an early draft was submitted to the clinical senate. ***The Trust is undertaking a specialist desktop review for the next draft of the PCBC***

Whilst some of the additional evidence requested emerged during the review session on the 29<sup>th</sup> November, it was difficult at times for the panel to conduct the review in line with the terms of reference. That said, the Review Panel appreciates that in some cases, e.g. patient transport arrangements for the new site, it was too early for these documents to be ready for the panel to consider.

## 5) The Clinical Review's findings

The following sets out the findings of the Moorfields Clinical Review Panel. They are based on the Panel's consideration of the draft PCBC, documentation submitted by the Commissioners and the Trust, and the evidence heard and the discussions with clinicians, commissioners, managers, patients, carers and other stakeholders during the Review Panel on the 29<sup>th</sup> November.

### Term of Reference 1

**That the proposed clinical models of the services to be provided on the St Pancras site, when Moorfields Hospital Trust City Roads services move there in 2025, have a clear, clinical evidence base (where this exists).**

### Findings

*The Review Panel found that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.*

The Review Panel repeatedly heard that the buildings at City Road are no longer clinically suitable to meet the demand for modern eye health care services, respond to future changes in the delivery of healthcare, or support a modern health care workforce. It was a constant theme in the evidence received that the City Road site hindered clinical practice, obstructed collaboration between clinicians and researchers, discouraged clinical innovation and provided a poor experience for patients.

Patients and carers told us of the challenges they experience when using the City Road Hospital. Though they valued the care they received and were always complimentary about the clinicians caring for them, they said that a new building was clinically essential. For them, a patient's journey through the current building is complicated and not always dignified; it takes longer for them to complete treatment or investigations during an appointment than it need do. Facilities for the disabled, such as wheelchair users, are restricted.

Adult and paediatric clinicians spoke of the restrictions created by having separate buildings for children and adults. They said that there could be a better use of equipment and diagnostic facilities and better flow by having shared flexible clinical space, as is proposed in the new building, whilst maintaining a separation between the two groups.

Clinicians and Commissioners raised the challenge they faced of meeting the growth in demand for eye care services over the next 10 years if they remained at the City Road site. Demand for eye care is growing at 5% a year, driven in part by an ageing population and the increasing number of patients with diabetes.

The panel heard of the work done by clinicians to respond to the increase in demand. They heard of innovations in treatment (e.g. Injection for Macular Degeneration), making better use of the space at Moorfields, triage and stratification, and moving services out of Moorfields and closer to the patient.

Greater use was being made of the multidisciplinary team within in Moorfields (nurse practitioners, Optometrist AHPs and Ophthalmic Scientist) and of shared care with GPs and Optometrists in the community.

However, and this is a theme that runs through our findings, there was a tendency to assume that the new building alone would solve the challenges facing the Trust and Commissioners in meeting the demand for eye health care over the next 12 years.

Review Panel members felt that the PCBC would benefit from having stronger evidence on how the new site will improve care and what the clinical advantages of the new integrated eye care, education, and research facility will be. They suggest that the proposed clinical models for the new facility and their co dependencies are developed further. This should include taking a whole system approach and a commitment to inter-operability between hospitals and primary care.

The Clinical Senate suggests that the final version of the PCBC would benefit from having more information:

- on the potential service improvements at St Pancras
- on how a whole pathway approach to Ophthalmology and eye health care including inter-operability between primary care and Moorfields
- on what the Trust needs to do between now and the expected opening of date of 2025/6 to meet its current clinical challenges
- on population health in relation to demand for eye health care, particularly the ageing and diabetic populations.

## Term of Reference 2

**Whether the proposals for the new integrated eye care, education, and research facility:**

- **enables improvements in clinical care**
- **are informed by best practice**
- **align with national policy and are supported by STP plans and commissioning intentions.**

## Findings

**Improvements in clinical care.**

*The Review Panel found that the proposed move will enable improvements in clinical care.*

The Review Panel heard from Moorfields' clinicians, local GPs and Optometrists about how the move would lead to improvements in clinical care. One example was the benefits to patient care that would come from the co-location of laboratory and clinical space. At City Road, whilst they are on the same site they are in separate buildings, restricting co-operation between clinicians and researchers.

The panel learnt that having separate sites for adult and paediatric services led to delays in treatment due to restricted access to diagnostics. Moorfields' clinicians argued that clinical care and access would be improved at the St Pancras by having integrated facilities and shared diagnostics whilst maintaining separate spaces for children and adults.

They heard how clinicians at City Road ingeniously adapt the building to offer new services: in one instance converting circulation (corridor) space into clinical space and how clinicians stratify referrals to better manage demand and improve flow through the care pathways.

The Review Panel suggests that the PCBC contains more detail on:

- the potential clinical models for the new facility
- the work to be done over the next 6 years to develop those models.
- how the new integrated eye care, education, and research facility will enable these improvements to happen.

The panel were unclear how the space allocations between clinical service, research and teaching would be allocated and how flexible the new building would be. There was a risk that demand for clinical service demand could grow and again limit interaction with research and laboratory.

### **Informed by best practice.**

*The Review Panel found that the proposal to move to the new site is informed by best practice.*

The Review Panel was impressed by the work done by Moorfields and primary and community care clinicians to learn from, use and further develop clinical practice in eye health care. This is reflected in the draft PCBC and other documents they received. The panel suggests that the consideration of other examples of best clinical practice in Ophthalmology and eye health care would be beneficial to the Trust and the CCGs. This could include:

- inviting clinicians from outside Moorfields and North Central London to evaluate the current and proposed models of care for Ophthalmology and eye health care,
- a commitment to a systematic evaluation of other models of best practice,
- an engagement with Royal College of Ophthalmologists and their clinical and commissioning standards

## **Alignment with national policy and supported by STP plans and commissioning intentions.**

*The Review Panel found that the proposal aligns with national policy: for example, the partnerships between the Trust and Primary Care, moving services out of hospital and nearer the patient, making better use of data, and using IT to support the delivery of care.*

They welcomed the NCL STP making Eye Health Care a workstream and the setting up of a unified commissioning group to oversee the proposed move from City Road site. However, the Review Panel would welcome clarification on:

- how the proposal meets the requirements for interoperability between Acute and Primary care and supports the development of integrated care systems
- how the proposal for specialised children's surgery and anaesthetics meets national best practice.

The Commissioners interest in exploring the devolution of primary care Optometry, General Optical Services (GOS) commissioning to the NCL CCGs to increase interoperability between hospital and primary care was welcomed.

## **Term of Reference (3)**

**Whether the proposed clinical models, workforce, clinical digital strategy and digital opportunities are sufficient to meet the growth in demand for ophthalmology and eye health services and can reduce the number of patients whose eye disorders could be avoided.**

## **Findings**

### **The proposed clinical models.**

*The Review Panel found that the draft PCBC and, to a lesser extent, the presentations they heard on the 29<sup>th</sup>, sometimes lacked detail on how the Trust's proposed clinical models would meet demand for eye health services and reduce avoidable eye disorders.*

The PCBC would benefit from including more detailed models of the care pathways for glaucoma, cataracts, and retinal care. It should:

- show where, when and by whom patients are seen.
- include how the expected growth in demand in services will be met
- show how delays to treatment that may lead to avoidable eye disorders can be avoided; for example, the use of Virtual Clinics.

It is suggested that this work starts before Moorfields moves to the new site so that it can inform the design and capacity of the new building.

## **Workforce**

The Review Panel heard compelling evidence of the workforce challenges faced by both Moorfields and primary care. They learnt of the steps already taken by the Trust to use clinical nurse specialists, ophthalmology scientists, and optometrists to deliver care. However, they found a tendency to assume that the new building is the solution to the workforce challenge.

To ensure that there is a clinically sustainable eye health care workforce, the Panel suggests that the Trust and Commissioners consider:

- the development of an eye health workforce plan for hospital and primary care,
- how the current workforce can better be used to meet demand and prevent avoidable eye disorders.
- the increased use of ophthalmic technicians to compensate for the limited availability of specialist nurses and better use of Optometrists

## **The Clinical Digital Strategy**

The Review Panel welcomed the draft PCBC's commitment to the use of digital technology to meet demand and reduce the risk of avoidable eye disorders from delays in treatment. Clearly the integration of the IO with Moorfields and being part of the Med City development will further support the use of clinical digital technology. We learnt how recent research findings had identified opportunities for AI to quicken diagnosis and how the new facility can provide an opportunity to integrate this into care pathways.

However, the Review Panel noted concerns regarding the risks involved in the introduction of clinical digital technology. For example, that it might increase rather than decrease the clinical workload through identifying potential new patients in the community. It was also felt that the advantages of, for example Artificial Intelligence, may be overestimated. Panel members recommended that the use of tele medicine and clinical digital technology should always include a consideration of the psychological needs of the patient.

The panel found that PCBC would benefit from having more detail on the specifics of the digital strategy and how it can meet demand and avoid eye disorders through delays in treatment. Panel members would have liked to have seen more information on what the move to the St Pancras site will mean for digital health care and the Trust's links with other NHS providers, academia and the private sector.

The panel recommended that in developing "Open Eyes" Moorfields' electronic patient record system (EPR) its interoperability with GP and Primary Care Optometry systems and the London Local Health Care Records Exemplar is prioritised.

## Term of Reference (4)

### Whether the proposed clinical model for the new eye care centre meets the needs of NHS Commissioners, including Specialised Commissioners

## Findings

*As was mentioned, the panel found that the PCBC would benefit from containing more detail on the proposed clinical models for eye care.*

The Review Panel made the following observations.

#### **Adult specialised services.**

The PCBC would benefit from more detail on how the proposed move will affect the commissioning and provision of specialised(tertiary) services for adults.

It was understood that the current arrangements with Barts Health are unlikely to be extended and that the provision of intensive care beds for Ocular Oncology was likely to move from Barts. The Review Panel understands that the Trust is in discussion with other acute providers regarding the provision of ICU and Radio therapy beds for adult oncology patients. Considering this, an explanation of the Trusts future clinical model and proposed care pathways for adults needing ICU beds would be welcomed.

#### **Childrens' services**

Moving to St Pancras is likely to mean a closer relationship between Great Ormond Street Hospital (GOSH) and Moorfields. Panel members asked about the current and future arrangements for paediatric surgery and anaesthetics on a site (City Road) without in patient paediatric services.

Now, there are protocols for the escalation and transfer of patients to GOSH or The London Hospital. Risk stratification is used to ensure that only low risk surgery and anaesthesia occurs at Moorfields. Some panel members were concerned that, despite these risk mitigations, continuing surgery on a non-paediatric site might not comply with best practice.

The Review Panel asked to see more consideration given to the pathway for children's anaesthesia. They suggest that Moorfields and its commissioners identify what the risks of this pathway are and develop a plan to mitigate them. Moorfields and its Commissioners may also want to consider, if as part of the preparations for the move, a new clinical model should be devised which shifts, for reason of clinical safety, specialised paediatric anaesthetic work to GOSH or other paediatric supported sites. The same applies to the current arrangements for provision of IV treatment by Barts Health.

The Review Panel would welcome further information on how the Trust and Commissioners plan to manage patients transitioning from childrens' to adult services.

## Term of Reference (5)

### **Whether the move to St Pancras Hospital site enhances opportunities for education, research and the adoption of innovation.**

*The Review Panel found that the proposed move to the St Pancras Site will enhance opportunities for education, research and the adoption of innovation.*

The Review Panel heard evidence of the potential advantages to patients and clinicians from the co-location and integration of education, and research. They heard of the opportunities for innovation that could occur through having a space where science and clinical work connect. The interaction of the IO and the hospital, it was claimed, would enable the Trust to continue to attract and retain clinicians and scientists. Education would be for the whole clinical team and so support the development of Nurses, Allied Health Professional, Optometrists and Ophthalmic scientists.

The Trust and the IO described how vision research change lives in London, the UK, and the world. They stressed the vital importance of vision in people lives but how it does not receive the attention it should. Hence, they argued, the importance of having a world class centre to raise the profile of eye health and disease.

We heard that the growth in demand for Ophthalmology and eye health care means that clinics at Moorfields are struggling to cope with treatable disease. Hence the need to develop new and better ways of diagnosing and treating eye disease. Being based at St Pancras as part of the Medcity Cluster should allow the creation of a critical mass of expertise to develop new methods of treatment and prevention.

The use of Artificial Intelligence (AI) and how it can be used to hasten diagnosis and treatment was discussed. At present the advantages of using AI at City Road are limited by the poor flow through the building. The Trust argues that the new building and its flexible space will enable them to keep up with the expected rapid changes in diagnostics and treatment.

Panel members asked about Moorfields future relationship with University College Hospital(UCH) and other nearby academic centres. The Trust and the IO said they foresaw a stronger and closer relationship with these providers. The Trust and the IO's future relationship with the Western Eye and the Imperial Health science network was not discussed.

The review panel suggests that there is a clearer strategy for research and development is developed which integrates Moorfields digital, research, and clinical plans.

## Term of Reference (6)

**That the commissioners and the Trust considers the effect of the proposed move to the St Pancras site on patient and carers.**

## Findings

*The Review Panel found that the Trust and Commissioner have considered the effects of the move on patients and carers.*

The Review Panel heard presentations from 5 patients, three of whom are also Trust governors. Patients told us of the paradox of Moorfields: that they get the best care despite the state of the building, long journey times for patients, and having to move around a building with a confusing geography. It received vivid descriptions of a patient's experience of being treated at City Road. Though Moorfields claims to be a world class service it is not being provided in a world class building.

The Review Panel noted and welcomed the work being done to engage patients and carers in the development of the proposal for the new building. However, they felt that further work was required to engage and consult with patients and carers in the development of both the PCBC and further business cases.

Whilst moving to the St Pancras site should mean better access to public transport for patients and carers, panel members felt that the draft PCBC would benefit from further development regarding how patients will get to the new site and further consultation with patients and carers on access. Though it was noted that the position of the proposed new hospital on the St Pancras Hospital site had yet to be agreed.

## Term of Reference 6

**Whether the Trust's proposed clinical model for services at the new eye care centre is both clinically safe and has the potential to improve the safety of care when compared to the current clinical model.**

## Findings

*The Review Panel found it difficult to fully assess the potential of the move to improve the safety of care when compared to the current clinical model.*

The panel would have welcomed more detail in the PCBC and its supporting documentation of the Trust's current and proposed clinical models. The Panel notes and welcomes "Our Vision of Excellence" the Trust's five-year strategy and that the Trust is currently developing a new clinical strategy

They heard how moving to new purpose built and flexible spaces would improve patient safety. However, the draft PCBC does not fully set out the Trust's current clinical risks

other than those associated with the City Road site, e.g. the complicated and challenging journey made by patients and staff and the outdated facilities that clinicians rely upon.

The Review Panel would welcome more information in the PCBC on how clinical safety would be improved at the new facility. Panel members who were involved in the development of new buildings stressed the importance of including clinicians and patients in the early stages of the design of the new building.

## 6) The Clinical Senate's advice and recommendations

### Overview

The London Clinical Senate thanks Islington CCG for their request for advice regarding the proposed move of Moorfields' services from City Road to a new integrated eye care, education and research facility in the grounds of the old St Pancras Hospital.

The Review Panel found that the proposal has a clear, clinical evidence base and that it:

- contains an articulation of patient and quality benefits,
- fits with national best practice
- is clinically sustainable.

The Review Panel suggests that the final PCBC would benefit from having more details on how the proposal meets these criteria.

The Review Panel proposed that before the new facility opens in 2025/26 the Trust and its commissioners further develop their network approach to the provision of Eye Health care by including a commitment to interoperability and take a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care.

However, the Review Panel felt there was a tendency to assume that the new facility alone will solve the clinical challenges eye health care faces over the next ten years. It was observed by one review participant that buildings alone do not make an organisation world class.

The Senate's advises the CCGs and the Trust to amend the PCBC so that it:

- takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care
- contains more information on the Trust's and Commissioners' current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.

## **The Clinical Senate's recommendations**

Based on the findings of the Review Panel the London Clinical Senate has the following recommendations for Islington CCG (acting as the lead commissioner) and Moorfields Eye Hospital.

## **The PCBC**

The Senate recommends that the final version of the PCBC:

- takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care
- contains more information on the Trust's and Commissioners' current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.
- contains a description of what the model for eye health care will be both at the new facility and in North Central London and how these clinical models will meet the expected increase in demand for Ophthalmology and Eye care services. This should include a commitment to inter-operability
- has more information and descriptions of the risks or patient safety challenges faced by the Trust and Commissioners and how the move to the new facility will eliminate or mitigate those risks, particularly regarding paediatric surgery and anaesthetics.
- has more detail on the specifics of their digital and research and development strategies
- contains better modelling of the demand for Ophthalmic and eye health care including population health data and how the proposed models of care will meet that demand
- has more information on the likely workforce at the new facility and their co dependencies and how that workforce will ensure the proposal is clinically sustainable

## **Other models of best practice**

The Senate recommends that both the Trust and Commissioners consider other examples of best practice in eye health care.

This could include:

- inviting clinicians from outside Moorfield to evaluate their current and proposed models of care
- committing to a systematic evaluation of their models of best practice
- engagement with Royal College of Ophthalmologists

## **Relationships with other providers after the move to St Pancras**

The Senate recommends that more thought is given to how the proposed move to the new site at St Pancras will affect relationships and dependencies with other NHS providers, for example the Western Eye, Great Ormond Street and University College Hospital.

## **Learning from the Richard Desmond Centre and other hospital redevelopments**

The Review Panel noted how the Richard Desmond Children's Eye Centre is now used by almost double the patients it was intended for.

The Senate therefore recommends that:

- commissioners and the Trust apply the lessons learnt from the building of the Richard Desmond Centre and other recent hospital developments
- clinicians and carers are involved from the start as partners in the design, development and fit out of the new hospital and that the design reflects the
- the new facility is large enough to be flexible and so accommodate the changes in demand, clinical models, and medical and scientific research

## **Commissioning and Primary Care**

The Senate recommends that to support their proposals for the better eye health care in NCL, commissioners explore the feasibility of devolving some parts of Optometry (General Optical Services) commissioning to the NCL CCGs

## **Patient involvement and consultation**

The Review Panel noted that a patient reference group for the proposed relocation to St Pancras was set up as early as 2014. The panel was impressed by the active engagement of "Trust Members" in the process and noted the restart of the engagement process in July 2018.

The Senate recommends that the Commissioners and the Trust:

- consult more widely about the proposed changes to Eye Health Care in North Central London and engage with patients, carers and stake holders outside the Trust's membership
- ensure that participation in the consultation reflects the diversity of the patients and carers who use Moorfields or who may be affected by the move
- learn from how other recent service reconfigurations have conducted consultation and patient engagement

## **Patient access**

Whilst Kings Cross and St Pancras stations are step free, unlike Old Street Station the nearest station to the City Road site, they are both significantly larger transport termini

than Old Street. Though the draft PCBC suggests it's a 15-minute walk from those two stations to the new hospital the reality is that it's likely to take longer, especially for people unfamiliar with the route or suffering from poor eyesight.

The Senate recommends that:

- there is early engagement with patients, carers, TFL, Network Rail and Camden Council regarding access to the site
- access to the new hospital site by patient and carers access is a key part of the consultation

## Conclusion

Having completed their review of the proposal for a new integrated eye care, education and research facility in the grounds of St Pancras Hospital the London Clinical Senate confirms that **there is a clear clinical evidence base for this proposal.**

The London Clinical Senate asks that the CCG and Trust:

- consider the Review Panel's finding and the Senate's recommendations
- amend the PCBC to take account of the Senate's findings and recommendations

## **(7) Producing the report**

This report was written following the Review Panel on the 29<sup>th</sup> of November and is based on the evidence received by the Review Panel at the hearing and the documentation submitted to the Clinical Senate by the Islington CCG and Moorfields.

### **Checking for factual accuracy**

A final draft report setting out the advice was shared with the sponsoring organisation to provide an opportunity for them to check it for factual accuracy. All the comments and corrections received are incorporated into this report.

### **Senate Council agreement of the report.**

The Senate Council is the Clinical Senate's governing body. The Review Panel following the factual accuracy check, submitted their report to the London Clinical Senate Council; they have agreed to the advice contained in this report.

### **Submitting the final report to the Sponsoring Organisation.**

The London Clinical Senate Council has submitted the final report to the Sponsoring Organisation. The report and its advice are now part of the NHS England service change assurance process.

## **(8) Communication and media handling**

Islington CCG (and partner bodies) is responsible for the publication and dissemination of the report. It is expected to become publicly available as soon as possible following its completion. The Clinical Senate will post the report on their website at a time agreed with the Sponsoring Organisation.

Communication about the clinical review and all media enquiries will be dealt with by the Sponsoring Organisation.

When requested and where appropriate, the Clinical Senate will support the Sponsoring Organisations in presenting the review's findings and explaining the rationale for the advice provided.

### **Disclosure under the Freedom of Information Act 2000**

The London Clinical Senate is hosted by NHS England and operates under its policies, procedures and legislative framework as a public authority. Unless the information is exempt, then all written material held by the Clinical Senate, including any correspondence sent to us may be considered for release following a request to us under the Freedom of Information Act 2000;

## Contact details of the key personnel coordinating the review process

### For the London Clinical Senate:

Edward Ward  
Head of Programme  
Email: [edwardward@nhs.net](mailto:edwardward@nhs.net)

### For the Sponsoring Organisation and partner bodies

Denise Tyrell  
Programme Director  
Camden CCG  
Email: [denise.tyrell@nhs.net](mailto:denise.tyrell@nhs.net)

Sarah Mansuralli  
Chief Operating Officer  
Camden CCG  
Email: [sarah.mansuralli@nhs.net](mailto:sarah.mansuralli@nhs.net)

### *Author*

*Edward Ward, Head of Programme, London Clinical Senate*

**31<sup>st</sup> January 2019.**

## **Appendix (1)**

**Commissioners with contracts of over £2 million with Moorfields Eye Hospital NHS Foundation Trust for services provided at the City Road site.**

NHS England Specialised Commissioning, London Region.

NHS City and Hackney CCG

NHS Camden CCG

NHS Islington CCG

NHS Tower Hamlets CCG

NHS Newham CCG

NHS Barnet CCG

NHS Enfield CCG

NHS Redbridge CCG

NHS East and North Hertfordshire CCG

NHS Haringey CCG

NHS Herts Valley CCG

NHS Waltham Forest CCG

NHS Ealing CCG

NHS Havering CCG

## Appendix (2)

### Agenda for the review day 29<sup>th</sup> November including participants

Request for advice on Moorfields Eye Hospital NHS Foundation Trust's proposals to move from its current location on City Road to a new building on the old St Pancras Hospital site

#### Stakeholders Review Day

### Programme

**Date:** Thursday 29<sup>th</sup> November 2018

**Venue:** Moorfields Eye Hospital – City Road

**Boardroom, 4th Floor, Kemp House, 152 – 160 City Road, London EC1V 2NP**

Timing	Item.	Objectives.	In attendance
08.45 - 09.30	<b>Clinical Senate Review panel convenes</b>	Panel prepares for the day.	Senate review panel.
09.30 - 10.00	<b>Moorfields proposed relocation to the St Pancras site</b>	Overview of the proposal.  Discussion between the SMT and the Review Panel of the Overall case for change and the: <ul style="list-style-type: none"><li>• Local and national context</li><li>• Underpinning evidence for the propose move</li><li>• the expected benefits/ improvements in quality and outcomes</li></ul>	David Probert - Chief Executive, MEH  Jo Moss - Director of Strategy and Business Development, MEH  Tracy Lockett - Director of Nursing and Allied Health Professions, MEH  Sarah Mansuralli - Chief Operating Officer - Camden CCG

		<ul style="list-style-type: none"> <li>the effect on local NHS providers of the proposed move to St Pancras</li> </ul>	Marcel Levi - UCLH CEO
<b>10.00 - 10.45</b>	<b>The clinical case for change</b>	<p>Discussion of the clinical case for change and the clinical context of the proposed relocation</p> <ul style="list-style-type: none"> <li>capacity planning for eye health services; 2025 onwards</li> <li>population health data</li> <li>modelling of activity/flow</li> <li>clinical digital strategy</li> <li>summary of the clinical implementation plan, key milestones, risks and mitigation</li> </ul>	<p>Nick Strouthidis - Medical Director, MEH</p> <p>Peter Thomas - Consultant Ophthalmologist</p> <p>Dawn Sim - Consultant Ophthalmologist</p> <p>Parul Desai - Consultant Ophthalmologist, MEH</p> <p>Deepak Hora - GP, Clinical Lead Planned Care and Camden Named GP Adult Safeguarding</p>
<b>Break</b>	<b>10.45 – 11.00</b>		
<b>11.00- 12.10</b>	<p><b>Proposals for the following eye health care pathways from 2025</b></p> <ul style="list-style-type: none"> <li>Glaucoma</li> <li>Medical Retina</li> <li>Cataract</li> <li>Paediatric Ophthalmology</li> <li>Emergency Care.</li> </ul>	<p>Discussion of:</p> <ul style="list-style-type: none"> <li>the clinical evidence for these care pathways</li> <li>Whether they will enable improvements in clinical care</li> <li>Whether they are informed by best practice and aligned with national policy</li> </ul> <p>For Ophthalmic ED – how this will fit in with another London Eye ED services</p>	<p>Gus Gazzard - Consultant Ophthalmologist, MEH</p> <p>Joanne Hancox - Consultant Ophthalmologist, MEH</p> <p>Vincenzo Maurino - Consultant Ophthalmologist, MEH</p> <p>Louisa Wickham - Consultant Ophthalmologist, MEH</p> <p>Emma Jones – Consultant Ophthalmologist, MEH</p> <p>Robin Hamilton - Consultant Ophthalmologist, MEH</p> <p>Adam Mapani - Nurse Consultant, MEH</p>

<p><b>12.10 - 13.00</b></p>	<p><b>Proposals for Specialised services from 2025 and their care pathways</b></p> <p>Will the new eye care centre proposed clinical model meets the needs of NHS England's Specialised Commissioners?</p>	<p>Discussion of:</p> <ul style="list-style-type: none"> <li>• the clinical evidence base for these care pathways.</li> <li>• Whether they will enable improvements in clinical care</li> <li>• Whether they are informed by best practice and aligned with national policy</li> </ul>	<p>Alison Davis - Divisional Director – South, MEH</p> <p>Richard Lee - Consultant Ophthalmologist, MEH</p> <p>Mandeep Sagoo - Consultant Ophthalmologist, MEH</p> <p>Joanne Hancox - Consultant Ophthalmologist, MEH</p> <p>Deborah Nicholson - Quality and Transformation Manager - NHS England Specialised Commissioning</p> <p>Victoria Osborne-Smith - Programme of Care Manager - NHS England Specialised Commissioning</p> <p>Caroline Blair - Programme Director Renal and Cancer - NHS England Specialised Commissioning &amp; NCL STP Lead</p> <p>Nicola Symes – Highly Specialised Commissioner</p>
<p><b>Lunch</b></p>	<p><b>13.00 - 13.45</b></p>		

13.45-14.15	<b>Moorfields and the Institute of Ophthalmology's academic strategy for the proposed new hospital</b>	Discussion of how the Trusts' academic and research strategy fits with the clinical services at the proposed new hospital  Will it enhance opportunities for education, research and the adoption of innovations that will benefit patients?	Peng Khaw - Director of Research and Development  James Bainbridge – Consultant Ophthalmologist  Paul Foster - Consultant Ophthalmologist  Nora Colton - Joint Director of Education
14.15-15.00	<b>Primary Care - view of GPs and Optometrist of the proposed move</b>	Established and discuss primary care's views of the proposed move and its effect on primary care eye care.	Deepak Hora - GP, Clinical Lead Planned Care and Camden Named GP Adult Safeguarding  Neel Gupta - GP and Chair of Camden CCG  Neelesh Bowry - Clinical Lead for Ophthalmology for Islington CCG  Eshan Alkizwini - GP West Hampstead Medical Centre, Clinical lead for Sustainable Insights and IT systems  Adrienne Dalcher, LOC representative
15.00-15.45	<b>Patient and carer's views and opinions of the proposal to move to the St Pancras Hospital site.</b>	Meet with patients and carers  Discuss their views on the proposed move  Hear and record their views- with reference to access.	Pearse Keane - Consultant Ophthalmologist, MEH  Patient representatives & governors
Break	15.45 – 16.00		

<p><b>16.00 – 16.45</b></p>	<p><b>STP and Commissioners</b></p> <p>. Commissioning Eye Health Services in London</p>	<p>Discussion with STP/ Commissioners on the proposed move and its overall effect on eye health services through to 2030 from a commissioning perspective</p> <p>Discuss and further understand STP/ Commissioners Eye Health Commissioning Strategy through to 2025 &amp; thereafter.</p> <p>The effect on local NHS providers of the proposed move to St Pancras.</p>	<p>Melanie Hingorani - Consultant ophthalmologist, MEH</p> <p>Dilani Siriwardena - Divisional Director - City Road, MEH</p> <p>Will Huxter - Director of Strategy, North Central London CCGs</p> <p>Caroline Blair - Programme Director Renal and Cancer - NHS England Specialised Commissioning</p> <p>Sarah Mansuralli - Chief Operating Officer, Camden CCG</p> <p>Tony Hoolaghan - Chief Operating Officer, Haringey CCG and Islington CCG</p> <p>Michael Marsh - Medical Director Specialised Services NHS England</p>
<p><b>16.45- 17.30</b></p>	<p><b>Review of the day</b></p>	<p>Panel considers evidence heard during the day. Key points for the report agreed</p>	<p>Review panel members.</p>

## Appendix (3)

### Review Panel members and biographies

#### Moorfields Clinical Review Panel Members

Name	Role	Biography
Dr Mark Spencer, Joint panel chair	GP and London Senate Vice Chair  Medical Director, NWL Health and Care Partnership	West London GP, MD of the NW London STP. Experienced Regional Medical Director with a demonstrated history of working in the hospital & health care industry. Skilled in Family Medicine, Service Change and Innovation. Clinical Lead to the largest transformational change programme in the NHS. Strong community and social services professional with many years as GP
Mr Mike Burdon, Joint Review Joint panel chair	Ophthalmologist (neuro).  President of the Royal College of Ophthalmologists	Consultant ophthalmologist with an interest in neuro-ophthalmology at the Queen Elizabeth Hospital, Birmingham.  Established reputation as a teacher of neuro-ophthalmology, speaking at numerous national and international meetings, and co-authoring " <i>The Neuro-Ophthalmology Survival Guide</i> " with Anthony Pane and Neil Miller. Has extensive experience in the diagnosis and management (including surgical correction) of adult motility disorders.  Main research interests are papilloedema and idiopathic intracranial hypertension.
Mr Michael Clarke	Consultant <b>Ophthalmologist</b> , Royal Victoria Infirmary, <b>Newcastle</b> upon Tyne.	An ophthalmologist with a specialist interest in the visual problems of children. Undertake clinical research in this area with the aim of improving the effectiveness and efficiency of the delivery of children's ophthalmic services.  Developed a multidisciplinary service for the assessment of visual symptoms experienced by patients with dementia and other neurodegenerative diseases
Miss Saaeha Rاوز	Clinical Senior Lecturer at the Centre for Translational	Clinical Senior Lecturer at the Centre for Translational Inflammation Research, College of Medical and Dental Sciences, University of Birmingham (UK) and Consultant

	<p>Inflammation Research, College of Medical and Dental Sciences, University of Birmingham (UK).</p> <p>Consultant Ophthalmologist at the Birmingham and Midland Eye Centre.</p>	<p>Ophthalmologist at the Birmingham and Midland Eye Centre, Birmingham (UK) where she runs supra-regional inflammatory ocular surface disease and immunosuppression clinics.</p> <p>Her specific clinical and research interests are conjunctival scarring disorders such as mucous membrane pemphigoid and Stevens-Johnson Syndrome / Toxic Epidermal Necrolysis together with other causes of dry eye including Primary Sjögren's Syndrome.</p>
<p>Professor Ian Rennie</p>	<p><b>Professor of Ophthalmology and Head of the Academic Unit of Ophthalmology and Orth optics at the University of Sheffield,</b></p> <p>Honorary Consultant Ophthalmologist at the Royal Hallamshire Hospital, Sheffield.</p>	<p>Professor of Ophthalmology and Head of the Academic Unit of Ophthalmology and orthoptic at the University of Sheffield, United Kingdom. He is an Honorary Consultant Ophthalmologist at the Royal Hallamshire Hospital, Sheffield, where he is currently Clinical Director of the Department of Ophthalmology.</p> <p>Founded the Sheffield Ocular Oncology service in 1985. He established the use of stereotactic radiosurgery for eye melanomas in the UK and founded an internationally-renowned research department.</p> <p>Professor Rennie obtained his medical degree at the University of Sheffield in 1976. He became a Fellow of the Royal College of Surgeons of Edinburgh in 1981 and a Founder Fellow of the Royal College of Ophthalmologists in 1989. He was elected a Fellow of the Royal College of Physicians and Surgeons of Glasgow in 2010.</p> <p>Professor Rennie is a former senior vice-president of the Royal College of Ophthalmologists, section editor of the British Journal of Ophthalmologists, editor of the</p>

		<p>journal Eye and Master of the Oxford Ophthalmological Congress. He is currently a member of the International Advisory Board for the Indian Journal of Ophthalmology.</p> <p>Professor Rennie's clinical and research interests are in the areas of ocular oncology and inflammatory eye disease.</p>
Ms Rebecca Turner	<p>Ophthalmology Nurse Consultant</p> <p>Oxford Eye Hospital</p> <p>Oxford University Hospitals NHS Foundation Trust</p>	<p>Joined the Oxford Eye Hospital team in October 1986 as a specialist nurse, following post-registration training at Moorfields Eye Hospital in London.</p> <p>Rebecca has held ward sister and senior nurse roles and has been the Matron for Specialist Surgery since 2007.</p> <p>2013 to 2016 was the Clinical Lead in Ophthalmology and has also acted as Head of Nursing in the Neurosciences, Orthopedic, Trauma and Specialist Surgery (NOTSS) Division.</p> <p>Rebecca was appointed to the role of Nurse Consultant in September 2016: she is facilitating the development of nurse-led clinical practice in the Eye Hospital and is an integral part of the planning committee for a postgraduate certificate in Ophthalmic care.</p>
Poonam Sharma	<p>Optometrist</p> <p>Lead Optometry Adviser for NHS England (London);</p>	<p>Lead Optometry Adviser for NHS England (London); the role and her remit include improving eye health across London.</p> <p>Since qualifying as an optometrist in 1996, Poonam has had a varied career including practising as a community optometrist, a hospital clinician, diabetic eye screening practitioner, visiting tutor at City University and recently held more strategic roles with the Local Optical Committee Support Unit and Clinical Commissioning Groups.</p> <p>Poonam has been involved in large scale ophthalmology service redesign, she has a keen interest in ophthalmic public health in</p>

		reducing eye health inequalities and unwarranted variation in eye care services.
Dr Mary Backhouse	<p>GP partner at Tyntesfield Medical Group</p> <p>Chair of North Somerset Clinical Commissioning Group 2017-2018</p> <p>Member of the South West Clinical Senate</p>	<p>Mary is an experienced GP from North Somerset where she has worked since 1990. She trained as a GP in NE London and then worked in Highams Park for 4 years.</p> <p>She is an experienced commissioner having been part of a wave one practice-based commissioning practice from 1990, a practice-based commissioning in 2006 -2010, a member of North Somerset Primary Care Trust Professional Executive Committee 2007-2011, Chair of North Somerset Primary Care Trust Professional Executive Committee from 2011-2013. She was appointed Chief Clinical Officer (Accountable Officer) of North Somerset Clinical Commissioning Group 2013 -2017 and then when a single accountable officer was appointed for Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups. She has been a member of the South West Clinical Senate since 2013.</p>
Mr Asif Chadury	<p>Consultant Upper GI/Oesophagogastric Surgeon</p> <p>The Royal Marsden Hospital</p>	<p>Mr. Mohammed Asif Chaudry qualified from Oxford University with distinction in 1999. His subsequent training in GI and Oesophagogastric Cancer Surgery was at various centres of excellence in London such as St Mark's Hospital, Barts and The Royal London, University College London and finally The Royal Marsden. His training had a focus on a minimally invasive, laparoscopic approach.</p> <p>Upon gaining his CCT he undertook Senior Fellowships at St Thomas's Hospital with an additional focus on complex open revisional Upper GI surgery. This was followed by international laparoscopic and robotic training at the Seoul National University Hospital in</p>

		<p>South Korea, the highest volume gastric cancer centre internationally and in Japan.</p> <p>He returned to The Royal Marsden as a Consultant and has a focused high-volume, minimally invasive and open oesophageal and gastric cancer practice dealing with complex cases.</p> <p>A founding member of the European Gastric Cancer Association with an active interest in translational research at the ICR and Biomedical Research Centre. He has publications in high impact factor journals and several books published by Oxford University Press.</p>
Sally Kirkpatrick	Chair of the London Clinical Senate Patient and Public Voice group	<p>Sally's background is financial consultancy in the city but since retirement she has been volunteering in the NHS and other health organisations.</p> <p>Sally is the chair of the London Clinical Senate Patient and Public Voice group. She is also a volunteer with both her local Healthwatch.</p> <p>Sally has participated in several NHS clinical reviews as a panel member representing the patients and the public. These service reviews include reorganisation proposals for cardiovascular and complex cancer; maternity, neonatal and paediatric; mental health; and emergency and urgent care.</p> <p>She is also involved in several hospital PLACE audits and Enter and View visits. As a patient representative Sally also sits on the Clinical Quality and Patient Safety board for her local hospital.</p> <p>She was a patient-public member of the Pan London End of Life Alliance and the Programme Board for the Senate's Helping Smokers Quit (HSQ) programme which involved closely working with her own Mental Health trust.</p>

		<p>Sally was a member of the procurement team for integrating NHS111 and GP out-of-hours services in North Central London. She is now a patient representative of the NCL IUC Clinical Quality Reference Group.</p> <p>Sally is currently an expert by experience representative for the reference group developing the Mental Health STPs for North Central London</p>
Richard Ballerand	Member of the London Clinical Senate Patient and Public Voice group	<p>Franco-British policy advisor and Axolotl Associates partner, Richard leads his practice's PPG, and is a lay member, NIHR Health Technology Assessment Prioritisation Committee B, and</p> <p>NICE Technology Appraisal Committee A. An EMA European patient expert, 2017/18 NIHR</p> <p>CLAHRC NWL improvement leader fellow, and member of multiple health networks, he serves in various capacities on four London NHS Trusts. An aphantasic syncretist with degrees in economics, strategy, and psychology, and a financial and defence sector background, he has travelled widely as a reservist military liaison officer.</p> <p>Former trustee of several charities and think-tanks, e.g. Royal Institution and Royal United Services Institute (still a fellow), his earlier roles include Zoological Society of London vice-president, Birkbeck College governor, and London University senator.</p> <p>Extensive lived experience of the British, French, and American healthcare systems, including family caring, and care-coordination. Based in London, he also trained and volunteered as a counsellor. During his doctoral studies he was hit by a car, sustained several injuries, including a TBI, with various sequelae. Richard has a special interest in</p>

		those with invisible disabilities and in the challenges facing the ex-military and diverse communities
--	--	--