**Proposed move of Moorfields Eye Hospital’s City Road services.**

A consultation document for discussion and views

24 May – 16 September 2019.

Closing date for feedback – 16 September 2019.

Published by NHS Camden Clinical Commissioning Group and NHS England Specialised Commissioning, in partnership with Moorfields Eye Hospital NHS Foundation Trust.

24 May 2019.

[www.oriel-london.org.uk](http://www.oriel-london.org.uk).

Moorfields Eye Hospital NHS Foundation Trust is proposing to build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology. We, the NHS commissioners of Moorfields’ services, are holding a public consultation between 24 May and 16 September 2019 to consider the proposal outlined in this document. Please visit our website to download this document and find further information – [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

From the website, you can download a summary document as well as large type, Easy Read and audio versions. If you would like printed copies or versions in braille, audio or another language, please contact the consultation team on 020 7521 4684.

**Contents.**

3 Introduction.

4 Our vision for the future.

5 Section 1 – Summary.

7 What will we do with your comments?

8 Section 2 – Why change?

10 How the current facilities affect patients.

11 Section 3 – The proposed move and options.

12 How we identified the options for a new integrated site.

13 Summary of option advantages and disadvantages.

15 Updated options appraisal – 2019.

20 Why is it important to be in London?

20 Why a new build at St Pancras is our preferred way forward.

22 Travel times.

23 Access from public transport to the proposed new centre.

24 Views from patients and public.

29 Impact on equalities.

31 Section 4 – How much would it cost?

32 Section 5 – Decision-making process.

32 The major decisions that would lead to the start of construction.

34 Next steps.

35 Alternative options.

36 Section 6 – How to give your views.

37 How to contact us.

39 Appendix 1: Organisations that are involved in the proposal.

38 Open discussion groups.

**Glossary.**

**A&E** Accident and Emergency.

**BAME** Black and Minority Ethnic.

**CCG** Clinical Commissioning Group.

**CQC** Care Quality Commission.

**DMBC** Decision-Making Business Case.

**EIA** Equality Impact Assessment.

**GP** General Practitioner.

**IoO** UCL Institute of Ophthalmology.

**MEH** Moorfields Eye Hospital.

**NHS** National Health Service.

**NCL STP** North Central London Sustainability and Transformation Partnership.

**ONS** Office for National Statistics.

**PCBC** Pre-Consultation Business Case.

**RDCEC** Richard Desmond Children’s Eye Centre.

**RNIB** Royal National Institute of Blind People.

**UCL** University College London.

**Introduction.**

This document outlines our proposal to build a new centre for eye care, research and education.

The NHS in north central London is working with NHS England Specialised Commissioning, in partnership with Moorfields Eye Hospital, University College London (UCL) and Moorfields Eye Charity, on a proposal to bring together services from Moorfields’ main City Road hospital site and the UCL Institute of Ophthalmology (IoO) in a new purpose-built centre.

We call this proposal Oriel and, if supported, we believe it would deliver world-leading eye care for patients, the best education for students and research for the benefit of the whole population.

“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.

**Our vision for the future.**

Our partnership shares a vision for our community to be happier, healthier and to live longer in good health. Sadly, sight loss is an increasing reality for many people. People are living longer and with more complex illnesses, many of which harm the critically important sense of sight. It is estimated that by 2050, four million people in the UK will live with sight loss.

Moorfield’s ability to provide modern, efficient and effective treatment is achieved despite the limitations of its current City Road site. Outdated buildings – some more than 125 years old – mean that patients do not always get the best experience of care, delivered in modern ways.

That is why we are looking at moving both the hospital currently on City Road, and the nearby Institute of Ophthalmology (IoO), to a new purpose-built centre where we can create a world-leading centre for the prevention, diagnosis and treatment of eye disease. In the process, we would be able to transform lives, turn research into new treatments faster and share our knowledge and understanding with the clinicians of tomorrow.

We have sought input from the public, patients and clinicians on various options of how we could create this new centre which you can read about in this document and on our dedicated website. From this work, we have now selected one preferred way forward.

The preferred way forward is the creation of a new centre on land available at the St Pancras Hospital site near King’s Cross with the money realised from the sale of the City Roald land, as well as contributions from central government and from our general donors.

**Section 1 – Summary.**

Moorfields is proposing to build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

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

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

If the move were to go ahead, Moorfields and UCL would sell their current land on City Road and all proceeds of the sale would be reinvested in the new centre.

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

• In the interests of the health of our populations, locally and nationally.

• In line with our long-term plans to improve health and care.

• An effective use of public money.

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

• People who use Moorfields’ services, their families and carers, including people who may need services in the future.

• Other people who live with sight loss.

• Local residents and the public.

• Community representatives, including in the voluntary sector.

• Staff and partners in health and social care.

• Relevant local authorities.

We are holding a public consultation between 24 May and 16 September 2019. The outcome of this will influence our Decision- Making Business Case (DMBC), which will be presented to NHS England and Improvement for assurance and for decision- making to the CCGs and NHS England Specialised Commissioning.

We are working with The Consultation Institute, an independent advisory body, to ensure that our consultation process, from pre-consultation to evaluation, meets the highest standards.

If commissioners support this proposal, the hospital and university would develop their plans and related business cases reflecting views received during the public consultation. If approved, these business cases would result in Moorfields and UCL taking the decision to sell the current City Road site, buy land at St Pancras and appoint a construction firm.

There are several ways in which you can give your views during the consultation.

• There is an online feedback questionnaire.

• The feedback questionnaire is available in printed versions to fill in and post to us for free.

• The feedback questionnaire is also available in braille, or another language (on request).

• We will be holding events and attending meetings where you can hear more about the proposal, join the discussion and give us your views.

• You can write to us or phone us.

See Section 6 for full details on how to give us your views.

If you would like further information, please visit the Oriel website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

The closing date for feedback is 16 September 2019.

**What will we do with your comments?**

Once the consultation has closed, your comments and responses will be collated and analysed by an independent organisation. This analysis will be written into a draft report, which we will publish on our website: [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

The draft report will be shared with stakeholders and consultees so they can raise anything they feel has been missed before further decisions are made.

Local authorities will also be engaged to ensure they feel the consultation has been undertaken satisfactorily. We will consider all feedback received before preparing the final consultation report.

This will inform the final decision on whether to proceed with the proposal, a decision to be made by the CCGs (a committee made up of CCGs that have contracts with Moorfields spending over £2 million per year) and NHS England Specialised Commissioning.

If the Decision-Making Business Case were approved by the commissioners, Moorfields would proceed to the next stage of detailed planning.

**Section 2 – Why change?**

The Office for National Statistics (ONS) forecasts that London’s population will grow faster than any other English region between 2016 and 2026, increasing by 774,000 to 9.5 million in mid-2026, increasing by 774,000 to 9.5 million in mid-2026 (up 8.8%).

By then, the number of people aged 65 and over in London is expected to increase by nearly 25% from 1.02 million to 1.27 million.

We need to plan for future health care services that can meet the needs of a growing population, especially for those aged over 65.

This means the NHS needs to be agile and adapt how hospitals and other NHS organisations provide services for patients, taking advantage of changing clinical and technological advances.

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years. Our ageing population means greater and more complex demand for eye services as almost 80% of people aged 64 and over live with some form of sight loss.

As more and more people will need treatment for eye conditions in the future, we need to put them at the centre of care to help support and care for them and their families.

In order to do this, we need to replace traditional hospital-based eye services with new models of care. By using technology and by training other health professionals, more patients could be seen in community settings near where they live.

The rising incidence of eye disease also requires the development of new techniques and technology to diagnose and treat conditions better. The closer clinicians and researchers work, the faster they can find new treatments.

Moorfields Eye Hospital on City Road, the largest hospital in the Moorfields network, offers routine, emergency and complex eye services to local patients and is also the regional, national and international referral centre for complex eye diseases.

The City Road site includes a 24/7 accident and emergency (A&E) eye department and the Richard Desmond Children’s Eye Centre, the world’s largest specialist children’s eye hospital. In addition, it acts as the central research and education facility for Moorfields.

However, the ageing facilities of the City Road site do not meet modern standards. In particular the way clinics and buildings are laid out limits the innovation and interaction that could lead to the development of new treatments.

**How the current facilities affect patients.**

Feedback from patients and carers, particularly over the past five years, is very positive about clinical care, but often includes criticisms about the quality of patients’ experience when visiting the hospital. During inspections our regulator, the Care Quality Commission, has agreed with these comments.

Some patients have said that their 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 necessary. Facilities for people with disabilities, such as wheelchair users, are restricted.

The current model of care has been adapted to fit the layout of the outdated buildings at Moorfields’ City Road site, rather than designed to meet patient needs. For example, a routine appointment can involve several different tests in different locations away from the initial consultation room. This is inconvenient for patients, particularly those who find it hard to navigate the building, and makes the flow of patients through the hospital less efficient, meaning appointments take longer than they should. Our proposal will address these issues by putting patient experience at the centre of the building design.

Clinicians who look after adults and children have said having separate buildings for children and adults presents challenges. They have suggested 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, while maintaining a separation between the two groups.

**Section 3 - The proposed move and options.**

An opportunity to build for the future Moorfields and its partners agreed in 2013 that there was a clear opportunity to address these key issues and meet the increasing demand for eye care services, placing patients at the centre of care.

They agreed that they wanted to:

• Create a partnership between UCL, Moorfields and eye care specialists in the community to design eye care services around the needs of patients, residents and professionals.

• Bring together eye care, research, and education in one place, and create links to care and social support in other parts of London.

• Support even closer collaboration between patients, clinicians, students and researchers.

They identified they could do this by:

• Staying at the City Road site making minor modifications to the existing buildings.

• Demolishing some or all of the existing City Road buildings and replacing them.

• Constructing a purpose-built environment at another location.

**How we identified the options for a new integrated site.**

The partners and other interested parties drew up a long list of options, which had to meet a set of agreed criteria:

1. Improved patient care and better 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. Location close to MedCity, the Francis Crick Institute and other UCL departments to facilitate collaboration.

4. Creation of more research and education programmes.

A list of 12 possible options which met these criteria was considered. A number of these options were then discounted for not meeting the criteria. You can see more detail on this on our website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

This left the following shortlist of options:

• Do nothing (which would mean no reconfiguration, continued maintenance and little improvement for patients).

• Develop the current site (of which there were seven sub-options, all requiring moving services temporarily during the building phase).

• Do the minimum (part new build and part refurbishment).

Move from City Road and build a new purpose-built centre (for all the current eye care services at City Road, including A&E and the children’s services in the Richard Desmond Children’s Eye Centre and UCL).

**Summary of option advantages and disadvantages.**

Rebuilding at the current site or rebuilding and refurbishing current facilities has the advantage of continuing to serve patients from the location that people know and find relatively easy to access from Old Street tube station and bus routes.

However, there are potential disadvantages compared with the opportunity to build a new centre at another site:

**Disruption.**

Services would have to leave the current buildings to make way for construction and then move back into the new or refurbished accommodation. This would jeopardise the principle of minimising disruption and maintaining service continuity – a principle that is valued by many people who have expressed their views so far.

**Compromise in terms of our ambition.**

Expanding and adapting the current site offers the potential to improve patient experience, but it only partially achieves the strategic objectives to bring together eye care with research and education. The scope for redesign is limited compared with the opportunity for a purpose- built design.

A more flexible and integrated facility would allow patients to be seen and treated more quickly and efficiently, as well as enabling closer working between clinicians and scientists so they can identify what needs to change and work together to discover new treatments.

**Projected cost comparison**

Building on land that Moorfields already owns would remove the costs of buying new land. However, with little or no opportunity to gain income from land sales, the projected costs of building and maintaining facilities at City Road over the next 50 years are much greater than the option to build elsewhere.

To examine these advantages and disadvantages further, the partners and others, came together again to score the options against further criteria. These covered the benefits and drawbacks of each option and reflected the project vision and objectives – care, research, education, efficiency, flexibility and diversity.

**Updated options appraisal – 2019.**

The options appraisal was refreshed as part of this consultation process in early 2019 and, in line with the latest national guidance for business planning, the long list of options was reviewed against updated success criteria. You can read and download a full report on the options review by visiting our website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

**The success criteria and options were reviewed at:**

• A patient and public workshop which reviewed the critical success factors against which the options are appraised.

• A commissioner workshop which reviewed the critical success factors, investment objectives, and checked and challenged the options framework.

• A combined Moorfields executive, commissioner and patient and public workshop which reviewed the critical success factors and checked and challenged the options framework.

• A UCL workshop with representatives from the Institute of Ophthalmology, UCL finance and UCL estates which reviewed the critical success factors and checked and challenged the options framework.

These workshops concluded that moving to St Pancras and creating a purpose-built integrated centre was still the preferred way forward at this stage.

The following table and the London map shows the long-list of options from:

Option 0 (Business as usual) to Option 12 (Relocate to a site near Elephant and Castle).

**Option:**

**0 ‘Business as usual’: all occupants remain in existing estate and works undertaken to enable premises usage for 50 years.**

a. The main advantages are services currently delivering remain in situ, minimising disruption to those who access MEH and IoO services.

b. But, minimal scope for delivering improvement owing to the estate.

c. So, this site option will not enable sufficient transformation of services.

**1 Development of land between Moorfields and UCL IoO’s current sites (various).**

a. Option A + Links to the existing UCL IoO facility.

b. Option B + Existing RDCEC facility to be used for UCL IoO growth.

c. Development opportunities.

BUT, limited scope for delivering improvement owing to the estate.

So, unlikely to meet the needs of the Oriel partners.

**2 Development of the easternmost end of the current hospital site bordering City Road (various).**

a. Option A+ Some development opportunities

i. Limited scope for delivering improvement owing to the estate.

ii. Decanting required during construction works.

b. Option B + Residual land area post development for onward development sale.

i. Limited scope for delivering improvement owing to the estate.

ii. Offsite decant options required for both Moorfields and UCL IoO.

c. Option C + Connectivity created to IoO

i. Does not meet space requirement

ii. Offsite decant required

iii. No development opportunities

So, provides the best redevelopment option for the City Road campus.

**3 Development of the southernmost side of the City Road hospital site bordering Peerless Street.**

a. + Development opportunities.

b. Limited scope for delivering improvement owing to the estate.

c. Offsite decant required.

So, unlikely to meet the needs of the Oriel partners.

**4 Part new build and part refurbishment, City Road.**

a. + Development opportunities.

b. Does not meet the space requirement.

c. - Some decanting requirements.

So, unlikely to meet the needs of the Oriel partners.

**5 Relocation to St Pancras Hospital.**

a. + Allows disposal of freehold interests on City Road site.

b. Complexity of move, as site is not yet vacant

So, this site option passes all the critical success factors required for Oriel.

The following list shows a number of potential sites in London that are in the long-list as options 6 to 12.

These sites were identified by a review of the Greater London property market to find available sites that met the criteria set out in the original options appraisal.

Due to the commercial sensitivities relating to these sites, confidential disclosure of this information has been limited to members of the Oriel Board and selected individuals involved in the options evaluation process.

Option 6 – Relocate to a site in Southwark.

Option 7 – Relocate to a site in Hammersmith and Fulham.

Option 8 – Relocate to a site in Southwark.

Option 9 – Relocate to various sites in Vauxhall.

Option 10 – Relocate to one of various sites in White City.

Option 11 – Relocate to one of various sites in Stratford.

Option 12 – Relocate to various sites in Elephant and Castle.

**Advantages of options 6-12:**

• All locations in options 6-12 allow for a new build, which should be able to meet building requirements.

• A new build allows existing service to continue without the need to decant.

**Disadvantages of options 6-12:**

• Options 6 and options 8-12 have high land costs.

• Option 7 is unlikely to achieve improvements owing to heritage considerations on the estate and limitations on future flexibility.

• Options 9-12 are distant from the Knowledge Quarter in the area around Kings Cross, the Euston Road and Bloomsbury (which is the focal point of one of the greatest knowledge clusters in the world).

**Conclusion for options 6-12:**

None of the locations in options 6-12 are likely to meet the needs of the Oriel partners.

The following section shows the location of the proposed site for Option 5, the option to relocate to St Pancras. The illustration shows the current St Pancras Hospital site with the blue shaded area indicating the land that is available for the Moorfields’ purchase.

The map shows the local area with mainline rail stations, Euston, King’s Cross and St Pancras, nearby underground stations and other notable establishments in the area, such as RNIB, Guide Dogs and the Francis Crick institute for health research.

The red dotted lines show some of the current access routes to the St Pancras Hospital site, however there would be further work on access as part of the later design and planning stages, with the involvement of patient and public representatives.

**Why is it important to be in London?**

London is the recommended location for the proposed new centre for two main reasons.

• London is the most accessible location for most people, regardless of where they live in England.

• London is the best place to recruit and retain specialists, technicians, researchers and students, which is crucial for the development of future services.

**Why a new build at St Pancras is our preferred way forward.**

Through our property search, seven locations offered potential development opportunities, similar accessibility and the opportunity to improve patients’ experience but did not meet other criteria, such as value for public money.

The site at St Pancras meets all the critical success criteria. Subject to consultation, our preferred way forward is:

• To purchase the land that has become available at the St Pancras Hospital site.

• To build a new centre, designed to bring together eye care, research and education.

• To provide the highest quality of care and accessibility for patients, carers, staff, innovators and students.

**The main advantages of a new build at the St Pancras Hospital site are:**

• A purpose-designed centre would achieve fully our strategic objectives to bring together eye care with research and education for the best possible patient care.

• A new design offers the space and flexibility to meet changing patient and service needs in the future.

• Creating the centre at a new location allows continuation of services at City Road until the proposed new centre is ready, offering greater potential for a smooth transition for patients, carers, staff and students.

• A new site has the additional cost of purchasing the land, but by vacating the City Road site, the land can be sold and the proceeds invested in the proposed new centre.

**The main disadvantages of a new build at the St Pancras Hospital site, informed by feedback from people who have participated in discussions so far, are:**

• Changes in transport routes and access for people who have used Moorfields’ services for many years.

• Potential challenges in getting to the new proposed site via bigger and more complicated rail and underground stations.

• Potential challenges of a longer route from public transport hubs to the proposed new site.

The current proposal to relocate the hospital from City Road to St Pancras does not include changes to Moorfields’ services at its 30 other sites, although over time these will be considered as part of a wider review of ophthalmology services across London by the North Central London Sustainability and Transformation Partnership.

**Travel times**

An independent organisation has completed a study of the average travel times by public transport for people attending the City Road site compared with average travel times to the potential site at St Pancras.

The study was based on the postcodes of all patients who attended Moorfields Eye Hospital, City Road in 2017/18.

The analysis looked at routes by rail, London Underground, light rail and Metro services, buses and trams. It also took into account the future Crossrail and Elizabeth line links.

**Travel times by public transport to the current site at City Road**

Average travel time for patients from across England: just under 56 minutes:

Number of patients within:

60 minutes of City Road: 140,458

40 minutes of City Road: 120,113

20 minutes of City Road: 24,325

**Travel times by public transport to the proposed site at St Pancras**   
  
Average travel time for patients from across England: just under 59.5 minutes

Number of patients within:

60 minutes of St Pancras: 160, 541

40 minutes of St Pancras: 88,869

20 minutes of St Pancras: 11, 746

**Access from public transport to the proposed new centre**

Our discussions with people so far have shown us the importance of accessibility and that overall travel times for people with sight loss may be less important than the ease or difficulty of getting to the proposed new centre, particularly the journey to the hospital from rail, underground or bus routes.

The current routes to the St Pancras hospital site have some advantages, but also several challenges. King’s Cross and St Pancras stations have undergone major refurbishments in recent years, which have created step-free access and high-quality pedestrian walkways. However, they are both very large and busy stations with more entrances and exits than the underground station at Old Street.

Wherever the proposed new centre is located, we would develop an accessibility plan in partnership with mobility experts, transport authorities, local authorities, patients and their families. As part of a future planning application to the local authorities, we would work with Camden Council’s planning department and others to include an audit of access routes and any necessary improvements and adaptations.

Leading eye charities, the Royal National Institute of Blind People (RNIB), and Guide Dogs for the Blind Association, are working with us to explore the issues and possible solutions. We are starting this work with a symposium in July 2019 that will bring together accessibility experts and people with sight loss.

**Views from patients and public.**

At each stage of developing our proposal, we have invited people to give their views.

**How we involved people in our proposal.**

During 2013 we undertook a range of engagement activities with patients, the public and staff groups. The key findings from these preliminary activities were used to shape the options for a future eye care centre. In late 2013, there was a 12-week consultation which asked patients, public and staff for their views on a proposed move of services from the City Road site to a new eye centre to be built in a preferred location in the King’s Cross/Euston area. People were also asked to rank and comment on a list of decision-making criteria.

There is a growing list of people who have let us know they want to stay informed and involved in the project. A core group of patient and public representatives – the Oriel Advisory Group – has been established to help us with this work.

We also assembled a group of patients and members of the public to take part in the most recent options review in April 2019.

**Building on many ideas about improving patient experience, this group agreed the following as a summary of what matters to patients, carers and their families:**

• Clinical expertise above all else, even if this means travelling further to receive the highest quality specialist care.

• A smooth clinical pathway through the whole system from getting the first appointment to follow-up care and support.

• Getting to the hospital, including in an emergency.

• Efficient and caring experience at the hospital.

• Good communications and information.

• Person to person support, when needed.

**The group also highlighted the following as important:**

• Proximity to public transport hubs.

• Manageable and obstacle-free journey from transport hub to the hospital.

• Interior design to support wayfinding for people with sight loss.

• Provision for access by ambulance and motor vehicles.

For further information on how we have involved people and a detailed summary of feedback, you can see a full report on our website at [www.oriel-london.org.uk](http://www.oriel-london.org.uk).

**The main themes of feedback.**

**Support in principle for a new centre.**

Most people who participated in discussions indicated strong support in principle for a new purpose-built centre of excellence for eye care, with the potential benefits of combining research and education with frontline eye care.

People who responded to an online survey were less positive about our proposal than those who attended a discussion, their main concern being disruption caused by change.

**Critical to success.**

Most people in discussions expressed the following views:

• The level of current hospital services should continue, with an expectation of improvements in both clinical care and patient experience.

• Any change should be managed with minimal disruption, smooth transition and continuity of service.

• Accessibility is a high priority, both in terms of getting to and around the hospital.

**Improving patient experience.**

People expressed a great deal of confidence in Moorfields’ clinical care but not in the patient experience at City Road.

Most people expect that the proposed move to a new centre could and should improve the physical aspects, as well as the whole culture of eye care – people saw a real opportunity to achieve world class standards in all aspects of care for patients.

**Improvements in physical design.**

• Logical layout of facilities to ensure a smooth flow of patients through the various stages of their appointment.

• Good signage and information.

• Comfortable access to toilets, water and food. Comfort is important, particularly for people who may have to wait for some time and may have had to travel a substantial distance from home.

• Comfortable environment that is socially and emotionally supportive to patients and carers.

**Improvements in personal interactions.**

• Efficient reception, able to communicate clearly and help people to access the service in the best possible way.

• Efficient check-in, accessible for people with sight loss.

• Friendly staff, trained in supporting people with visual impairment and other disabilities, such as hearing loss and dementia.

People available to help with wayfinding, not necessarily employed staff.

**Other feedback.**

**Opportunities for information and support.**

People offered ideas on using space in a new centre for access to wider support and counselling services, possibly in collaboration with the voluntary sector.

**Access to research.**

People were appreciative of the potential benefits of integrated eye care, research and education. They were keen to see faster translation from discovery and innovation to frontline care and for more patients to have access to clinical trials.

**Support for staff.**

People showed a keen interest in how staff felt about the proposed move and how the proposal could support recruitment and retention.

**Wider strategic view.**

Some people raised the need to embrace new technology and treatments with a potential shift towards more care for people at home and in primary care.

Community-based optometrists, social care and voluntary sector professionals who participated in discussions highlighted the benefits of closer relationships to ensure more “joined-up” care for patients.

People were also interested in what might happen to the City Road site if it were sold. We will continue to offer the opportunity in the future for people to give us their thoughts on these and other aspects, should the proposal be approved to proceed to the next stage.

**Impact on equalities.**

We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service.

To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes and are analysing these through an equality impact assessment (EIA).

The EIA process is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or minority groups. As well as helping us to improve services, EIAs also help to ensure that we meet our responsibilities under the Equality Act and fulfil our public sector equality duty.

The EIA for the proposals to move Moorfields from its site on City Road to the St Pancras hospital site is being conducted in two parts, with the initial (desktop research) phase completed for the pre-consultation business case (PCBC), and the second stage to be conducted during this consultation.

Recommendations to address the impact on equality will be included in the Decision-Making Business Case.

The initial phase EIA, conducted in January 2019, focused on:

• How the services might impact on people with protected characteristics under the Equality Act 2010.

• How the CCGs and providers should ensure equality and fairness in terms of access to these services, and appropriate provision for all patients based on their clinical, personal, cultural and religious needs.

• How the CCGs would work together with local providers and patients and carers to ensure a high quality of services that all patients can experience.

You can read our initial assessment on our website [www.oriel-london.org.uk](http://www.oriel-london.org.uk), and we are seeking views on which equality impacts you feel we should be considering and how we can minimise any impacts.

As part of the April 2019 options appraisal, and using existing data sets, we re-examined which sections of the population might be most affected by the proposed changes. We focused on the CCG areas which are the closest to Moorfields and whose populations receive 45% of the care provided by Moorfields at City Road.

**This analysis found that:**

• The relocation of Moorfields from City Road to the St Pancras Hospital site could result in more patients attending Moorfields from some areas such as Enfield and Newham.

• North east London CCGs have a high number of people with long-term limiting illness or disability that significantly hinders their ability to carry out normal daily activities, so have the potential to be disproportionately impacted by any change.

• North east London has a high prevalence of black and minority ethnic (BAME) people for whom the impact of the co-morbidities on eye health could be higher, and therefore could have the potential to be disproportionately impacted by any change.

• In the Moorfields catchment area, Tower Hamlets is in the top 10% most income-deprived in England and five other north east London boroughs are in the top 20% most income-deprived. It is therefore likely that income- deprivation related presentations to the Moorfields service would most likely arise from these areas.

We will ensure that the people living in the areas we think will be most affected understand the implications of the proposed move. This will build on engagement activity already undertaken with people in particular groups and in north east London.

**Section 4 – How much would it cost?**

A proposed new centre for eye care, research and education is a large and complex development.

A project of this scale requires years of planning, a major transition for patients and staff and a significant investment of public money.

We have had financial experts working over the past few years to ensure that this proposal is affordable and would not impact on the long-term financial position of Moorfields Eye Hospital.

To build a new centre to support integrated delivery of world- leading eye care, education and research would cost the NHS around £344m which would come from various sources:

• The sale of the City Road site.

• Donors to Moorfields Eye Charity.

• Central government funding.

• Funds from Moorfields Eye Hospital NHS Foundation Trust.

**Section 5 – Decision-making process.**

The major decisions that would lead to the start of construction.

NHS Improvement requires Moorfields to submit a strategic outline case, outline business case and full business case for capital investment proposals of this value.

In this section, we explain some of the main decision-making steps taken to date and next steps, including where plans would be tested before proceeding to the next phase.

**Decisions to date.**

**2013**, Initial consultation by Moorfields Eye Hospital NHS Foundation Trust on a proposed new centre for Moorfields Eye Hospital, UCL and Moorfields Eye Charity.

**2014**, Moorfields’ trust board agreed to develop a proposal to build a new centre at the preferred St Pancras site.

**2017**, Moorfields’ trust board approved a non-binding option to purchase the preferred St Pancras site from Camden and Islington NHS Foundation Trust.

**2019**, Moorfields’ trust board approved the selection of the architectural design team.

**2019**, The independent London Clinical Senate approved the clinical case for change.

**2019**, The regulators, NHS England and NHS Improvement, assured a pre-consultation business case.

**2019**, Commissioners, NHS England Specialised Commissioning and CCGs’ Committees in Common approved the pre-consultation business case and agreed to proceed to public consultation.

**2019**, North Central London Joint Health Overview and Scrutiny Committee endorsed the plan for public consultation on behalf of all local authorities.

**Next steps.**

The phases of the programme will depend on what decisions are made at several key stages but the following outlines what the timeline may look like:

**May – September 2019**: Public consultation, led by NHS Camden CCG and NHS England Specialised Commissioning on behalf of all NHS Commissioners.

**September – November 2019:** Draft report of the feedback from consultation and a review of the EIA will be shared with stakeholders over a period of two weeks and will influence a final review of options and completion of a Decision-Making Business Case (DMBC).

**November 2019**: Camden CCG, Moorfields and NHS England will provide an update to the North Central London joint health overview and scrutiny committee.

**December 2019**: DMBC and final outcome report assured by NHS England.

**January 2020**: DMBC reviewed by CCGs’ Committees in Common and NHS England Specialised Commissioning.

**January 2020:** Announcement of outcome of Committees in Common and NHS England Specialised Commissioning decision-making published and promoted widely.

**Early 2020**: If the DMBC is approved, Moorfields would submit an outline business case for national approval to NHS Improvement to commit public funds to the development of a new centre.

**By autumn 2020**: Moorfields would submit a planning application to the relevant local authority. If the plan were to build a new centre at the St Pancras site, this would involve a master plan for the site, in partnership with the current landowners, Camden and Islington NHS Foundation Trust. The local authority would hold a public consultation on the planning application.

**Spring 2021**: Moorfields would submit a full business case for national approval to commit public funds to the development of a new centre.

**Spring 2022**: Subject to national approval of the full business case and local authority planning approval, construction would begin.

**By 2025-2026**: Completion of new build. Start to move services from City Road to the new centre.

**Alternative options.**

While the current preferred option is to build a new centre at the St Pancras Hospital site, we remain open to other potential locations and are seeking suggestions as part of this consultation process.

Any new locations would be subject to the same appraisal process and all options (including any new ones) will be re-appraised after the consultation as part of the Decision-Making Business Case process.

**Section 6 – How to give your views.**

We want to receive the views of as many patients, public, staff and partners as possible to inform our plans during our public consultation – running between 24 May and 16 September 2019.

Taking into account your views, as well as other evidence for service change and value for public money, commissioners will decide during the winter of 2019/2020 whether the proposed move of Moorfields’ services from City Road should proceed to the next stage of planning.

This consultation is focused on the proposal to move Moorfields’ services and the IoO from their site at City Road, Islington to the St Pancras Hospital site in Camden, including the important issue of access.

We are also seeking your views on whether you have suggestions for alternative suitable solutions for the proposed centre. You are welcome to make suggestions about what the buildings might look like, but that is not what we are consulting on at this stage. There will be opportunities in the future for you to give us your thoughts on these and other aspects of the new centre, should the proposal proceed to the next stage.

We hope you will take this opportunity to join the discussion and send us your views.

**Here are the ways to get involved:**

• Come along to one of our open discussion groups. The dates and venues are listed overleaf.

• Visit the Oriel website www.oriel-london.org.uk, where you will find this consultation document and other information, including a summary of the proposal, large print, audio versions and Easy Read.

• Let us know your views by completing the feedback survey available online at <http://oakhamwarp.dinksurveys.com/Moorfields>.

• You can download copies of the survey from [www.oriel-london.org.uk](http://www.oriel-london.org.uk) and return your completed survey by email or freepost (no stamp needed).

• If you would rather write to us by post or email, send your views to the consultation team at the address below.

If your group or organisation would like to meet to discuss the proposed move, please contact the consultation team at the address below. The team can also arrange printed copies, other formats (including braille) and language versions of the consultation document or summary.

**How to contact us.**

Please contact us via our consultation team, using the contact details below:

Email: moorfields.oriel@nhs.net

Phone: 020 7521 4684

Mail to: Freepost ORIEL

(No need for a stamp or any other address details)

**Open discussion groups.**

The proposed move for Moorfields needs your views. Come and join the discussion at any of the open discussion groups listed below.

You can book your place at any of these events by visiting <https://oriel-consultation.eventbrite.co.uk> or you can contact us and book your place by phone or email using the contact details on page 43.

Tuesday 4 June, 2pm to 3.30pm, London Vision South East, 7-14 Great Dover Street, London SE1 4YR.

Monday 10 June, 11am to 12.30pm, St Pancras and Somers Town Living Centre, 2 Ossulston Street, King’s Cross, London NW1 1DF.

Monday 10 June, 2pm to 3.30pm St Pancras and Somers Town, Living Centre, 2 Ossulston Street, King’s Cross, London NW1 1DF.

Thursday 13 June, 1pm to 3pm, Albert Jacob House, Room 101, 62 Roman Road, Bethnal Green E2 OPG.

Monday 17 June, 2pm to 3.30pm, The Beehive Centre, Healthwatch Thurrock, West Street, Grays, RM17 6XP.

Wednesday 19 June, 11am to 12.30pm, Voluntary Action Islington, 200A Pentonville Rd, London N1 9JP.

Wednesday 19 June, 2pm to 3.30pm, Voluntary Action Islington, 200A Pentonville Rd, London N1 9JP.

Thursday 20 June, 2pm to 3.30pm, Welwyn Garden City Central Library, Campus West, Hertfordshire AL8 6AJ.

Monday 24 June, 2pm to 3.30pm, The Pocklington Hub, Entrance D, Tavistock House South, Tavistock Square, London WC1H 9LG.

Tuesday 25 June, 2pm to 3.30pm, Tooting Library, 75 Mitcham Rd, Tooting, London SW17 9PD.

Wednesday 26 June, 2pm to 3.30pm, West Acton Community Centre, Churchill Gardens, West Acton, London W3 0JN.

Monday 1 July, 2pm to 3.30pm, Kesgrave Community Centre, Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF – Send where to put confirmation.

Thursday 4 July, 2.30pm to 4pm, London Vision East, Waltham Forest Resource Hub (South), 90 Crownfield London E15 2BG.

Thursday 4 July, 6pm to 7.30pm, London Vision East, Waltham Forest Resource Hub (South), 90 Crownfield London E15 2BG.

**Appendix 1: Organisations that are involved in the proposal.**

**Service providers and partners:**

The proposal to build a new centre for eye care, research and education has been developed by Moorfields Eye Hospital and its partners, UCL and Moorfields Eye Charity.

The proposal is being put to the public by the NHS commissioning organisations who plan and buy the services of Moorfields Eye Hospital.

These are CCGs who buy hospital eye care for their local residents, and NHS England Specialised Commissioning who buy specialised eye care for people from the whole of England.

**Moorfields Eye Hospital NHS Foundation Trust.**

Moorfields is the leading UK provider of eye health services and a world-class centre of excellence for ophthalmic research and education. Its reputation for the highest quality eye care has developed over 200 years. About 2,120 staff provide services to more than 750,000 people each year at a network of around 30 sites across London and the south east. Moorfields’ largest site is located at City Road in Islington.

**UCL Institute of Ophthalmology (IoO).**

UCL’s Institute of Ophthalmology opened in 1948 as a training facility specialising in research. By the 1990s, the IoO had moved to Bath Street, next to Moorfields on City Road which helped to strengthen its links with the hospital. Today it conducts cutting-edge science, attracting research workers of the highest international calibre, working in partnership to lead the way in vision research.

**Moorfields Eye Charity.**

Moorfields Eye Charity is the main fundraising and grant-making charity for Moorfields Eye Hospital and the UCL Institute of Ophthalmology. It provides targeted funds, above and beyond the responsibility of the NHS, to research cures and find treatments for millions of people affected by eye disease in the UK and around the world.

**The NHS commissioners.**

**NHS Clinical Commissioning Groups (CCGs).**

Moorfields’ services are commissioned by 109 CCGs across England, and NHS England, with 14 London and Hertfordshire commissioners holding contracts with Moorfields of more than £2 million a year in 2017/18. The trust’s services are commissioned by NHS Islington CCG, the lead commissioner, on behalf of all associate clinical commissioning groups. NHS Camden CCG, on behalf of NHS Islington CCG, is acting as the designated lead commissioner in relation to these proposals.

**NHS England Specialised Commissioning.**

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts. Specialised services are commissioned by NHS England (London) for the region in which Moorfields Eye Hospital is located. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. In total, there are 146 specialised services directly commissioned by NHS England (London).

Please contact us via our consultation team, using the contact details below:

Email: moorfields.oriel@nhs.net

Phone: 020 7521 4684

Mail to: Freepost ORIEL

(No need for a stamp or any other address details).