 

**Input to options refresh from patient and public representatives**

22 May 2019

**Purpose of this paper**

This paper informs an options refresh regarding Oriel, the proposal to build a new centre for eye care, research and education. The paper summarises the views of patients, carers and residents, which have influenced critical success factors and other key issues being considered in reviewing options.

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1. **Background – how we have involved people in the options refresh (to date)**

**Summary of the options refresh**

Moorfields Eye Hospital NHS Foundation Trust is working with commissioners to refresh the options appraisal for Oriel. The initial options appraisal took place in 2013. The options refresh in 2019 has updated the process in line with the latest national guidance for business planning and reviewed the long list of options against revised success criteria. The long list itself has been updated as a result of confidential market research on potential land sales in London.

Feedback from patient and public representatives was considered as part of the options refresh before the start of public consultation in May 2019. There will be a further review in the autumn of 2019 in the light of feedback from the public consultation, which is due to finish in September 2019.

**Involving people in the options refresh**

There are two methods by which we have involved people in the options refresh:

* 1. An engagement programme between December 2018 and April 2019, in which over 1,700 respondents expressed views via surveys, drop-in events and discussion groups.
	2. A task and finish group of patient and public representatives to influence critical success factors and highlight key issues that should inform the options refresh.

**Feedback from engagement between December 2018 and April 2019**

The main themes from feedback during the engagement programme influenced the pre-consultation business case (PCBC) and have been published as part of the PCBC. This feedback has been shared previously with the governing bodies that oversee the Oriel programme, including the Consultation Programme Board, the London Executive for NHS England Specialised Commissioning, the CCGs’ committee in common, the Oriel Executive Board and Moorfields Eye Hospital Trust Board.

**Patient and public task and finish group to discuss critical success factors and key issues**

We invited volunteers from the patient and public engagement networks of both commissioners and Moorfields Eye Hospital NHS Foundation Trust to submit an expression of interest in participating in the options refresh. 12 people volunteered and 10 were able to participate in a workshop on 17 April 2019.

The group represented diverse interests:

* Ages ranged between 30 and 75.
* There was a mix of ethnic backgrounds.
* Some of the group live with visual impairment.
* Most of the group (but not all) had used the services of Moorfields Eye Hospital at City Road.
* Health and care interests of the group included: sight loss, dementia, mental health and the needs of carers.
* Participants were from: central London, south west London, south east London, east London, north east London and Hertfordshire.

Building on the outcome of discussions during the engagement programme, the task and finish group agreed key points to inform the critical success factors and other issues.

Two members represented the group at an options refresh session with stakeholders, which took place at Moorfields Eye Hospital on 23 April 2019.

1. **Improving the patient experience**

The following list was agreed by the task and finish group as elements of the patient experience that people consider important to patients, carers and their families:

* Clinical expertise.
* A smooth clinical pathway through the whole system (from getting the first appointment to ongoing after-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.

**Clinical expertise was considered the most important factor above all**

The group was unanimous in its agreement that the best clinical expertise mattered above all else, even if this meant people travelling further to receive the highest quality specialist care.

**Options for the proposed new centre should be able to attract and sustain the best clinical expertise.**

However, the group was keen to support the development of care at home and in local communities through maximising the potential of new technology, new models of care and close working relationships between hospital and community services, health and social care.

**It was felt that options for the proposed centre should be considered in the context of developing local services; and the need for flexibility to adapt to future changes in service needs and care models.**

**Whole system pathway**

It was emphasised that the patient experience begins before the actual day of a hospital appointment and continues for some time after.

**Options for the proposed new centre should nurture strong relationships and interactions across the whole health and care system.**

**Getting to the hospital, including in an emergency**

See points in the next section on accessibility.

**Efficient and caring experience at the hospital**

The task and finish group discussed two aspects of this element of the patient experience. One related to the physical design of the service and the other to the quality of personal interactions between patients and staff or volunteers.

Key issues for physical design included:

* Logical lay-out of facilities to ensure a smooth flow of patients through the various stages of their hospital appointment.
* Good signage.
* Comfortable access to toilets, water and food, acknowledging that basic comforts are important, particularly when patients may be vulnerable or frail, may be waiting for some time and may have had to travel a substantial distance.
* Comfortable environment that is socially supportive to patients and carers, especially if they have to wait and are feeling anxious.

**Options should be able to ensure a smooth pathway for both patients and carers who attend the hospital.**

Key issues for personal interactions included:

* Efficient reception, able to communicate clearly where to go and to help people to access the service in the best possible way.
* Efficient check in, accessible for people with visual impairment.
* Friendly staff, trained in supporting people with visual impairment and other disabilities e.g. hearing loss and dementia.
* People available to help with wayfinding, not necessarily employed staff.

Sometimes, services in the current facilities at City Road fall short of the values to which Moorfields Eye Hospital is committed. The group noted that, during engagement discussions, we have heard about individual experiences where staff seemed unaware or apparently ill-informed of people’s abilities and needs while attending the hospital.

The group empathised with staff who may be working under pressure and managing high demands. It was felt that staff should gain the benefits of the best possible working environment and training to be able to continue providing a high quality, patient-centred service.

**Options should provide the best facilities to support staff in their work and to continue to attract, retain and train the highest calibre workforce of clinicians, non-clinical staff and volunteers.**

**Good communications and information**

There should be accessible patient information and communications, across the whole system as well as within the hospital itself.

**Person to person support, when needed**

The group’s views of technology’s role in the patient experience varied according to personal experience and preference. Overall, it was agreed that technology is likely to bring new opportunities over the next decade, which should help to improve patient experience in the proposed new centre. At the same time, the group placed a high value on personal support being available to meet the diverse needs of patients and carers, particularly children, frail older people, people with multiple disabilities and people who do not have English as their first language.

1. **Accessibility**

In previous engagement discussions there has been a strong view that a new centre for Moorfields should be a national exemplar for accessibility.

The options task and finish group agreed with the aim to empower people, recognising that people have a range of abilities and needs. The point was also made that it may not be possible to address all needs and that the project should avoid the risk of only achieving mediocre standards in its efforts to please all.

The following list was highlighted as a summary of accessibility issues that could have an impact on options:

* Close to public transport hubs
* Manageable and obstacle-free journey from transport hub to the hospital
* Interior design to support wayfinding for people with visual impairment
* Provision for access by ambulance and motor vehicles

**Close to public transport hubs**

The group recognised that people travel to Moorfields from all over the country and that being close to a major London station has many benefits for accessibility.

During the engagement discussions, some people questioned whether there are any opportunities to develop the new centre next to or above a rail or tube station.

**Options should provide optimal access via public transport for country-wide travel.**

**Manageable and obstacle free journey from transport hub to hospital**

During engagement discussions, people with visual impairment and other disabilities talked about various accessibility challenges to overcome, such as:

* Large and complex stations with several exits
* Steps
* Road crossings
* Cycle lanes
* Cluttered or uneven pavements
* Steep hills
* Vulnerability to street crime

The options task and finish group agreed that journey times were important in some instances, such as where an extended journey was likely to incur a significant increased cost; but longer journeys were not as important as the journey, potentially on foot, from transport to the hospital front door.

As in other discussions, the group considered ways to support people on the journey from public transport to a proposed new centre, such as:

* Use of wayfinding technology
* Accessible information, such as audio and braille maps
* Clear signage
* Improved and accessible pedestrian routes
* Volunteer wayfinders to provide assistance
* A “green line” or equivalent

**Options should have the potential to create accessible routes from transport to the hospital**

**Interior design to support wayfinding for people with visual impairment**

As in other discussions, the group considered ways to support people with navigating the interior of the proposed new centre, including:

* Designs that avoid large, noisy spaces
* Internal décor to guide people, with contrasting colours to delineate walls, floors, pillars and pathways
* Use of technical solutions and hearing loops
* Volunteer way finders to provide assistance
* Clear signage

**Options should be able to provide accessible navigation to support patient flows.**

**Provision for access by ambulance and motor vehicles**

Although public transport carries great importance, the group also highlighted the need for vehicle drop-off and pick-up at the proposed new centre in circumstances such as arrival by ambulance or in cases where people have very limited mobility.

The group considered the possibility of a park and ride arrangement, which could benefit staff as well as patients and carers. A shuttle service could travel between a main transport hub, a parking facility and the proposed new centre.

**Options should have the potential to provide access by ambulance and other essential motor vehicles.**

1. **Other comments**

* The future centre should be funded and resourced to achieve the vision of the best quality of care, research and education. Compromise may be more expensive in the long term.
* Integration with world-leading research is important to patients for both translation to care and patient access to clinical trials.
* People need access to technology to support self-care and independence.
* The future centre should be ecologically sound and sustainable.
* Investment in outreach clinics and developments in primary care is also important.
* Closer links between the proposed new centre and the wider care network would improve emotional support, social care and mental health.
* The proposed new centre should support staff with high quality working environments and better career opportunities and training.
* Closer links between the proposed new centre and the wider care network could encourage cross-fertilisation of expertise and broaden staff entry routes and training opportunities.
1. **Feedback on equalities**

Discussions throughout the engagement programme have raised issues that may have an impact on equality for people with protected characteristics as described in the Equality Act 2010. We have explored some issues in open discussion groups and with specific representative groups. This will continue during the period of the public consultation between May and September 2019.

The following provides a summary to date of feedback on equalities as an important context for the options refresh and final decisions regarding the proposal to develop a new centre for eye care, research and education.

**Overview of the risk of inequality for people with protected characteristics**

Our discussions to date have made clear that for many people who use the services of Moorfields Eye Hospital, their relationship with City Road services is a critical part of their lives.

Many people are regular visitors to the hospital and have been for decades. All of our patients have one or more protected characteristics in terms of age, ethnicity, sensory impairment, disabilities and long term conditions.

A recurring theme in feedback from discussions is stress and anxiety associated with a visit to the hospital and the anticipation of receiving eye treatment. The more that can be achieved to build patient confidence, particularly for people with protected characteristics, the more we can achieve with equal access to care quality, self-care and improved clinical outcomes.

**We must consider that any change to services could have greater potential impact on people with protected characteristics – both positively and negatively.**

**Potential positive impacts on equalities for people with protected characteristics**

In general, the feedback so far is supportive towards a proposed new centre for Moorfields Eye Hospital. Many people envisage an opportunity to improve services for people with protected characteristics. Suggestions to influence designs and plans are included in the feedback report from pre-consultation engagement.

The main examples of potential gains are:

* Improvements in accessibility through a new building design e.g.
	+ More space for wheelchair access
	+ Better signage
	+ More lifts
	+ More disabled toilets
	+ Contrasting colours to help navigation, delineate walls, floors, pillars and pathways
	+ Design that avoids large noisy spaces that are difficult for people with sensory impairment to navigate
* Improvements in efficiency and access to services within the proposed new hospital, which would help and support people with protected characteristics e.g.
	+ Shorter waiting times and simpler journeys within the hospital
	+ More accessible technology and procedures for check-in
	+ Better information and clarity of the appointment system and call to appointments
	+ More accessible information
	+ Better use of hearing loops and other assistive technology
* Improvements in care and respect for different needs e.g.
	+ More space and better design for privacy during consultations
	+ More comfortable accommodation and climate control
	+ Better use of lighting for different needs of visual impairment
	+ Better facilities to support people with food and drink
	+ More space to offer information, support and counselling
* Improvement in access from transport to the hospital e.g.
	+ Step free access from transport to hospital front door
	+ Better access by motor vehicles with space for drop off and pick up

**Potential negative impacts on equalities for people with protected characteristics**

Managing transition

Some people have responded to the proposed new centre with comments such as, “the move would not affect me, as long as I get the same clinical care.” However, there are frequently raised concerns throughout the feedback about the period of transition.

A change in services and location may or may not create an impact for future patients, but we cannot under-estimate the challenge of change for existing patients, particularly those with protected characteristics.

People with protected characteristics have told us how they may need support to adapt to a proposed move for Moorfields, to learn the new route, for example, and to learn how to use the new service.

Suggestions for consideration include:

* Equality of involvement of people with protected characteristics in designing and planning the proposed change.
* Accessible information for people with a range of abilities and needs, to provide information and support through the potential change.
* The consultation and potential implementation needs to deploy a range of accessible information e.g. Easy Read, audio, large print, language versions.
* We should consider the possibilities of personal support to assist people in “learning the new service”.

Use of technology versus personal interaction

People with protected characteristics have spoken about the need for flexibility and a range of communications to meet different needs and abilities. Many acknowledge the potential advantages of new technology, which could improve access for some people, but that there is a risk of excluding some minority groups for whom technology could prove a barrier.

Even those who are keen supporters of new technology place a high value on personal support being available to meet the diverse needs of patients and carers, particularly children, frail older people, people with multiple disabilities and people who do not have English as their first language.

**In a new centre that is designed to offer leading edge services, the potential inequality could be a greater issue than it is now with the current service.**

Journey times

Feedback has suggested that there could be different and longer journeys to the proposed new centre for those who live to the east and north east of London, which could, for example, incur higher costs.

This is borne out by our travel times analysis, which identifies an increase in journey times for communities in east London, north east London and the east of England. For areas across the rest of London and the UK, the travel times analysis shows a decrease in journey times.

Getting to the hospital from transport hubs

Travel times are frequently considered (by people with sensory impairment and disabilities) less important than the journey from transport hubs and bus stops to the front door of the proposed new centre. Old Street tube station to Moorfields Eye Hospital is a relatively short and simple route. For some people with protected characteristics, Kings Cross/St Pancras or Mornington Crescent to the proposed new site remains a high priority for consideration

**6. Conclusion**

This report summarises feedback from patient and public representatives to inform the options refresh and future decisions.

We will continue to listen to during the consultation period and provide further updates for the options refresh as part of the decision-making business case.

**ENDS**