

Questions raised by North East London Commissioning Alliance's joint commissioning committee in advance of the committees in common – 24 April 2019

Q: The plans need to be set in the context of a broader strategy for ophthalmic care in London. How will the changes being proposed within the hospital impact on primary care and the wider health system, with focus on workforce, use of digital opportunities and out of hospital capacity and resources?

A: Moorfields Eye Hospital NHS Foundation Trust's network sites span the five London STP footprints, as well as the STP footprints Bedfordshire & Luton, Hertfordshire & West Essex, Kent & Medway and Milton Keynes. The trust is continuing to invest in developing new collaborative ways to deliver services for their local populations, as well as continue to be a regional and national centre of excellence for ophthalmology. As around 50% of the trust's activity takes place at the City Road site near Old Street, North Central London (NCL) STP is Moorfields' primary STP.

Ophthalmology is identified in NCL as a clinical speciality where services and care could be provided more efficiently in partnership. This agenda has been accelerated in London by the introduction in 2018/19 of NHS England's High Impact Intervention for Ophthalmology and Ophthalmology Elective Care, published in January 2019 as part of the national elective care transformation programme. Drawing on guidance from the Royal College of Ophthalmologists (RCOphth) and the frameworks developed by the Clinical Council for Eye Health Commissioning (CCEHC), the high impact intervention has been introduced to support local health economies to prioritise the treatment and care of those patients most at risk of harm from delays to treatment.

The SAFE framework developed by the CCEHC aims to improve patient flows within a service system and ease any capacity problems within a hospital eye service. These provide the overall architecture for how pathways of care within a service system are organised, delivered and monitored, based on clinical risk stratification of a patient's condition and the skills and competence of the health care practitioner. This will help to inform the future design of ophthalmology services in NCL.

Commissioners and providers in north central London are working together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, would create a huge benefit for clinical outcomes. Established in 2018, the NCL ophthalmology clinical pathway design group is a forum for review, analysis, discussion and pathway design. Its role is to ensure that system-wide clinical governance standards and procedures are in place, that patients have safe access to care, all the while reducing unwarranted variation.

The objectives of the NCL ophthalmology design group are to:

- Drive improvement in eye health outcomes, in line with local, STP and national priorities
- Provide clinical leadership and facilitate wider clinical engagement
- Support commissioners

- Support patient involvement
- Coordinate, and facilitate the strategic and operational activities required to implement the ophthalmology high impact intervention
- Promote innovative use of NHS resources that provides the best outcomes for patients
- Develop failsafe prioritisation processes and policies to manage risk of harm to ophthalmology patients
- Have oversight of clinical risk and prioritisation audits of ophthalmology patients
- Have oversight of any eye health capacity reviews and the subsequent development of transformation plans
- To work closely with eye health educators and training departments to ensure workforce, education and development needs are identified and met.

These objectives will be evaluated through continuous quality improvement audits of clinical evidence, qualitative analysis with clinicians, pathway evaluation, and patient feedback and audits. This is expected to encourage innovation, enhance patient experience, and deliver better clinical outcomes.

To ensure the new facility creates the right level of capacity, further modelling exercises are required during the development of the Outline Business Case. It is essential that these capacity requirements are consistent with activity needs of the local health systems in NCL, as well as wider (London and UK-wide) capacity plans, that meets the needs of future population and demand projections. In particular, further modelling will be undertaken in relation to how the new models of care would meet projected demand; once STP plans to link the new models of care to primary and community activity shifts that are anticipated, are completed.

Q: The Committee wanted to understand better the digital strategy that would underlie the broader change in the model of care

A: Innovation is at the heart of these proposals. From a system-wide point of view, the Trust and commissioners are committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital health information exchange platform being implemented across north central London providers. Additionally, through the STP digital work stream, Moorfields would encourage other providers to adopt interoperable digital solutions where there are material benefits to patient care.

Additionally, the Trust's own digital strategy demonstrates how the proposed new site would be a significant enabler to service innovation using new technology. The proposed relocation would facilitate improvements to the physical IT infrastructure, improvements to the clinician-technology interface, improvements to the patient-technology interface and enable interdisciplinary working.

Q: How robust are the demand and capacity assumptions that support the case, for example how does 3% growth relate to broader demographic changes.

A: Research undertaken by The Royal College of Ophthalmologists for its *Way Forward Project*¹ looked at the prevalence of disease and population projections and anticipates an increase in demand over the next 10 years of 25% for cataract services, 30% for medical retina services and 22% for glaucoma services.

¹ The Way Forward: <https://www.rcophth.ac.uk/standards-publications-research/the-way-forward/>

The current City Road facility is over 125 years old and has been the subject of piecemeal modifications, refurbishments and upgrading works. This creates operational and efficiency challenges for staff delivering care, and it is increasingly difficult to ensure compliance with statutory requirements and best practice.

The new facility would deliver a bespoke clinical environment, facilitating streamlined clinical pathways and improving the experience of patients and staff. It would build on the trust's clinical model and service improvement and sustainability programme to ensure it remains fit for today and fit for tomorrow. It would also provide a purpose-built environment for research and education teams, bringing together, for the first time, all clinical, research and education teams in a single, integrated building.

To ensure the new facility creates the right level of capacity, further modelling exercises are required during the development of the Outline Business Case. It is essential that these capacity requirements are consistent with activity needs of the local health systems in NCL, as well as wider (London and UK-wide) capacity plans, that meets the needs of future population and demand projections. In particular, further modelling will be undertaken in relation to how the new models of care would meet projected demand; once STP plans to link the new models of care to primary and community activity shifts that are anticipated, are completed.

Q: Does the project have robust risk management registers in place that ensure the risks to the programme are understood and mitigated appropriately

A: The consultation programme is led by a senior responsible owner and has a monthly programme board meeting. The programme board comprises senior commissioners representing the 14 CCGs including GPs, NHS England Specialised Commissioning, Moorfields Eye Hospital's director of strategy and business development, and representatives from NHS England's (and from the former NHS Improvement) assurance teams, patients and community ophthalmology. A dedicated programme management office (PMO) is in place to oversee and coordinate the work of the project workstreams.

The risk management strategy is in line with the HM Treasury Green Book and NHS guidance for capital projects, and there is an existing risk management process in place for the programme, which will continue throughout the implementation and delivery phase of the programme to ensure that risks are identified, monitored and where possible, mitigated.

The overarching risk management policy is based on an iterative process of:

- Identifying and prioritising the risks to the achievement of the programme aims and objectives
- Evaluating the likelihood of those risks being realised and the impact should they be realised
- Managing the risks efficiently, effectively and economically.

The programme office maintains the risk register for the programme. Project risk registers are maintained by the project manager/work stream lead and risks escalated where necessary via reporting. Additionally, the programme held a risk workshop on 9 April, facilitated by the Consultation Institute to identify and manage any further risks.

Q: What will be the impact of changes at Moorfields on local ophthalmic services e.g. optometrists, and on satellite services currently provided by the Trust elsewhere in London

Moorfields provides services in around 30 locations across London and the South East of England. The City Road site in Islington is supported by a portfolio of district hubs, local surgical centre and community clinics which provide outpatient and diagnostic services in community-based locations. These network sites are not included in these proposals.

These proposals are expected to ensure more opportunity for integration of health with social care and voluntary sector organisations ensuring patients receive the best possible holistic care and support tailored to their needs, plus better integration with service provision taking place in community and primary care settings is vitally important.

Q: There were concerns raised at the lack of detail in the financial case and the JCC would like assurance financial risks have been suitably modelled and mitigated.

A: As part of NHS England's assurance process, the interim chief financial officer for North Central London CCGs has reviewed the financial assumptions for the proposal and confirmed that Moorfields' financial and growth assumptions align to those of north Central London CCGs. Additionally, in a letter to NHS England, he reports that he has written to the CFOs of the 14 CCGs directly involved in the consultation who confirm that are also comfortable with the income growth financial assumption, subject to further modelling which is currently being progressed.

Furthermore, detailed work on future models of care and their impact on patient activity levels, demand, sustainability and provider income and efficiencies is planned to be undertaken over the next few months, which will form the basis of figures to be included in the OBC.

Q: Will the plans make suitable allowance for access to the site, eg local bus routes to the hospital, car and taxi pick-up points at the site, disabled access etc.

A: The proposed site at the St Pancras hospital site is served by one of the major train stations in London, Kings Cross and St Pancras, with a step-free underground line and train station (unlike Old Street station). The relocation would create a more effective service for users in terms of accessibility.

However, a consistent theme in patient and public engagement throughout the development of the proposals has been the accessibility of the St Pancras hospital site from local transport hubs – 'the last half-mile'. Specifically that the walking route seems to be more complex than the current path from Old Street tube station to the City Road site.

The commissioners and trust recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras.

Moorfields will engage with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as it progresses designs for the new site. There are a number of principal routes to and from the site, each of which will need to be explored further as part of an integrated design access statement, to form a key component of future planning proposals.

Developing a patient access strategy will form a key input for the outline business case (OBC) submission; Moorfields is appointing professional resource to support them with this task. It is

the intention to carry out a review of all potential patient routes to and from the new facility as part of the design process, starting in January 2019.

Q: How have impacts on other acute providers been considered e.g. Western Eye, GOSH, Barts Health for oncology

A: The trust and commissioners are keen to continue working with other providers of eye care to learn from both national and international best practice as plans are developed for the new proposed integrated eye-care centre, particularly in helping to evaluate the future proposed models of care.

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

Moorfields has existing relationships with other providers of eye care across London, which will continue following the proposed relocation of the City Road site.

Specifically:

- **Western Eye Hospital** – While the current proposal would move the two eye health accident and emergencies closer to each other in the short-term, ophthalmology services currently provided at the Western Eye Hospital site in Marylebone Road are due to be relocated to a new building on Imperial College Healthcare’s St Mary’s Hospital site in Paddington as part of wider redevelopment plans, enabling greater consolidation of emergency and major acute services for north west London. The two trusts are committed to working closely to ensure continued good co-ordination of services for the local populations, including the development of new integrated pathways for eye care which provide a more seamless clinical pathway between optometry, primary care and secondary/specialist services, improving patient experience, quality and effectiveness.
- **Great Ormond Street Hospital** – Clinical teams at Great Ormond Street Hospital (GOSH) and Moorfields have worked closely over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. Services to patients at GOSH will not be affected by these proposals
- **Barts Health** – The ocular oncology service was transferred from Barts to Moorfields in 2014. Since the service transfer, some inpatient services for ocular oncology have continued to be delivered from the St Bartholomew’s hospital site in the City of London. This is because some patients require access to intensive care units or high dependency units (ICU/HDU) post-operatively, and the City Road hospital is not able to support this level of care as a standalone eye hospital.

Barts Health has indicated that in the longer term they wish to dedicate the St Bartholomew’s site to cardiovascular and cancer services and, as a consequence, Moorfields is currently reviewing options for establishing an alternative partnership in the medium term and is in early discussions with University College London Hospitals NHS Foundation Trust (UCLH), which has a head and neck cancer service, is located in close proximity to the proposed St Pancras hospital site, and will host one of two national proton beam therapy centres, about a potential collaboration.

Q: The JCC welcomed the focus on innovation and R&D but wanted to ensure the R&D strategy is further developed

A: Evidence shows that organisations which are more research-active deliver better clinical outcomes for patients. Being able to integrate research with service delivery would have a major benefit for clinical outcomes.

Developing a new integrated eye care, education and research centre facility in Camden could create an unrivalled global hub for world-leading eye health, encompassing patient experience, clinical practice, biomedical research, clinical trials and innovative treatments, public impact and commercial collaboration.

A key driver of moving to an integrated building would be the realisation and implementation of the bench-to-patient concept (translational medicine). This concept requires close collaboration between clinicians and scientists across Moorfields and UCL IoO, enabling clinical observations to inform research studies. These, in turn, would be expected to result in new treatments and further clinical discoveries.

A new joint eye care, research and education facility could support a significant increase in the number of students as well as improved student experience, not only at Moorfields, but across London. It is clear that there would be a need for an increase in the number of qualified and well-trained staff in all disciplines in the future, given the trends in likely demand for eye services. Expansion in capacity is vital if the supply of trained staff in the future is to be maintained.

As new roles are developed, and hospital eye clinicians continue to collaborate and partner across primary and community care, it is also necessary to create opportunities for clinical training to develop and assess clinical competencies and skills. A new, bespoke facility would provide space in which primary and community care clinicians could work alongside hospital eye clinicians to develop new clinical knowledge and skills, in particular subspecialty expertise.

Q: There was general support for the detailed plans for patient and public involvement and the Committee was keen to ensure these cover hard to reach groups.

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

Furthermore, to ensure that the NHS pays 'due regard' to the matters covered by Public Sector Equality Duty, an equality impact assessment (EIA) process is in place, designed to ensure that the proposals do not discriminate against any disadvantaged or vulnerable people or groups.

In place are five specific aims for overall involvement and consultation. That the communications, involvement and engagement plans continue to:

- Improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions
- Expand the range of people and groups involved, including action to reach minority and protected groups
- Ensure sufficient information is made available during consultation for intelligent consideration and response
- Improve public awareness and confidence in change

- Build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation.

Between November 2018 and April 2019, we engaged staff, patients, community representatives and voluntary sector partners in discussions to shape the proposal for consultation.

Over 1,300 people have expressed their views in the following ways:

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

Collaboration to involve all groups of people who may be affected by the proposed change is enabled through a communications working group with a membership of communications leads from the main commissioners (with contracts over £2 million), UCL and Moorfields Eye Charity.

The communications working group relies on a number of key relationships to support delivery, which include:

- CCG and trust patient reference groups
- Healthwatch organisations
- NHS England and NHS Improvement communications and involvement teams
- Local authority scrutiny committees
- Voluntary sector agencies and advocates, notably: RNIB, The Pocklington Trust, London Vision and the Macular Society.

Additionally, The Consultation Institute, a well-established not-for-profit best practice institute promoting high quality public and stakeholder consultation, has been commissioned to review the consultation programme. The recommendations of this review (expected in April 2019) will be considered by the consultation steering group and an implementation plan to address any areas identified will be enacted. Oversight of this will be through the consultation steering group.