

Proposed Move of Moorfields Eye Hospital’s City Road Services

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**Consultation Findings Report**

**24th May – 16th September 2019**

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**Document Control Sheet**

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1. **Summary of Findings**

The following summary of findings draws out the themes from the following forms of dialogue undertaken during the consultation on the proposed move of Moorfields Eye Hospital’s City Road services.

* The analysis of 1,511 surveys with closed and open-ended questions.
* Themes from other forms of response including: 261 emails, letters, telephone logs, social media and 29 formal responses from a wide range of professional bodies. A Chatbot was also set up and generated 1,249 questions.
* The coding of hundreds of comments from 99 discussion groups and other forms of meetings.
* The detailed findings from all of these dialogue methods can be found in Sections 5 -10 this report.

There is overall support for the proposal to create a new centre at the St Pancras site. It is felt the new site will give the opportunities needed to enhance facilities, join-up services, support staff, improve accessibility and create a world class centre of excellence. Some views (e.g. 8% of survey responses) suggest services should remain at City Road mainly due to the anxiety of what any change could mean and concerns over travel, disruption to current services and loss of heritage. Many suggestions have been made to address any transport and travel issues, improve patient experience overall, give staff the facilities they need and ensure all accessibility needs have been met. It will be important to involve service users, carers, staff and representatives of other groups in the development of the proposed new centre at St Pancras.

In terms of demographic reach of the consultation, Table 2 in the “Potential Equality Impacts and Profiling Information” section demonstrates that there is a broad representation of profiles in response to the survey. 62% (937 out of 1,511) of respondents were current or former service users. The reach is further strengthened with feedback gathered during nearly 100 meetings, plus letters and emails received.

**Detailed Summary**

**Overall agreement with the proposal to build a new centre at St Pancras**

Throughout all feedback received there was overall agreement and support with the proposal to build a new centre at the St Pancras site. The highest levels of agreement among survey respondents came from current and former service users and staff. Overall support from survey respondents was 73%. Supportive comments have highlighted:

* To create a centre of excellence: it was felt that the new centre would benefit both service users and staff, in that a specialist and highly regarded hospital such as Moorfields needs 21st century purpose-built facilities providing a world class centre of excellence.
* Current City Road site in need of modernisation: there are concerns that the current site is run down and in need of modernisation. Some comments from survey responses stated that it is a ‘rabbit warren’ and hard to navigate. The proposed new centre would enable changes to the organisation of services and departments to help service users make their way around the facilities.
* Meeting future demand: it was felt that the new centre is important to allow Moorfields to expand and cope with future demand from population growth and an ageing population.
* Working closely with other organisations based around St Pancras: from a research and collaborative learning perspective it was stated that the location of the proposed new centre would open up the opportunity for closer working with organisations such as the Francis Crick Institute, Royal National Institute of Blind People (RNIB) and University College London (UCL).
* Good transport links: it was highlighted that being near to two mainline stations with the King’s Cross area being a transport hub, should make it easier for those travelling from outside London. The area was also seen as upwardly mobile by some, however, there were other concerns about the busy nature of King’s Cross which could cause concern for some service users.
* To build better training and staff facilities: it was felt a new centre would potentially improve staff morale as people prefer to work in modern professional environments. It was asked that the design should also incorporate facilities such as quiet areas for contemplation. It was also stated that thought should be given to the needs of administration staff as well as clinical professionals, such as offices with natural light. Investing in training staff was seen as crucial to help them widen their understanding and enhance patient experience. Therefore, new centre could give an opportunity to become a ‘training centre of excellence’ too.
* Provide enhanced facilities for service users, carers and families: the proposed new centre gives the opportunity to improve patient facilities, for example better toilet facilities, TV services, toys, books (including Braille), vending machines, reasonably priced food and beverages, seating, outdoor space (especially for guide dogs) and quiet areas. Some felt the waiting areas should have enough seating and toilets close by so that people do not miss appointments. With reference to the current waiting areas at City Road, some people felt that they should not be located in a basement without natural light and proper ventilation (as is the case currently at City Road).
* Deliver reduction in waiting times and reduce issues with appointments: if the new centre offers enhanced service capacity and more joined-up communication, it was hoped that this will result in improved waiting times. People asked that a wider range of times should be available to avoid rush hour travel. Others requested more accurate information about potential delays and how long they would need to be at the centre, so that they could plan their day better.

**Redevelopment at City Road**

A number of survey responses (126 of 1511 responses) from all groups stated a preference for staying at City Road. Comments suggested that the building has historical significance and that the heritage of Moorfields’ world leading status could be lost in any potential move.

There was an opportunity to explore these views in face-to-face discussions:

* Service users are familiar with travelling to and from the present site: familiarity with routes was especially important for people with sight loss. If they had to move it was felt that there needed to be assistance provided.
* City Road site is seen to be more accessible: the City Road area was seen by a small proportion of people as being less busy than the proposed new site. Therefore, it was felt it is potentially easier to access, with less potential distress and anxiety for service users and carers or family members. The City Road location was seen as being nearer for some people meaning less travel time and less cost of travel, this is especially the case for those in north east London.
* Selling off NHS assets and what becomes of the old site: there were concerns about ‘selling off NHS assets’ and questions in regard to what will become of the City Road site. Some respondents were worried that Moorfields’ network sites could be adversely affected and stated that these should continue, as care should be provided as close to home as possible. There were requests that any equipment no longer required at City Road should be redistributed to the Moorfields’ network sites to help provide better facilities.

**Choice of location and alternative sites**

* The majority of responses (e.g. 73% of survey responses) support St Pancras as a location for the proposed new centre: it was felt that it is a central London location, next to major transport links and remains an NHS asset. Any alternative site should have good transport access.
* Some alternative solutions were listed: in answer to Q6 of the survey, some alternative sites were listed. These were considered as part of a further options review for the decision-making business case.
* Services closer to home or east London: among survey respondents, there were slightly higher levels of disagreement with the proposal of a new centre from those living in north east London. In discussions, people frequently expressed a the view that services in their locations should be developed to provide more services closer to home and reduce patient flow to Moorfields’ specialist centre.

**Transport to and from the proposed St Pancras site**

There were a number of aspects listed that were key concerns for people in regard to travel and transport to and from the St Pancras site. The main themes are listed below, however, it should be noted that overall it was stated that improved clinical quality is more important than any travel issue which could be overcome:

* Travelling the last half mile: views on the routes from the main transport hubs to the proposed site highlight current challenges, such as limited bus services. Feedback from discussions suggest that Moorfields and partners should consider the impact of this on service accessibility.
* Transport for London engagement: the need to work with TfL was seen as crucial to provide joined up services and to ensure these are widely communicated.
* Help with travel: some people identified a potential increase in costs of travel, for example from east London. Some respondents also suggested that there should be a link with Guide Dogs and RNIB which offer help with mobility for people with sight loss.
* Difficulties posed by a busy area: the King’s Cross area was seen as being very busy with the perception by some of an increased risk of crime for vulnerable people. There were concerns that this would be daunting for service users, carers and family members and especially older people, which could cause anxiety and confusion.

**Accessibility to the proposed site**

A number of suggestions and solutions were listed to help with accessibility to the proposed new centre:

* The green line and tactile flooring: the green line painted on the pavement from local stations to the hospital was highlighted as a key assistance mechanism as well as tools such as cats’ eyes and tactile flooring.
* Move bus stops: it was suggested that current bus services should be re-routed to the proposed new centre.
* Provide a shuttle bus: some suggested that the Trust could provide a shuttle bus service from the hospital to nearby stations.
* Operate a meet and greet facility: it was suggested that a ‘meet and greet’ facility could be offered at stations manned by volunteers.
* Station announcements: specific assistance and announcements could be incorporated into station services meaning their staff would need to be aware of patient needs and trained to help.
* Parking issues: it is felt that there is limited parking available at the proposed site, however, most respondents were more concerned about public transport as a preferred method of travel. Staff and carers were most concerned about there being sufficient onsite parking with permit and blue badge spaces being available.
* Pick-up and drop-off points: the design of the new centre should incorporate pick-up and drop-off points for taxis and cars.
* Better signage: signage to the centre and for getting around it was seen as being very important. This included aspects such as maps, large print, technological signposting such as talking lampposts, smart-phone based GPS apps and other systems.
* Road crossing: it was mentioned that there is a need to consider road crossings as these are potentially dangerous and frightening for people with sight loss.
* Assistance after appointments: some service users need assistance after their appointment to get to their mode of travel, especially if they have reduced vision following treatment.

**Accessibility around the proposed site**

A number of suggestions were made to improve accessibility around any potential new centre. Overall it was felt that it would be crucial that staff, service users, carers and representatives from supporting groups and charities are involved in the design and development of the proposed centre to ensure it meets a wide range of needs. The suggestions for accessibility include:

* Better use of space: minimise the need for walking between appointments and other clinics or diagnostic areas by using layouts that help to place complementary services on one floor. Also provide easy access to lifts on all levels with highly visible Braille buttons or talking lifts.
* Use of colour: use different coloured lines or coloured tiles between different clinics and colour code areas.
* Tactile markings for directions: include the use of tactile markings to give directions to different areas.
* Natural light: include lots of natural light and avoid white where possible on the walls, as green and blue are better colours for people with sight loss. It was also stated that glass doors should also be avoided.
* Practical solutions: even though there is a desire to incorporate technological solutions, it was stated that other applications should not be forgotten or dismissed. These include printed maps, signposts, volunteers (help to get around) and colour coded clinics. The design should ensure that not all aspects require computers, screen readers or apps to navigate the centre.
* Train staff in issues: all reception staff should be trained in visual awareness and potential accessibility issues so that they can offer assistance.
* Navigating the system: enhanced support functions were seen as important to make the patient journey easier. This could be achieved by clinics linking in with each other to make appointments on the same day. This approach could also be achieved by incorporating the help of voluntary groups and charities to assist service users and carers in navigating the system. It was felt that it can currently be difficult to find clinics as they are sometimes in other buildings or other locations for follow-up, so assistance with this aspect is also needed.

**Other aspects of patient experience**

* Communication with service users, carers and family: some other aspects were suggested to improve patient experience. Communication was seen as an area for improvement, for example, not all service users and carers access email and texts. There were anecdotes about mistakes in template letters and other miscommunications causing confusion. Service users also stated that they receive little or no updates on waiting times, which makes it difficult to plan for appointments.
* Better patient facilities: facilities could be improved in terms of areas for treating service users, which do not always allow privacy. There were comments on the benefits and drawbacks of gender specific wards and toilets and non-gender specific areas. There were a number of requests in terms of cultural needs, which are listed within the Potential Equality Impacts section. The need for signage and information in non-English formats was also mentioned.

**Transition to the proposed new centre**

* Communicate progress updates: some respondents felt it was important to maintain open and varied communication of progress on changes as they happen. As the move is planned in stages, keeping Moorfields City Road site open as the new site commences services, it is important that service users know if they need to attend the old or new site and where to go.
* Multi-channel communication approach: it was recommended that all communication channels should be used as some service users will be reached better by text while others will prefer a phone call or a letter.
* Keep City Road open and slowly migrate: the gradual move of services over time was commended as it allowed continuation of care in the event of delays. Timelines should be provided and updated as the new centre is developed. It was felt by some that the Trust should produce an audio guide and maps for the new centre, which could be available on the website. This would help service users understand the centre and how to navigate it before their appointment.
* Include service users and staff in the new design: some groups expressed the need to include people with disabilities and other protected characteristics in the design of the new centre. People have a range of expertise and special knowledge about what is accessible and what doesn’t work. The breadth of involvement during the consultation was commended.

1. **Introduction**

Participate Ltd has been commissioned by NHS Camden Clinical Commissioning Group (CCG) and NHS England (Specialised Commissioning) to independently analyse and report upon the data from the ‘**Proposed Move of Moorfields Eye Hospital’s City Road Services’** consultation. The following summary report sets out the analysed and thematic data from the consultation that concluded in September 2019.

**Introduction**

Sight loss is becoming an increasing reality for many people. By 2050, it is estimated that around four million people in the UK will be living with sight loss.

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. It is estimated that by 2035 around eight in ten people aged over 64 are likely to be living with some form of sight loss.

As the number of people living with complex eye conditions increases, it is essential that they are able to access the specialist care and support they need.

**Moorfields Eye Hospital NHS Foundation Trust**

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. As well as the main hospital site based at City Road in Islington, Moorfields also provides specialised treatment and care at over 30 sites in and around London including; Kent, Bedfordshire and Hertfordshire.

Due to the complex and specialist nature of the care and treatment delivered, services provided at Moorfields City Road are commissioned by 109 NHS clinical commissioning groups (CCGs) and by NHS England Specialised Commissioning.

The main hospital at City Road has been at the forefront of providing the highest quality eye care for over a century and whilst the way eye care is delivered is now very different, the building remains largely the same. Moorfields’ ability to provide modern, efficient and effective treatment is achieved despite the limitations of the current City Road site. Outdated buildings – some around 125 years old – mean that service users do not always get the best experience of care, delivered in modern ways.

**Oriel – a Vision for the Future**

The NHS in north central London alongside NHS England Specialised Commissioning, is committed to transforming ophthalmology health and care services by putting the needs of those affected by sight loss firmly at the centre of their plans for the future.

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 on the St Pancras hospital site in Camden.

The proposal is called Oriel and, if supported, it is anticipated that it would deliver world-leading eye care for service users, the best education for students and research for the benefit of the whole population. Specifically, a new centre would enable:

* Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care
* More space to expand and develop new services and technology to improve care, including care that could be available locally, without the need for a hospital visit
* A smooth hospital appointment process, particularly where there are several different tests involved
* Shorter journeys between test areas and reduced waiting times
* Modern and comfortable surroundings that would provide easier access for people with disabilities and space for information, counselling and support

**The Journey to Consultation**

In 2013, NHS commissioners ran an initial consultation exercise with service users, the public and other organisations, to help inform and explain the need for a new, purpose built centre. Views were sought from the public, service users and clinicians on various options.

Based on this initial feedback, Moorfields’ Trust Board agreed in 2014 to develop a proposal to build a new centre at the preferred St Pancras site.

In April 2019, led by Camden Clinical Commissioning Group and NHS England Specialised Commissioning, a pre-consultation business case (PCBC) was published and set out in detail the proposal to move Moorfields Eye Hospital on City Road to a new location at the St Pancras Hospital site.

As part of the pre-consultation work, between December 2018 and April 2019, several surveys, discussion groups and drop-in events were held to gain an initial understanding of the impact of a possible move. What is clear from the feedback is that for many people who visit Moorfields, 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 many years. Any potential change could have a significant impact.

**Public consultation**

Formal public consultation on the proposal took place from 24 May until 16 September 2019. The consultation incorporated almost 100 public consultation events and meetings and people were invited to complete a questionnaire either online or by filling out a paper copy and returning it via Freepost to the Oriel consultation team.

As part of this consultation process to inform the next stage of decision making, views on the proposed change, including access to the new site, were sought 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.

**Next Steps**

Led by Camden Clinical Commissioning Group (CCG), and in partnership with NHS England (Specialised Commissioning), the views from service users, carers, the public, as well as colleagues from across Moorfields and UCL, discussed in this report will inform a decision in February 2020 on whether the proposed move is:

* In the interests of population health, locally and nationally
* In line with long-term plans to improve health and care
* An effective use of public money.

NHS England and Improvement requires commissioners to submit a decision-making business case for assurance. If the decision-making business case were approved by the commissioners, Moorfields would proceed to the next stage of planning.

1. **Consultation Methodology**

**“There is a strong clinical case for the proposed move of City Road services, but only by listening to and learning from people who currently use or who may need our services in the future can we be truly confident of reaching the best decisions.”**

Nick Strouthidis, Medical Director, Moorfields Eye Hospital NHS Foundation Trust

**Commitment to Delivering Best Practice**

The NHS commissioners who led the consultation agreed with Moorfields that together they would adopt best practice in public consultation. The plan was to stretch beyond the minimum requirement routine of publishing proposals for public views, to achieve the following with meaningful consultation:

* To understand more about the diverse interests and perspectives of people who may be affected by the proposed move.
* To expand the range of people and groups involved.
* To ensure sufficient information for intelligent consideration and response.
* To improve public awareness and confidence in change.
* To inform a plan for continuing and sustainable involvement in future planning and implementation.

For further information, please see “Consultation Plan for Public and Service users” 15 April 2019” available from <https://oriel-london.org.uk/committees-in-common-documents/>

**Engagement from the Earliest Planning Stages**

The commissioners and partners already had the benefit of previous patient and public involvement. Between 2013 and 2018, people contributed to building the business case, developing potential site options, creating a design brief, selecting design partners and shaping the proposal for public consultation.

Between December 2018 and April 2019, extensive preparations for consultation included four surveys, a programme of events and discussion groups and detailed planning with voluntary and community representatives. Over 1,700 contributions from service users, public and staff helped to frame the proposal and provided some early insights into what is important to service users and families.

A patient and public representative group, the Oriel Advisory Group (OAG), was established in January 2019 to consider the findings from pre-consultation and advise on process and plans. The Chair of the OAG is a member of the Consultation Programme Board and the OAG has remained a strong reference group at the centre of an extensive and active network.

For further information, please see “Views from service users and public” 24 May 2019 available from <https://oriel-london.org.uk/patient-views-documents/>

**Summary of the Main Consultation Process**

The consultation process itself, ran from 24 May to 16 September 2019. Recognising this period covered the usual summer holiday period, the timeframe was set at 16 weeks, rather than the more usual 12 weeks for consultation.

A feedback survey offered a way for people to submit their views individually, while a programme of 99 events and meetings enabled deliberative discussions. The survey, which could be completed online or by hand and mailed freepost, measured overall views and common themes. The discussion programme provided deeper insights, including those from 43 meetings and conversations with people with protected characteristics and rare conditions.

Although the proposal for consultation was based on one preferred option, to build a new centre for eye care, research and education on two acres of land at the site of the current St Pancras Hospital, there was an explicit invitation for people to suggest alternative solutions. These suggestions are currently being appraised as part of an options review against agreed criteria and critical success factors.

By the end of the consultation period, around 4,600 contributions via the various feedback channels showed a consistent and repeating pattern of feedback. This confirms the main influences on decision-making, design and implementation in the months ahead.

**Delivery Teams**

A communications working group with representatives from 15 commissioning organisations and Moorfields Eye Hospital ensured an effective cascade and coordination of consultation activity across London’s communities and nationally with special interest groups. The communications working group reported to the consultation programme board.

Alongside this, a joint consultation team of commissioner and provider communications specialists managed day to day operations, working closely with the Oriel Advisory Group (OAG) and reporting to the consultation programme board.

The Trust Membership Council, commissioner executives and senior clinicians remained closely involved, listening to and discussing views at events, in the media and in individual correspondence.

Weekly reports maintained close attention to progress, in response to which the consultation team made appropriate adjustments to the consultation plan with the advice of the OAG and the assurance of monthly reviews at the consultation programme board.

**Publication and Distribution**

* The voice of service users and public heavily influenced the style and content of consultation documents and support materials.
* Publication and distribution of a main consultation document was supported by accessible summaries and leaflets, available in a range of printed and digital formats, audio versions and languages.
* A dedicated consultation website provided a digital hub for all information and background papers showing the reasoning and decision-making processes behind the proposed change, plus information and access to feedback channels and discussion events.
* The website was designed to Web Content Accessibility Guidelines and tested by people with sight loss and learning disabilities to ensure compatibility with the most commonly used assistive technologies. Throughout the consultation the website team responded to suggestions for improvement, including feedback from Seeability’s accessibility champion for people with learning disabilities, autism and sight loss.
* Working with digital company, IBM, the consultation team developed a “chatbot” which provided round-the-clock, immediate answers to 49 frequently asked questions, and asked people for their views.
* Detailed stakeholder mapping supported a wide distribution to service users, public, staff and professional bodies, with notifications and invitations to get involved in the months leading up to the consultation and throughout the consultation period.

Summary of publication and online activity:

Number of visits to the consultation website 5,615

Number of documents downloaded from the website 679

Number of questions answered via the chatbot 1,249

**Face to Face Discussions**

* The initial consultation programme advertised 14 dates for open discussion workshops. Three further dates were added in the last week of consultation to provide opportunities for people who had been unable to attend the previous sessions.
* The consultation team proactively reached out to community and voluntary sector groups to set up discussions at times and in locations that were more convenient for interested groups. Table 25 on page 64 provides a complete list of engagement events.
* Discussions were designed to be interactive, structured with prompts (in line with the feedback survey) to give maximum time and support to debate and participant contributions. Methods were equally accessible for sighted people and people with sight loss, and flexible to accommodate different communications needs.
* Examples of adapting to audience needs include:
  + Child-friendly information and survey.
  + Easy Read information and relaxed discussions for people with learning disabilities.
  + Informal discussions at weekend social events.
  + Telephone discussions for people who preferred to talk from home.
* In addition to existing commissioner and trust membership and involvement networks, the consultation team engaged around 450 close followers of the consultation, which brought in participants in deeper-dive workshops to inform decision-making. Examples include:
  + Patient and public input to the options review.
  + Workshops and field visits to explore issues concerning accessibility of the proposed location.
  + Workshops to explore accessibility and potential service design of the proposed new service.

**Written Responses**

* The feedback survey, available online, in hard copy and in an Easy Read format, attracted over 1,500 responses, which have been summarised and analysed in this report. In addition to multiple choice, tick boxes, the survey included space for free style comments and additional information.
* It was also clear in consultation materials that people could respond in writing to a single email address or by telephone for those who preferred to talk.
* In one particular case, a member of the team made a special visit to support an individual to express their views.
* All emails, notes of telephone calls and individual conversations were recorded and submitted for independent evaluation.

**Managing Feedback**

* Feedback was captured and recorded in the following forms:  
  + Online survey responses.
  + Hard copy survey responses, including Easy Read version.
  + Written letters and emails.
  + Notes of face-to-face conversations at City Road and other locations.
  + Notes of all meetings compiled within a standard template.
  + Notes of phone conversations compiled within a standard template.
  + Notes of social media comments
  + Mini survey conducted by website chatbot.
* All original data and notes were transferred for independent evaluation. A complete record of all data is stored under GDPR guidelines in an engagement log, feedback log and issues log.

**Building Momentum, Awareness and Confidence in Change**

Throughout the consultation a communications campaign promoted the consultation and opportunities for as wide an audience as possible to get involved.

Elements of the campaign included:

* Frequent posts to social media channels.
* Press releases and notices to local and trade press and media including Talking Newspapers who distribute audio recordings of local news to people with sight loss.
* Blogs and articles for Moorfields and partner websites.
* Radio programmes and podcasts, including RNIB Connect and local community radio stations.

To make a personal connection and ensure significant reach to those who may be directly affected by the proposed change, over 84,000 personal letters from Moorfields Chair and Chief Executive went out to people with appointment letters during the consultation period. From these, there was an increase in the number of emails and calls received by the consultation team.

Three separate weeks were designated for intensive activity to increase awareness of the proposed change. These “intensification weeks” included senior managers and clinicians talking and listening to service users and staff at City Road and other locations. The intensification weeks delivered peak numbers of survey responses and increased social media and website activity.

**Comparisons in Activity between the Start and Finish of Consultation**

Table 1 – activity comparison analysis

|  |  |  |  |
| --- | --- | --- | --- |
| Week 1 activity | **Number** | Peak activity | **Number** |
| Website visits at the end of week 1 | **926** | Website visits as at 23 September | **5,615** |
| Social media reach in week 1 | **7.5k** | Social media reach at its peak | **33k** |
| Number of discussion sessions planned at start of consultation for patient and public representatives | **14** | Actual number of events and meetings with patient and public representatives | **99** |
| Number of direct patient letters  sent out in week 1 | **0** | Number of direct patient letters sent out by the end of consultation | **Around 84,000** |
| Number of feedback surveys received at the end of week 1 | **75** | Number of survey responses at the close of consultation | **1,511** |
| Number of planned discussions  with people with protected characteristics | **20-25** | Actual number of discussions with people with protected characteristics | **43** |
| Number of responses gathered  from pre-consultation | **Over  1,700** | Number of responses gathered from consultation | **Over 4,600** |

**Continuing Involvement with Interpretation and Decision-making**

This outcome report will be published for comment prior to completion of the final decision-making business case in February 2020.

Following the end of the public consultation, there are a number of discussions with stakeholders to complete the interpretation of the findings and key issues to influence decision-making. These include:

* Review of the options in the light of consultation feedback.
* Programme of discussions with commissioning leaders and governing bodies.
* Consideration of findings by the Oriel Advisory Group.

Post-consultation discussions will influence the content of a decision-making business case and recommendations for decision makers.

A comprehensive summary of the findings of consultation, the response to the findings and other decision-making information, such as service modeling, financial planning and reiteration of the clinical case, will be presented to a Joint Health Overview and Scrutiny Committee for a meeting in public on 31 January 2020, prior to final decision-making by commissioners in February 2020.

1. **Approach to Analysis**

The body of this report (Section 5-10) contains the detailed analysis and feedback from all responses received. The raw coded data and the full set of responses have been passed to the commissioners and partners for consideration within the decision-making process.

**PLEASE NOTE:** Some respondents may have answered the formal consultation survey as well as giving feedback in another way, such as emailing a document or sending in a letter or fed back in meetings, giving responses which mirror their survey response in some aspects. Therefore, we have analysed the emailed documents, letters and meeting notes using the same process and have presented the data findings separately within this report.

Individual comments from letters, emails and to the open ended questions within the survey have been collated into key themes, which have been broken down in terms of frequency with which a comment is made in the analysis. This enables the most frequent themes to emerge. Please note that comments may cover more than one theme, which is why the frequencies total more than the number of responses in some cases. It should also be noted that:

* Through cross tabulation of the data by postcode we have aimed to extract the findings by area.
* Themes have also been extracted by professional groups and these are outlined in Section 8 of the report.

1. **Potential Equality Impacts and Profiling Information**

The following section sets out the findings in terms of potential equality impacts that can be derived from the consultation findings. It should be noted that most, if not all, of the service users at Moorfields can be categorised in terms of the protected characteristics outlined within the Equality Act 2010. Some will have multiple disabilities or characteristics. Therefore, the summary of findings section of this report highlights many of the themes that have emerged overall which could have a disproportionate impact on people with protected characteristics such as age, gender and disability.

The aim of this section is to draw out any specific nuances that have emerged for certain groups that should be taken into account should the proposal to move services to a new site at St Pancras be approved.

The following outlines themes that have been extracted when mentioned in open ended survey responses, in discussion group meetings or during other forms of response.

**Age Related Findings**

* Many Moorfields service users are older people as sight issues are often age-related. The needs of this group need to be addressed, such as not having on over-reliance on new technology.
* Concerns were expressed that older people may find King’s Cross confusing, busy and difficult to navigate.
* Older people, people with disabilities and those with mobility issues may experience difficulty with the walk from transport hubs to the proposed new centre. Other solutions need to be considered.
* Older people should have an outside area for respite
* There are transport difficulties for older people, for example knowing where services are and how to get to them. Specific communication with these service users and their carers or family members will be important.

**Deprivation Related Findings**

* There is a need to consider the impact of additional transport costs for those from low-income households.
* The cost of accommodation should be considered for those who need to stay locally to access the new centre.
* There is a need to consider the cost of parking or taxis for those on limited income.

**Disability (Physical and Mental Health) Related Findings**

* Some people with sight loss may also live with a hearing impairment. There is a need to ensure these and other complex needs are addressed.
* There is a need to provide support for complex multiple conditions that require a joined-up approach, especially when it comes to treatment planning.
* There is a slight hill involved in accessing the proposed site which may cause difficulty for wheelchair users and people with mobility issues.
* Some people with sight loss find bus services easier to access than the underground. These and other forms of transport should be included in accessing the proposed new centre.
* Design should look to minimise noise and crowds, which can be disturbing for people with learning disabilities. However, it should be noted that some service users requested an open plan approach allowing service users to mix.
* The new building should include accessibility in design.
* Need to provide individual care plans for vulnerable people taking into account all their needs – not generic care plans.
* Staff are perceived as sometimes lacking empathy because they are not familiar with the service user’s specific needs or disabilities. Training for public-facing staff would help remedy this situation.

**Ethnicity Related Findings**

* Black, Asian and Minority Ethnic (BAME) groups stated that some people are often unaware of what health options are available. They felt that they are ‘not in the loop’. This finding infers there is a need to work more closely with BAME support community groups to build awareness of services and the facilities at the new centre.
* Language barriers were seen as an issue that need to be addressed. For example, some service users rely on their children to read signage and documents, which may have an impact on equality of access.
* Proposals and decision-making should have ethical orientation in that there should be a code of ethics which underpins policy, so that it is referenced when changes are made. The cornerstones are honesty, morality and rightness.
* It was asked what specific facilities would be available for BAME, where cultural differences may require attention.

**LGBT+ Related Findings**

* LGBT+ representatives stated they are often isolated from family and friends, which may affect their need for support.
* It was stated that LGBT+ service users often feel more vulnerable and anxious in a hospital environment.  Staff and volunteer understanding and awareness of this is important to help LGBT+ service users feel supported during their appointments and in navigating services.
* Staff should receive training to understand the inequalities that can be faced by LGBT+ people and how this affects needs.
* Processes, such as patient letters, should be reviewed to ensure they are inclusive
* The design of facilities, such as toilets and wards, should consider the needs of LGBT+ people.
* It was felt that staff in administration departments may benefit from equality and diversity training in relation to handling confidential patient information.
* It should be clear, visibly and culturally, that services at Moorfields are inclusive and aware of the needs of LGBT+ people.

**Parents and Children Related Findings**

* Provide suitable facilities such as a crèche, toys, games and child friendly food

**Religion or Belief Related Findings**

* It was asked that all services should abide by Employment, Equality, Religion or Belief Regulations and that should be demonstrated throughout the development of the new centre.
* Choice of food in restaurants should reflect religious belief, such as Halal and Kosher options.
* There should be access to a multi faith prayer room.
* Art, food, religious and cultural beliefs should be taken into account in the new centre design.

Table 2 that follows demonstrates the demographic reach in terms of the survey undertaken, which shows a broad representation of profiles in response to the survey. It should be noted that although the Survey Findings section of this report demonstrates that 62% of respondents are current or former service users, only 9% have stated they are registered blind or partially sighted. Others may have varying degrees of sight loss or temporary sight loss.

**Profiling Table**

Table 2 – Profiles of respondents from demographic questions

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Profiling Information** | **Total** | **North East London STP** | | **North Central London STP** | | **North West London STP** | | **South East London STP** | | **South West London STP** | **Outside London** | | **Details not given** | |
| Age |  |  | |  | |  | |  | |  |  | |  | |
| 16 – 18 | 3 | 0 | | 0 | | 0 | | 0 | | 0 | 2 | | 1 | |
| 19 – 34 | 140 | 35 | | 32 | | 17 | | 12 | | 7 | 23 | | 14 | |
| 35 – 49 | 257 | 48 | | 45 | | 24 | | 22 | | 20 | 76 | | 22 | |
| 50 – 64 | 381 | 65 | | 66 | | 31 | | 35 | | 23 | 130 | | 31 | |
| 65 – 79 | 467 | 84 | | 114 | | 50 | | 39 | | 30 | 138 | | 12 | |
| 80+ | 120 | 15 | | 36 | | 15 | | 12 | | 10 | 27 | | 5 | |
| Prefer not to say | 143 | 1 | | 5 | | 3 | | 0 | | 3 | 4 | | 127 | |
| Gender |  |  | |  | |  | |  | |  |  | |  | |
| Female | 806 | 149 | | 186 | | 72 | | 71 | | 54 | 213 | | 61 | |
| Male | 556 | 90 | | 105 | | 65 | | 47 | | 37 | 184 | | 28 | |
| In another way | 5 | 2 | | 1 | | 1 | | 0 | | 0 | 0 | | 1 | |
| Prefer not to say | 144 | 7 | | 6 | | 2 | | 2 | | 2 | 3 | | 122 | |
| Gender Reassignment Is your gender identity the same as you were given at birth? |  |  | |  | |  | |  | |  |  | |  | |
| Yes | 1340 | 232 | | 288 | | 135 | | 118 | | 90 | 393 | | 84 | |
| No | 5 | 3 | | 1 | | 0 | | 0 | | 0 | 1 | | 0 | |
| Prefer not to say | 166 | 13 | | 9 | | 5 | | 2 | | 3 | 6 | | 128 | |
|  |  |  | |  | |  | |  | |  |  | |  | |
| **Profiling Information** | **Total** | **North East London STP** | | **North Central London STP** | | **North West London STP** | | **South East London STP** | | **South West London STP** | **Outside London** | | **Not answered** | |
| Married or in a civil partnership | |  | |  | |  | |  | |  |  | |  | |
| Yes | 822 | 122 | | 165 | | 85 | | 69 | | 53 | 285 | | 43 | |
| No | 486 | 106 | | 116 | | 49 | | 46 | | 35 | 104 | | 30 | |
| Prefer not to say | 203 | 20 | | 17 | | 6 | | 5 | | 5 | 11 | | 139 | |
| Do you consider yourself to have a disability or health condition? | | | | | | | | | | | | | | |
| Yes | 341 | 66 | | 74 | | 39 | | 19 | | 31 | 98 | | 14 | |
| No | 974 | 161 | | 211 | | 96 | | 96 | | 59 | 286 | | 65 | |
| Prefer not to say | 196 | 21 | | 13 | | 5 | | 5 | | 3 | 16 | | 133 | |
| Are you registered blind or partially sighted? | |  | |  | |  | |  | |  |  | |  | |
| Yes | 118 | 14 | | 21 | | 15 | | 4 | | 14 | 42 | | 8 | |
| No | 1213 | 215 | | 269 | | 121 | | 112 | | 76 | 350 | | 70 | |
| Prefer not to say | 180 | 19 | | 8 | | 4 | | 4 | | 3 | 8 | | 134 | |
| Please indicate which option best describes your religion or belief: | |  | |  | |  | |  | |  |  | |  | |
| No religion | 329 | 59 | | 74 | | 28 | | 29 | | 17 | 106 | | 16 | |
| Buddhist | 13 | 5 | | 2 | | 1 | | 0 | | 1 | 2 | | 2 | |
| Christian | 677 | 101 | | 142 | | 52 | | 59 | | 53 | 227 | | 43 | |
| Hindu | 36 | 9 | | 6 | | 15 | | 0 | | 1 | 3 | | 2 | |
| Jewish | 34 | 2 | | 15 | | 7 | | 3 | | 3 | 4 | | 0 | |
| Muslim | 72 | 25 | | 17 | | 13 | | 4 | | 5 | 5 | | 3 | |
| Sikh | 10 | 2 | | 0 | | 1 | | 0 | | 1 | 4 | | 2 | |
| Atheist | 54 | 7 | | 14 | | 6 | | 7 | | 4 | 15 | | 1 | |
| Any other religion | 26 | 7 | | 3 | | 2 | | 7 | | 1 | 6 | | 0 | |
| Prefer not to say | 260 | 31 | | 25 | | 15 | | 11 | | 7 | 28 | | 143 | |
|  |  |  | |  | |  | |  | |  |  | |  | |
| **Profiling Information** | **Total** | **North East London STP** | | **North Central London STP** | | **North West London STP** | | **South East London STP** | | **South West London STP** | **Outside London** | | **Not answered** | |
| Please select what you consider your ethnic origin to be: | |  | |  | |  | |  | |  |  | |  | |
| Asian/Asian British Indian | 64 | 16 | | 12 | | 19 | | 2 | | 1 | 7 | | 7 | |
| Asian/Asian British Pakistani | 12 | 3 | | 4 | | 2 | | 0 | | 1 | 1 | | 1 | |
| Asian/Asian British Bangladeshi | 22 | 15 | | 3 | | 1 | | 1 | | 1 | 1 | | 0 | |
| Asian/Asian British Any other Asian background | 26 | 6 | | 6 | | 6 | | 1 | | 4 | 3 | | 0 | |
| Black or Black British Black – Caribbean | 29 | 8 | | 7 | | 4 | | 3 | | 0 | 4 | | 3 | |
| Black or Black British Black – African | 42 | 9 | | 8 | | 4 | | 5 | | 8 | 4 | | 4 | |
| Black or Black British Any other Black background | 10 | 3 | | 1 | | 1 | | 5 | | 0 | 0 | | 0 | |
| Mixed White and Black Caribbean | 5 | 2 | | 2 | | 0 | | 0 | | 1 | 0 | | 0 | |
| Mixed White and Black African | 7 | 2 | | 1 | | 0 | | 2 | | 0 | 1 | | 1 | |
| Mixed White and Asian | 8 | 2 | | 1 | | 2 | | 1 | | 0 | 1 | | 1 | |
| Mixed Any other mixed background | 14 | 4 | | 5 | | 3 | | 0 | | 1 | 1 | | 0 | |
| White Welsh/English/Scottish/Northern Irish/British | 849 | 122 | | 167 | | 64 | | 70 | | 51 | 330 | | 45 | |
| White Irish | 44 | 6 | | 13 | | 3 | | 9 | | 6 | 3 | | 4 | |
| White Gypsy or Irish Traveller | 0 | 0 | | 0 | | 0 | | 0 | | 0 | 0 | | 0 | |
| White Any other White background | 124 | 16 | | 42 | | 13 | | 16 | | 13 | 21 | | 3 | |
| Other ethnic background Chinese | 10 | 4 | | 2 | | 1 | | 1 | | 0 | 2 | | 0 | |
| Other ethnic background Any other ethnic background | 23 | 4 | | 7 | | 5 | | 0 | | 1 | 6 | | 0 | |
| Prefer not to say | 222 | 26 | | 17 | | 12 | | 4 | | 5 | 15 | | 143 | |
|  |  |  | |  | |  | |  | |  |  | |  | |
|  |  |  | |  | |  | |  | |  |  | |  | |
|  |  |  | |  | |  | |  | |  |  | |  | |
| **Profiling Information** | **Total** | **North East London STP** | | **North Central London STP** | | **North West London STP** | | **South East London STP** | | **South West London STP** | **Outside London** | | **Not answered** | |
| Please indicate the option which best describes your sexual orientation: | |  |  | |  | |  | |  | | |  | |  |
| Heterosexual | 1133 | 201 | 243 | | 111 | | 100 | | 81 | | | 338 | | 59 |
| Gay | 34 | 8 | 5 | | 6 | | 8 | | 1 | | | 4 | | 2 |
| Lesbian | 10 | 2 | 1 | | 0 | | 0 | | 2 | | | 5 | | 0 |
| Bisexual | 14 | 3 | 2 | | 0 | | 4 | | 1 | | | 4 | | 0 |
| Other | 8 | 1 | 2 | | 3 | | 0 | | 0 | | | 2 | | 0 |
| Prefer not to say | 312 | 33 | 45 | | 20 | | 8 | | 8 | | | 47 | | 151 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Base | 1511 | 248 | 298 | 140 | 120 | 93 | 400 | 212 |

1. **Survey Data Feedback**

The following section sets out the analysis of the survey data collated from the proposed move of Moorfields Eye Hospital’s City Road services consultation survey.

**Cross Tabulation by Postcode**

In total there were 1,511 responses to the survey.

These have been sub-split into areas NEL (North East London Sustainability and Transformation Partnership (STP)) = 248 responses, NCL (North Central London STP) = 298 responses, NWL (North West London STP) = 140 responses, SEL (South East London STP) = 120 responses, SWL (South West London STP) = 93 responses, OL (Outside London) = 400 responses and NA (Not answered) = 212 responses). The full responses have been shared with the consultors, to inform the decision-making process.

Chart 1 – Response by coded areas from postcodes actual numbers

Chart 2 – Response by coded areas from postcodes by percentage

**PLEASE NOTE** – the areas have been identified by clustering the first half of the postcodes supplied. Q13 of the survey provided the postcode data and therefore, the summary table of these postcodes is not included within this section of the report.

A well distributed sample of responses was received from all five London areas analysed (grouped as STPs from postcodes) and from outside of London. This enables further investigation of the data by geographical differences.

**Frequency of Mention Tables**

It should also be noted that the frequency table of themes demonstrates how often a theme has been mentioned in a response. As a response may have multiple themes, the number of mentions may exceed the number of responses received.

**Q1. In what capacity are you responding to this consultation?**

Table 3 – Response by type of responder

|  |  |
| --- | --- |
| **Q1 Type of respondent** | **Total** |
| Current or former patient/service user | 61.9% |
| Moorfields Eye Hospital and/or UCL staff | 14.5% |
| Member of the public | 7.7% |
| Carer/family member | 7.6% |
| Prefer not to say- | 2.2% |
| Voluntary organisation/advocate | 1.9% |
| Clinician | 1.9% |
| Student | 0.5% |
| Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc.) | 0.5% |
| Other public body | 0.5% |
| NHS provider organisation | 0.3% |
| NHS commissioner | 0.3% |
| Private provider organisation | 0.1% |
| Councillor | 0.0% |
| Social worker | 0.0% |

Table 3 demonstrates that responses were received from a wide number of respondent types.

* Former or current service users made up the majority of the respondents at 61.9% (935), followed by 14.5% (219) of the responses coming from Moorfields Eye Hospital or UCL Staff.
* Members of the public at 7.7% (117) and Carers or family members at 7.6% (115) were the next largest groups of representation.

**Q2. If you are responding on behalf of a team, group or organisation, please state the name of your team, group or organisation.**

Table 4 – Responses from teams, groups or organisations

|  |  |
| --- | --- |
| **Group** | **Number** |
| Moorfields Eye Hospital | 113 |
| UCL and IoO | 21 |
| Voluntary sector | 27 |
| Healthcare bodies (including CCGs, other trusts, GP surgeries, opticians) | 6 |
| Local authorities | 1 |
| Patient rep. groups | 9 |
| Other | 5 |
| **TOTAL** | **182** |

* 182 out of the 1,511 (12%) survey responses received were from those representing a group, organisation or team.
* A wide range of teams, groups and organisations responded. Many were health related, had close links with Moorfields or were charities related to eye care.

**Q3. Do you currently use eye health (ophthalmology) services at Moorfields or have you used them in the past three years?**

Table 5 – Q3 currently use eye health services at Moorfields or used them in the last 3 years

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q3** | **Total** | **NEL** | **NCL** | **NWL** | **SEL** | **SWL** | **OL** | **NA** |
| Yes | 71% | 65% | 72% | 79% | 73% | 75% | 80% | 53% |
| No | 26% | 31% | 27% | 20% | 24% | 23% | 20% | 37% |
| Prefer not to say | 3% | 3% | 1% | 1% | 3% | 2% | 1% | 10% |

Chart 3 – Q3 currently use eye health services at Moorfields or used them in the last 3 years

This chart shows the total percentage for each response (Yes, No and Prefer not to say). The split by area shows the actual percentage of the overall total for each area that stated each answer. For example, 11% of those selecting “Yes” out of the total of 71% were from North East London STP. The actual percentage of North East London STP respondents selecting “Yes” is 65% as stated in table 5.

* 71% (1,076) of respondents identified as either current service users or that they had used eye health services at Moorfields in the last 3 years.
* It should be noted that this percentage conflicts with the findings from Q1, where 62% (935) of respondents identified as current or former service users. No conclusion can be drawn from this finding other than the survey responses represent a high number of service users current or former.
* 80% (318) of those who responded from outside London were current or recent service users compare with 72% (646) from London.

**Q4 Please select one of the following statements that most closely matches your view.**

Table 6 – Which statement most matches your view.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q4** | **Total** | **NEL** | **NCL** | **NWL** | **SEL** | **SWL** | **OL** | **NA** |
| a. I think a new centre is needed. | 73% | 61% | 83% | 78% | 78% | 68% | 76% | 61% |
| b. I don't think a new centre is needed. | 8% | 16% | 5% | 6% | 7% | 4% | 7% | 11% |
| c. I don't have a view on whether a new centre is needed. | 18% | 22% | 12% | 16% | 16% | 27% | 17% | 23% |
| Not answered | 1% | 0% | 0% | 1% | 0% | 0% | 0% | 4% |

Chart 4 - Which statement most matches your view.

This chart shows the total percentage for each response (a. I think a new centre is needed. b. I don’t think a new centre is needed. c. I don’t have a view on whether a new centre is needed). The split by area shows the actual percentage of the overall total for each area that stated each answer. For example, 10% of those selecting “a. I think a new centre is needed” out of the total of 73% were from North East London STP. The actual percentage of North East London STP respondents selecting “a. I think a new centre is needed” is 61% as stated in table 6.

* Overall there is a majority agreement that a new centre is needed with 73% (1,098) of survey respondents agreeing with the statement.
* Those living in North Central London are at the highest level of agreement at 83% (247), with those living in North East London having the highest level of disagreement at 16% (40), but still in majority agreement overall (see table 6). This finding may indicate that those living in North East London are more concerned about moving City Road services to a more central London location.
* In total 8% (126) feel that a new centre is not needed with 18% (275) not expressing a view.
* It can be identified that 85% (187) of staff think a new centre is needed. This is the highest user group to think a new centre is needed, followed by current or former patient/service users at 72% (676). These findings indicate that staff and service users are in high levels of agreement that a new centre is needed overall.
* 60% (69)of carer or family members thought a new site was needed with 16%

(18) stating that they don’t think a new centre is needed.

**Q4(a). You have selected (a) I think a new centre is needed, how much do you agree/disagree with each of the following statements?**

**Note that the base for Q4(a) is 1,097 who answered Option a at Q4.**

Table 7- How much do you agree/disagree with each of the following statements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Response | Agree strongly | Agree | Neither agree nor disagree | Disagree | Disagree strongly | Not answered |
| I think a new centre is needed to treat more people who may need eye care in the future. | 61% | 22% | 3% | 0% | 0% | 14% |
| I think a new centre is needed to create more space for service users and improve their experience when receiving care. | 65% | 19% | 2% | 0% | 0% | 14% |
| I think a new centre is needed to bring together eye care with research and education. | 62% | 20% | 3% | 1% | 0% | 14% |
| I think a new centre is needed to offer opportunity for excellent education for students. | 57% | 24% | 5% | 1% | 0% | 14% |

* For those that felt a new centre was needed, there was majority agreement overall with the statements that:
  + A new centre is needed to treat more people who may need eye care in the future
  + A new centre is needed to create more space for service users and improve their experience when receiving care
  + A new centre is needed to bring together eye care with research and education
  + A new centre is needed to offer opportunity for excellent education for students

**Q4a. Please explain your reasons or provide any further comments you have:**

Table 8 - Please explain your reasons or provide any further comments you have:

|  |  |
| --- | --- |
| **Coded Response** | **Number** |
| None | 803 |
| Need a new centre / Moorfields old and outdated | 382 |
| Bring research and clinical care together / Centre of excellence | 268 |
| Bigger site / reduce overcrowding | 266 |
| Better patient experience / care | 236 |
| Better staff facilities | 171 |
| Moorfields needs more space to develop / future demand | 153 |
| Moorfields is an excellent provider | 142 |
| Better facilities for service users / relatives (toilets / café) | 128 |
| More convenient central site | 92 |
| **Total** | **1,097** |

* The most frequent reasons stated for why a new centre is required were:
  + They felt that the current site is old and outdated
  + It would bring research and clinical care together to create a centre of excellence involving other providers
  + A bigger site would reduce overcrowding
  + It would provide a better patient experience or care
* Other responses generally related to the design of the potential new centre, disability accessibility, service improvements and transport concerns.

**Q4(b). You have selected (b) I don’t think a new centre is needed, how much do you agree/disagree with each of the following statements?**

**Note that the base for Q4(b) is 126 who answered Option b at Q4.**

Table 9 - How much do you agree/disagree with each of the following statements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Response | Agree strongly | Agree | Neither agree nor disagree | Disagree | Disagree strongly | Not answered |
| I think nothing should be done to the current Moorfields hospital at City Road. | 21% | 18% | 12% | 22% | 7% | 20% |
| I think the buildings at the current site on City Road should be refurbished. | 25% | 32% | 12% | 10% | 2% | 20% |
| I think moving would cause too much disruption to my treatment and/or current services. | 37% | 26% | 11% | 5% | 2% | 19% |
| I am concerned moving the hospital from City Road to a new site may make my journey to the hospital more difficult. | 44% | 23% | 5% | 6% | 4% | 19% |

* Those respondents who didn’t think a new centre is needed were most concerned about their journey to the hospital potentially becoming more difficult if a new centre is created.
* This is followed by concerns that there could be disruption to their treatment and/or the services they use.
* There is also agreement that the buildings at City Road could be refurbished rather than building a new centre.
* There is a close split in terms of feelings of agreement and disagreement that nothing should be done to the current hospital at City Road.
* These findings infer that although most respondents feel there would be many benefits from creating a new centre (answers to Q4a), there are concerns to be addressed with any potential move.
* 40 out of the 126 (32%) respondents to this question live in the north east London area, with the remainder spread evenly across all geographies. This finding could therefore infer there are more concerns from those living in the NEL area, about building a new centre in the proposed location with the perceived potential for disruption to services and travel difficulties.

**Q4b. Please explain your reasons or provide any further comments you have:**

Table 10 - Please explain your reasons or provide any further comments you have:

|  |  |
| --- | --- |
| **Coded Response** | **Number** |
| None | 73 |
| Will not be able to get to new location / transport issues / accessibility | 39 |
| Less busy areas like Moorfields are safer for visually impaired people to navigate | 20 |
| Well known location at City Road | 17 |
| Don't waste money on new buildings - improve existing services | 15 |
| Keep and extend Moorfields | 14 |
| It will make my journey longer | 11 |
| Moorfields building is ok | 10 |
| Moorfields provides an excellent service | 9 |
| Historic location at Moorfields | 9 |
| **Total** | **126** |

* The main reasons stated for being concerned about developing a new centre are that:
  + There were concerns over transport issues (over last half a mile not being served by public transport).
  + It was perceived that City Road is safer for visually impaired people to navigate as it is not as busy as King’s Cross, which is near to the proposed St Pancras site.
  + City Road is a well-known location, so service users feel comfortable in accessing it.
  + Funds could be invested in improving current services at City Road instead of a move to a new centre.
  + It is a historical building and should be kept.
  + There were concerns that the excellent services provided by City Road could be lost in any potential move.

**Q5. Having read the consultation document, to what extent do you agree/disagree with our proposal that the new centre should be located at the St Pancras Hospital site?**

Table 11 - to what extent do you agree/disagree with our proposal that the new centre should be located at the St Pancras Hospital site

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q5** | **Total** | **NEL** | **NCL** | **NWL** | **SEL** | **SWL** | **OL** | **NA** |
| Agree strongly | 41% | 26% | 52% | 51% | 34% | 38% | 48% | 28% |
| Agree | 32% | 35% | 31% | 28% | 38% | 38% | 31% | 31% |
| Neither agree nor disagree | 15% | 19% | 10% | 11% | 19% | 17% | 14% | 17% |
| Disagree | 5% | 10% | 3% | 6% | 3% | 4% | 5% | 6% |
| Disagree strongly | 5% | 9% | 3% | 4% | 4% | 0% | 2% | 11% |
| Not answered | 2% | 1% | 1% | 1% | 2% | 2% | 1% | 8% |

Chart 5 - to what extent do you agree/disagree with our proposal that the new centre should be located at the St Pancras Hospital site

This chart shows the total percentage for each response (Agree strongly, Agree, Neither agree nor disagree, Disagree and Disagree strongly). The split by area shows the actual percentage of the overall total for each area that stated each answer. For example, 4% of those selecting “Agree strongly” out of the total of 41% were from North East London STP. The actual percentage of North East London STP respondents selecting “Agree strongly” is 26% as stated in table 11.

* A significant majority (73% or 1,107) of respondents agreed with the proposal that the new centre should be located at the St Pancras Hospital site.
* There were low levels of disagreement to this location (10% overall or 154) with the highest levels of disagreement coming from the north east London area (19% or 47 of NEL respondents).
* However, overall, the majority of responses from each area were in support of the development of a centre at the St Pancras Hospital site.
* 81% (177) staff agreed with the centre moving to St Pancras.

**Please explain your reasons or provide any further comments you have:**

Table 12- Please explain your reasons or provide any further comments you have

| **Coded Response** | **Number** |
| --- | --- |
| None | 530 |
| Easier access to St Pancras by public transport | 450 |
| Easier access to St Pancras for those travelling from further away | 427 |
| St Pancras provides the room for updated facilities, equipment & services & future capacity | 176 |
| Needs to be in central London for status / accessibility | 170 |
| St Pancras not as accessible as Moorfields for transport | 154 |
| Better to purpose build on a new site | 142 |
| Accessibility issues around St Pancras (tube / lifts etc) | 124 |
| St Pancras is situated closer to other clinical & research facilities (British Library, UCL , Crick Institute etc) | 122 |
| As long as it's accessible don't care where it is | 92 |
| **Total** | **1,511** |

* The main themes that were stated in support of proposed new location included:
  + The new site offers better public transport links.
  + It offers easier access for those travelling from outside London.
  + It will give the room for updated facilities and equipment.
  + It will enable services to be improved and capacity to be enhanced.
  + It will link in to other clinical and research facilities.
  + A purpose built centre will better meet the needs of service users.
* The perceived drawbacks to the proposed location of the new centre were:
  + Accessibility issues around St Pancras mainly relating to transport to and around the hospital for visually impaired e.g. lifts, tube access.
  + The busy location around King’s Cross causing concerns for accessibility and confusion.
  + The potential for loss of services from City Road.

**Q6 We have explained how we considered other possible sites for the new centre. While we have a preference to move services from the City Road site to the St Pancras Hospital site, we remain open to other suggested locations. Please state any other solutions you feel we should consider.**

Table 13 – Please state any other solutions you feel we should consider

| **Coded Response** | **Number** |
| --- | --- |
| None | 809 |
| No / Don't know | 423 |
| I'm happy with the move to St Pancras | 90 |
| Somewhere close to tube and public transport | 65 |
| Expand City Road / new floors or buildings | 51 |
| Central London | 28 |
| Divert to satellites outside London | 24 |
| Stratford | 22 |
| Central hub reserved for specialised treatment | 19 |
| A less busy crowded location / easier for visually impaired | 16 |
| **Total** | **1,511** |

* The most popular alternative suggestions were:
  + Locations that are close to the London Underground and public transport.
  + Expand City Road.
  + In Central London.
  + Divert to network hubs.
* There were some one-off suggestions of individual sites, which are being considered as part of the options review process.

**Section 2 - Your Views on Accessibility**

**Q7. Please read each of the statements about accessibility below and tell us (by ticking one box for each) how important they are to you.**

Table 14 - Please read each of the statements about accessibility below and tell us (by ticking one box for each) how important they are to you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Response | Very important | Important | Neither important nor not important | Not very important | Not important at all | I don’t have a view about it | Not answered |
| Interior design and signage to help find your way around the hospital. | 64% | 16% | 1% | 0% | 0% | 0% | 18% |
| Technology to guide you through the hospital to your appointment. | 34% | 30% | 11% | 3% | 2% | 1% | 18% |
| People to provide you with assistance in the hospital building. | 42% | 31% | 6% | 2% | 1% | 1% | 18% |
| Locating the hospital close to public transport. | 70% | 11% | 1% | 0% | 0% | 0% | 18% |
| Ease of journey from public transport hubs (e.g. the train or underground station) to the St Pancras Hospital site. | 68% | 11% | 1% | 0% | 0% | 1% | 18% |
| Support with transport from the nearest underground station to the St Pancras Hospital site. | 42% | 23% | 9% | 3% | 2% | 2% | 18% |

* Help with accessibility was important to respondents, with the majority (at least 64% on any one question) in agreement that the suggested six requirements should be incorporated into the proposals for the new centre:
* These findings strengthen those throughout the report, which demonstrate the importance of accessibility and assistance with travel.

**Q7. Please explain your reasons or provide any further comments you have:**

Table 15 - Please explain your reasons or provide any further comments you have

| **Coded Response** | **Number** |
| --- | --- |
| None | 858 |
| Access to and from the site and within it, needs to be easy for people with disabilities | 201 |
| Better signage within and to the site | 169 |
| The new site is accessible by train, bus, tube and car for service users, staff, carers and contractors | 166 |
| Accessibility to public transport | 155 |
| Retain green line on the pavement from the tube station | 118 |
| A welcome hub staffed by volunteers to point people in the right direction | 76 |
| New hospital should offer better accessibility | 75 |
| Location of bus stops to reduce walking for infirm service users | 61 |
| Patient transport to / around the site / shuttle bus / park and ride | 51 |
| **Total** | **1,511** |

* The main reasons stated in regard to accessibility were:
  + Access to and from the site and within it, needs to be easy for people with disabilities (such as better signage, tactile pavers, design of routes etc).
  + It was perceived that the proposed new site is accessible by train, bus, tube and car for service users, staff, carers and contractors.
  + The green line on the pavement is needed from the station to the hospital.
  + A welcome hub could be placed staffed by volunteers to help guide service users to the centre.
  + Staff at stations should be trained to assist visually impaired people.
  + There should be low cost parking for people with blue badges.
* The perceived drawbacks mentioned were that the King’s Cross and St Pancras area is less suitable for vulnerable people due to its busy nature and fear of crime.
* There were many responses that related to design elements, which respondents felt could be included in a redesigned centre. The feedback demonstrated a strong preference for service users to be included in the design of the new centre.

**Q8. Travelling to the proposed St Pancras Hospital site will involve a different journey for most service users, carers and staff from the one they currently make. In the list below, please tell us whether or not travel to the proposed new site could be an issue for you or your family.**

Table 16 - In the list below, please tell us whether or not travel to the proposed new site could be an issue for you or your family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Response** | **Yes** | **No** | **Don't know** | **Not answered** |
| It will cost me more to travel to the St Pancras site than to the existing site. | 13% | 59% | 9% | 19% |
| I would have to walk further to the St Pancras site. | 26% | 32% | 22% | 20% |
| I don’t know the journey to the St Pancras site and am worried I might get lost or confused. | 12% | 59% | 9% | 21% |
| It will take me longer to travel to the St Pancras site. | 26% | 43% | 11% | 20% |
| My family will have to travel further to get to the St Pancras site. | 19% | 48% | 12% | 22% |
| The journey to the St Pancras site will be more complicated. | 19% | 48% | 12% | 20% |
| There won’t be any/enough parking at the St Pancras site. | 13% | 20% | 44% | 23% |
| I am not concerned about travel to the St Pancras site. | 40% | 30% | 9% | 22% |

* For those that feel travel is an issue, the two main concerns were that people would have to walk further to the St Pancras site and it will take them longer to travel there.
* There were also concerns about families having to travel further and the journey being more complicated with a move to the St Pancras site. Again those in north east London were most concerned overall and carers/family members showed higher levels of concern than other respondent types with having to travel further.
* There was less concern over parking with 13% (198) feeling this would be an issue. This finding may be due to the high number of people who currently access Moorfields’ City Road services via public transport routes (a recurring theme throughout) meaning that parking isn’t always required. It is evident that staff 22% (48) and carers or family members 23% (26) are the most concerned about parking.
* Carers and family members were the most concerned out of all the respondent types that they don’t know the journey to St Pancras and could get worried or confused.

**Q8. Please provide any further comments including anything we should put in place to help you get to the proposed site at St Pancras.**

Table 17 - Please provide any further comments including anything we should put in place to help you get to the proposed site at St Pancras

| **Coded Response** | **Number** |
| --- | --- |
| None | 864 |
| I have no issues travelling to the new site | 185 |
| Needs clear signposting from public transport | 71 |
| Need to have cost effective / disabled parking | 70 |
| Better signage / route to the hospital | 67 |
| Tube and rail accessibility is good | 64 |
| It will take longer to travel to the new site | 62 |
| Retain a coloured line from the station to the hospital | 60 |
| Longer / too far to walk | 60 |
| Not sure but hope travel will be easier | 58 |
| **Total** | **1,511** |

* The main suggestions stated were: clear signage from public transport; access to cost effective and / or disabled parking; retain a coloured line to the hospital from public transport and; ensure public transport availability needs match those of the current site (which work for people and are known well).
* The perceived concerns mentioned were that: it is too far to walk; further to travel and; there is insufficient disability access.
* Most of these responses related to provisions that could be undertaken to make the journey to the new site easier, which should be taken into account in the design process.

**Section 3 - Improving the Patient Experience**

**Q9 Please read each of the statements about patient experience below and tell us (by ticking one box for each), how important they are to you.**

Table 18 - Please read each of the statements about patient experience below and tell us (by ticking one box for each), how important they are to you

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Response | Very important | Important | Neither important nor not important | Not very important | Not important at all | I don’t have a view about it | Not answered |
| High quality clinical expertise. | 77% | 4% | 0% | 0% | 0% | 0% | 19% |
| Smooth journey from first appointment to after-care and support. | 57% | 22% | 1% | 0% | 0% | 1% | 19% |
| Getting to the hospital, including in an emergency. | 56% | 23% | 1% | 0% | 0% | 1% | 19% |
| Shorter waiting times at the hospital. | 42% | 31% | 6% | 1% | 0% | 1% | 19% |
| A caring experience at the hospital. | 60% | 19% | 2% | 0% | 0% | 0% | 19% |
| Good communication and information. | 65% | 15% | 0% | 0% | 0% | 0% | 19% |
| Person-to-person support when needed. | 52% | 26% | 2% | 0% | 0% | 0% | 20% |

* Table 18 demonstrates that all the statements made were seen as important or very important in terms of patient experience and should, therefore, all be incorporated into the development of the new centre.
* These include:
  + High quality clinical expertise.
  + Smooth journey from first appointment to after-care and support.
  + Getting to the hospital, including in an emergency.
  + Shorter waiting times at the hospital.
  + A caring experience at the hospital.
  + Good communication and information.
  + Person-to-person support when needed.
* Table 19 over the page states the reasons given in relation to improving patient experience of care.

**Q9. Please provide any other comments on improving the patient experience in the space below:**

Table 19 - Please provide any other comments on improving the patient experience in the space below

|  |  |
| --- | --- |
| **Coded Response** | **Number** |
| None | 1011 |
| Keep to appointment times / shorter waiting times | 154 |
| Better information on waiting times / duration so that patients and carers can make plans | 106 |
| Helpful, professional, friendly staff | 105 |
| Same or better care than Moorfields currently delivers | 87 |
| Better patient communication / letters / Email / phone | 86 |
| Better amenities ... food, beverages, wifi, TV and toilet facilities | 76 |
| More / comfortable seating for visitors | 71 |
| Clinical care should be the priority | 51 |
| More time for staff to listen to patients | 44 |
| **Total** | **1,511** |

* The most frequent comments in regard to improving patient experience were: keeping to appointment times; enabling shorter waiting times; helpful, professional, friendly staff; better information about waiting times and the duration of their appointment so that service users and carers can make plans based on total time needed at the hospital; better communication via all channels (range of letter templates as day stay letters had been sent for overnight stays, appointments in different buildings not being clearly shown etc) and; improved amenities such as wider choice of food, beverages and access to WIFI.
* Many responses relate to more detailed suggestions that should be taken into account to make the patient experience better for all.

**Section 4 - Developing our staff**

**Q10. In discussions so far, people are keen to know how we are supporting and developing our staff to create our proposed centre of excellence for the future.**

Table 20 - Please read each of the statements about developing our staff below and tell us how important they are in your view

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Response | Very important | Important | Neither important nor not important | Not very important | Not important at all | I don’t have a view about it | Not answered |
| A better working and learning environment. | 57% | 20% | 1% | 0% | 0% | 1% | 20% |
| Support for research and innovation. | 64% | 14% | 1% | 0% | 0% | 0% | 20% |
| Improving training opportunities and career progression. | 56% | 20% | 1% | 0% | 0% | 1% | 20% |
| More staff and volunteers trained in visual impairment awareness. | 53% | 23% | 2% | 0% | 0% | 1% | 20% |

* There high levels of agreement that all aspects stated are important in terms of supporting and developing staff to create a centre of excellence.
* These aspects include:
  + A better working and learning environment.
  + Support for research and innovation.
  + Improving training opportunities and career progression.
  + More staff and volunteers trained in visual impairment and awareness.
* Table 21 over the page lists the comments made in relation to supporting and developing staff.

**Q10. Please provide any other comments on developing our staff in the space below:**

Table 21 - Please provide any other comments on developing our staff in the space below

|  |  |
| --- | --- |
| **Coded Response** | **Number** |
| None | 1084 |
| Staff are polite professional and caring | 94 |
| Staff training is essential for development | 70 |
| Employers need to support their staff / treat them well / retention | 70 |
| Staff being sensitive to patient experience e.g. blind | 69 |
| Better working environment for staff attracts better staff | 56 |
| Staff need to deliver a service tailored to individual needs | 51 |
| Staff training to recognise sight issues | 39 |
| Integration between hospital and institute / scientists and clinicians - facilitates innovation / better treatment | 35 |
| Happy staff leads to better patient care | 34 |
| Need more staff | 34 |
| **Total** | **1,511** |

* The main comments in relation to supporting and developing staff were: current staff were polite, professional and caring which should be continued; staff should be sensitive to the patient experience of people with sight loss; employers should support staff and treat them well to encourage retention; training is an essential part of staff development and; linking into other Trusts/research facilities to enable learning.
* Many responses related to aspects the Moorfields can undertake to make the patient’s experience with staff better or to improve treatment and research.

**Section 5 - Planning for change**

**Q11. Please read each of the statements about planning for change below and tell us (by ticking one box for each) how important they are to you.**

Table 22 - Please read each of the statements about planning for change below and tell us (by ticking one box for each) how important they are to you

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Response | Very important | Important | Neither important nor not important | Not very important | Not important at all | I don’t have a view about it | Not answered |
| Well-planned information to let people know about the move in advance. | 65% | 24% | 2% | 0% | 0% | 1% | 7% |
| Emergency services at both sites for a period of transition. | 56% | 23% | 6% | 2% | 1% | 3% | 7% |
| Transportation provided between the current site and the new site for a period of transition. | 38% | 28% | 14% | 6% | 3% | 4% | 7% |
| Support for staff leading up to and during the transition period. | 53% | 32% | 4% | 1% | 0% | 2% | 7% |
| Clear information about how to get to the new site. | 73% | 17% | 2% | 0% | 0% | 1% | 7% |
| Additional support for those who need to learn how to access the new site. | 57% | 28% | 4% | 1% | 0% | 2% | 8% |
| Involving service users and staff in planning the new centre. | 56% | 29% | 5% | 1% | 1% | 1% | 7% |
| Other | 11% | 7% | 2% | 0% | 1% | 10% | 69% |

* In terms of planning for change, table 22 demonstrates that all aspects are seen as important to ensure a smooth transition to the new centre.
* These aspects include:
  + Well-planned information to let people know about the move in advance.
  + Emergency services at both sites for a period of transition.
  + Transportation provided between the current site and the new site for a period of transition (this had the highest level of neither important/unimportant at 14%).
  + Support staff leading up to and during the transition period.
  + Clear information about how to get to the new site.
  + Additional support for those who need to learn how to access the new site.
  + Involving service users and staff in planning the new centre.
* 12% (179) of respondents stated ‘other’ aspects that they perceive to be important and these are listed in Table 23 over the page.

**Q11 Other (please state)**

Table 23 – Other comments on planning for change

|  |  |
| --- | --- |
| **Coded Response** | **Number** |
| None | 1332 |
| Clear communication / Letters / email / publicity | 28 |
| Consult with and listen to public / patients about the layout | 28 |
| Consult with and listen to staff about the layout | 22 |
| Disability considerations | 20 |
| Just get on and do it | 18 |
| Access by public transport | 17 |
| Support the staff to provide good care | 17 |
| Transport from the patient area to the new site / TfL | 14 |
| Advertise the move well in advance | 14 |
| Less cramped building will improve patient care | 14 |
| Moorfields has delivered excellent care for many years | 14 |
| **Total** | **1,511** |

* The main comments in relation to planning for change were: the Trust should consult with the public and service users about the layout and design of the new centre; enable effective communications during the transition to keep people updated; listening to staff and taking on board their feedback and; considering the needs of those with disabilities in designing the centre and during the transition.

**Q12 Do you have any further comments on the future of eye care? (please state)**

Table 24 - Do you have any further comments on the future of eye care? (please state)

|  |  |
| --- | --- |
| **Coded Response** | **Number** |
| None | 1122 |
| Continue excellent world recognised care provided at Moorfields / keep Moorfields name | 128 |
| Fully support this initiative | 56 |
| Research and clinical together can directly impact patient care | 56 |
| Need to build in facility for research / new techniques such as gene transfer | 49 |
| Create a centre of excellence | 41 |
| Moorfields provides excellent care | 36 |
| Needs to be able to cope with future demand / old age | 33 |
| Provide a full explanation of the procedure to the patient / communication | 32 |
| Treating patients as individuals - not one size fits all | 26 |
| **Total** | **1,511** |

* This question generally provided positive feedback about Moorfields and the proposal to move to St Pancras and provide a centre of excellence.
* Some supporting arguments were made for various views and requests for further communication as things develop.

1. **Discussion Groups and Meetings Data**

The following sets out the list of discussion group notes supplied for analysis. Some groups were contacted to gather feedback specifically from those with protected characteristics in line with the Equality Act 2010. The column titled Specific Protected Characteristic Group highlights these groups and the characteristic they represent.

Table 25 – Details of groups held

| **No.** | **Date** | **Group Name** | **Specific Protected Characteristic Group** | **Group Description** | **Attendees** |
| --- | --- | --- | --- | --- | --- |
| 1 | 30/05/2019 | Moorfields staff | N/a | Consultation engagement with staff members | 15 |
| 2 | 04/06/2019 | Open Discussion | N/a | Open discussion, part of the set programme of publish dates. | 6 |
| 3 | 07/06/2019 | Moorfields staff | N/a | Consultation engagement with staff members | 7 |
| 4 | 10/06/2019 | Consultation engagement with the public | N/a | Public consultation group - St Pancras and Somers Town. | 1 |
| 5 | 10/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 6 |
| 6 | 11/06/2019 | Herts Valleys Patient Engagement Network | N/a | Patient and public consultation group in West Hertfordshire | 25 |
| 7 | 11/06/2019 | City and Hackney CCG PPI Committee meeting | N/a | N/A | 12 |
| 8 | 12/06/2019 | Staff engagement event | N/a | Staff engagement stand set up in the restaurant | 23 |
| 9 | 17/06/2019 | Open discussion hosted by Healthwatch Thurrock | N/a | Open discussion, part of the set programme of published dates. | 2 |
| 10 | 19/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 2 |
| 11 | 19/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 3 |
| 12 | 19/06/2019 | Moorfields Eye Charity | N/a | Oriel discussion as part of a monthly team update for Moorfields Eye Charity | 15 |
| 13 | 20/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 1 |
| 14 | 24/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 6 |
| 15 | 24/06/2019 | Newham PPG | N/a | Newham Patient Participant Group – volunteers from service users and carers of service users | 28 |
| 16 | 25/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 3 |
| 17 | 26/06/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 1 |
| 18 | 26/06/2019 | ELCI LOC | N/a | Local optical committee - independent, multiple and locum practitioners, optometrists and dispensing opticians | 33 |
| 19 | 01/07/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. Participant from Norfolk and Norwich Association for the Blind (NNAB) and the East of England network of vision charities | 1 |
| 20 | 02/07/2019 | Consultants’ Committee meeting | N/a | MCC Moorfields Consultants’ Committee Meeting | 8 |
| 21 | 03/07/2019 | Tower Hamlets CCG Commissioning Panel | N/a | Membership of the Commissioning Panel | 8 |
| 22 | 04/07/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 6 |
| 23 | 04/07/2019 | North Division Quality Forum | N/a | Mix of clinical staff from Moorfields network sites in north London and northern home counties. | 14 |
| 24 | 04/07/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. | 4 |
| 25 | W/C 08/07/2019 | Oriel staff – intensification week engagement with staff and service users | N/a | Staff in the main entrance of the hospital to obtain public feedback | 300 |
| 26 | 08/07/2019 | Newham Council and CCG Co-production Forum | N/a | Membership of the Co-production forum of Newham. Membership includes statutory bodies and voluntary sector and BAME groups. | 21 |
| 27 | 09/07/2019 | Staff discussion at Clinical Governance Day | N/a | Oriel discussion as part of a wider clinical governance day for Moorfields staff at Ealing. | 45 |
| 28 | 10/07/2019 | Moorfields AGM | N/a | Membership Council and Oriel team conversations with audience | 150 |
| 29 | 10/07/2019 | Waltham Forest CCG Patient Reference Group (PRG) | N/a | Membership of the PRG is representative of the diverse communities of Waltham Forest, Membership includes statutory bodies and voluntary sector. | 12 |
| 30 | 11/07/2019 | Moorfields staff | N/a | Conducted as a part of staff engagement | 40 |
| 31 | 15/07/2019 | Regular Team Meeting | N/a | Oriel discussion as part of a team meeting held by the Quality, Safety and Risk Team | 12 |
| 32 | 16/07/2019 | South Division Quality Forum | N/a | Mix of clinical staff from Moorfields network sites in south London. | 14 |
| 33 | 16/07/2019 | Thurrock CCG Commissioning Reference Group (CRG) | N/a | Membership of the CRG is representative of the community of Thurrock | 15 |
| 34 | 16/07/2019 | National Institute of Health Research | N/a | Not stated | 2 |
| 35 | 23/07/2019 | UCL | N/a | The UCL Institute of Ophthalmology delivers world class ophthalmic education and produces transformational research in ophthalmology and eye health together with Moorfields Eye Hospital. | 18 |
| 36 | 24/07/2019 | UCL | N/a | The UCL Institute of Ophthalmology delivers world class ophthalmic education, and produces transformational research in ophthalmology and eye health together with Moorfields Eye Hospital. | 12 |
| 37 | 29/07/2019 | Clinical support services Meeting | N/a | Oriel discussion as part of a team meeting held by the clinical support service leads | 12 |
| 38 | 31/07/2019 | Accessibility workshop | N/a | Moorfields Eye Hospital, Oriel Advisory Group and RNIB representatives | 17 |
| 39 | 02/08/2019 | Chief Executive Team Brief | N/a | Oriel discussion as part of a monthly team update hosted by David Probert, CEO of Moorfields. | 25 |
| 40 | 04/08/2019 | OAG member | N/a | OAG member who did the walk to the proposed new site independently as couldn’t attend meeting | 1 |
| 41 | 08/08/2019 | North Central London STP Engagement Advisory Group. This covers the Clinical Commissioning Groups of Barnet, Enfield, Haringey, Camden and Islington. | N/a | North Central London STP Engagement Advisory Group. This covers the Clinical Commissioning Groups (CCGs) of Barnet, Enfield, Haringey, Camden and Islington. | 15 |
| 42 | 10/08/2019 | Admin support staff meeting | N/a | Oriel discussion as part of a monthly team update. | 5 |
| 43 | W/C 12/08/2019 | Oriel staff – intensification week engagement with staff and service users | N/a | Staff in the main entrance of the hospital to obtain public feedback | 150 |
| 44 | 13/08/2019 | Staff discussion at Clinical Governance Day | N/a | Oriel discussion as part of a wider clinical governance day for Moorfields staff at Darent Valley. | 22 |
| 45 | 13/08/2019 | Camden Patient and Public Engagement Group (CPPEG) open meeting | N/a | Camden Patient and Public Engagement Group (CPPEG) open meeting has patient representatives from the practices across Camden plus representatives from Camden Council and Camden Governing Body lay member. | 38 |
| 46 | 15/08/2019 | Staff discussion at Clinical Governance Day | N/a | Oriel discussion as part of a wider clinical governance day for Moorfields staff working at Croydon and St George’s. | 75 |
| 47 | 03/09/2019 | Hillview Surgery PPG | N/a | Hillview Surgery PPG comprised 15 attendees, including service users and GPs, 3-5 of which were familiar with Moorfields | 15 |
| 48 | 04/09/2019 | PPI group with diverse representation | N/a | The group represents service users registered to the Greenford Road Medical Centre. It is supported by Ealing CCG. | 12 |
| 49 | W/C 09/09/2019 | Oriel staff – intensification week engagement with staff and service users | N/a | Staff in the main entrance of the hospital to obtain public feedback | 500 |
| 50 | 10/09/2019 | Ealing Patient Engagement Reference Forum | N/a | PERF is one of the main patient public engagement structures in Ealing CCG. Membership consists of PPG representatives, voluntary community sector organisations, Healthwatch Ealing, adult and young people with learning disabilities and Ealing CCG staff. | 10 |
| 51 | 10/09/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. With Moorfields service users | 2 |
| 52 | 12/09/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. With Moorfields service users | 5 |
| 53 | 13/09/2019 | Staff | N/a | Northwick Park is part of the Moorfields network, in the North Division. | 38 |
| 54 | 13/09/2019 | Open discussion | N/a | Open discussion, part of the set programme of published dates. Health equipment supplier Ocura | 1 |
| 55 | 16/09/2019 | Central Bedfordshire Social Care Health and Housing Overview and Scrutiny Committee | N/a | Not stated | Not stated |
| 56 | 19/09/2019 | INEL JHOSC | N/a | Not stated | 20 |
| **People with Protected Characteristics** | | | | | |
| 1 | 03/04/2019 | Age UK Milton Keynes | Age | Community group for older people | 26 |
| 2 | 19/02/2019 | Visually Impaired in Camden | Age | Representatives of retired community with sight loss | 6 |
| 3 | 29/05/2019 | National Federation of the Blind | Disability | London branch of national organisation | 19 |
| 4 | 11/12/2018 | Oriel – Meeting of Community Commissioning Panel at Tower Hamlets CCG | BAME | CCG meeting | 8 |
| 5 | 11/03/2019 | BeMoor | BAME | Staff BAME Moorfields Network | 9 |
| 6 | 06/09/2019 | BeMoor | BAME | Internal Staff BAME Moorfields Network. | 7 |
| 7 | 18/09/2019 | Standing together (domestic violence charity) | Domestic violence | ‘Standing together against domestic violence’ support organisations to identify and respond effectively to domestic violence | 2 |
| 8 | 13/03/2019 | AgeUK Milton Keynes | Age | Local charity supporting older people | 26 |
| 9 | 20/08/2019 | Ageing Well Together | Age | A community group for older people living in and around the King’s Cross area. | 15 |
| 10 | 04/09/2019 | City and Hackney Older Person’s Reference Group (OPRG) | Age | City and Hackney OPRG has been raising a collective voice for older people to assert their points of view – the advisory group is the board which looks after the OPRG and represents their interests. | 12 |
| 11 | 05/09/2019 | NE London Older People’s Reference Group | Age | The Reference Group is part of a co-production strategy for Newham supported by Age UK, Newham Council and CCG. | 70 |
| 12 | 16/09/2019 | Tower Hamlets Older People’s Reference Group | Age | The Reference Group is part of a co-production strategy supported by Age UK, Tower Hamlets Council and CCG. | 15 |
| 13 | 02/01/2019 | Richard Desmond Children’s Eye Centre | Age | Feedback from service users and staff at Richard Desmond Children’s Eye Centre | 12 |
| 14 | 09/07/2019 | New College – students | Age, disability | New College Worcester is a national residential school and college for young people who are blind or visually impaired. | 8 |
| 15 | 09/07/2019 | New College - staff | Age, Disability | New College Worcester is a national residential school and college for young people who are blind or visually impaired. | 6 |
| 16 | 10/09/2019 | Cardboard Citizens | Homeless | Cardboard Citizens is a charity which supports homeless people. | 2 |
| 17 | 18/09/2019 | The Big Issue North | Homeless | The Big Issue offers employment opportunities and support to the homeless | 2 |
| 18 | 26/07/2019 | Transpire Transgender Support network | LGBT+ | The group includes people who identify as LGBT+IAQ – lesbian, gay, bisexual, transgender, intersex, asexual, ally, queer, questioning and pansexual, all of which may be summarised as sexual gender diversity. | 30 |
| 19 | 09/09/2019 | The LGBT+ Foundation | LGBT+ | LGBT+ Foundation is a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (LGBT+) communities. | 2 |
| 20 | 11/09/2019 | LGBT+ person | LGBT+ | N/A | 1 |
| 21 | 12/09/2019 | MoorPride | LGBT+ | Staff and patient LGBT+ network | 3 |
| 22 | 03/06/2019 | HIVE (Hackney Informed Voices Enterprise) | Learning disability | HIVE is a local social enterprise made up of people with a learning disability | 9 |
| 23 | 13/03/2019 | MoorAbility | Disability | Staff disability network | 8 |
| 24 | 30/08/2019 | MoorAbility | Disability | MoorAbility provides a platform for staff with a disability to provide feedback to the trust to advance equality. | 6 |
| 25 | 04/07/2019 | East London Vision | Disability | As part of the Moorfields consultation, a focus group with East London Vision | 4 |
| 26 | 04/09/2019 | Blind Mums Connect | Disability  Maternity/Sight loss | Moorfield patient, with children who were service users and has an equalities and partnership role. Spokesperson for Essex County Council on disability and trustee of Guide Dogs UK and Blind Mums Connect | 1 |
| 27 | 12/09/2019 | Action on Hearing Loss | Disability | The largest charity for people with hearing loss in the UK | 1 |
| 28 | 16/09/2019 | Blind Mums Connect | Disability  Maternity | As before | 2 |
| 29 | 20/09/2019 | Sense | Disability | Sense is a registered charity. ‘For everyone living with complex disabilities. For everyone who is deafblind. | 2 |
| 30 | 29/05/2019 | National Federation for the Blind | Sight loss | Membership organisation for blind and partially sighted people | 19 |
| 31 | 13/06/2019 | Beyond Sight Loss | Sight loss | Focus group with sight loss at Tower Hamlets | 27 |
| 32 | 13/06/2019 | Individual from Tower Hamlets | Sight loss | Proposal discussion with individual with sight loss | 1 |
| 33 | 20/06/2019 | MK Vision Impairment Support Group | Sight loss | BucksVision is a charity supporting people with sight loss across Buckinghamshire and Milton Keynes | 17 |
| 34 | 20/06/2019 | VICTA | Sight loss | VICTA supports blind and partially sighted children, young people and their families | 4 |
| 35 | 04/07/2019 | Esme’s Umbrella | Sight loss | Support network and campaign to increase awareness of Charles Bonnet Syndrome (CBS). | 2 |
| 36 | 05/07/2019 | OcuMel Annual Conference – arranged by the charity OcuMel to discuss ocular melanoma | Sight loss | A charity to support people with Ocular Melanoma (eye cancer) and their families | 100 |
| 37 | 12/07/2019 | Royal Society for Blind Children | Age  Sight loss | The Royal Society for Blind Children provide a range of services in London and across England and Wales for blind and partially sighted children | 4 |
| 38 | 13/07/2019 | Beyond Sight Loss - Tower Hamlets | Sight loss | Beyond Sight Loss – Tower Hamlets - support for people with sight loss | 60 |
| 39 | 13/06/2019 | OculMel UK Patient/Charity Engagement | Sight loss | OculMel UK is a registered charity run by eye cancer service users and family members. | 2 |
| 40 | 25/07/2019 | Guide Dogs | Sight loss | Guide Dogs is a national voluntary organisation and the world’s largest breeder and trainer of working dogs. | 2 |
| 41 | 08/08/2019 | Individual with Charles Bonnet Syndrome | Sight loss | Member of campaign to increase awareness of Charles Bonnet Syndrome (CBS), also suffers from CBS. | 1 |
| 42 | 20/08/2019 | Seeability | Sight loss | SeeAbility is registered UK charity that supports people with sight loss and multiple disabilities, including learning and physical disabilities | 6 |
| 43 | 12/09/2019 | Bexley MENCAP | Disability | Local representative group for people with learning disabilities | 40 |

The most common 10 themes that have emerged from the discussions held by the focus groups have been identified, as shown in Table 26. A full breakdown of all themes can be provided upon request. Feedback was collated on a group basis from each event and themes were analysed for each group. Therefore the highest number of themes is 99.

**Views on the proposal to move City Road services**

Table 26 – views on proposal to move City Road Services

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **No. of sessions where this issue was noted** |
| Good proposal / like the proposal | 54 |
| Proposal is exciting / get on with it | 26 |
| Current facility in need of modernisation / run down | 26 |
| Should benefit service users /staff | 21 |
| A new facility is the catalyst for better services / new treatment | 16 |
| King’s Cross is easy to get to / transport hub | 14 |
| A specialist hospital needs purpose built facilities | 13 |
| Need to engage with more service users / sight loss / public / keep us updated / act on feedback | 11 |
| King’s Cross too busy / crowded / scary for some people / Perceptions around the potential risk of crime | 10 |
| Travel may be more difficult / expensive for me | 7 |
| **Total (all groups)** | **99** |

The feedback from the majority of groups was that most are in favour of building a new centre. Some described the proposal as “exciting” and encouraged the Trust to ‘get on and build it’.

There were concerns that the existing site was very run down and in need of modernisation. It was stated that the current site is also ‘a bit of a rabbit warren’ and hard to navigate. Some felt that the new centre should benefit both service users and staff, in that a specialist and highly regarded hospital such as Moorfields needs to have purpose built facilities.

There were also comments stating that a new centre would be the catalyst needed to enable investment in improved services and treatments.

It was highlighted that the King’s Cross area is a transport hub, which should make the new centre easy to access. King’s Cross was highlighted as a good and upwardly mobile area by some. However, some people expressed concern about the busy nature of King’s Cross and that some service users may feel frightened by such a crowded area and some would worry about the potential risk of crime.

There were concerns about the proposed new site being further to travel to and costing more to get there. There were specific comments relating to the difficulty of travelling the last half mile from the station to the hospital. It was recognised that travel may be more difficult for some service users, but many felt that this should not be more important than providing good care and a good service.

It was mentioned that a new centre is important to allow Moorfields to expand and cope with future demand from population growth and a growing older demographic. From a research point of view, it was mentioned that moving Moorfields to the new site would open up the opportunity to work more closely with other related organisations such as the Francis Crick Institute and UCL.

People were keen to see the Trust engage with service users, those with sight loss and the public to keep everyone updated with the progress of plans and to act on feedback. Some people were worried that the Moorfields network sites could be adversely affected and stated that these should continue, as care should be provided as close to home where appropriate.

There were complimentary comments about the extensive scope of the consultation and the lengths the consulting organisations have gone to in order to make it inclusive, e.g. provision of Easy Read versions.

**Views on the proposal to locate the centre at St Pancras hospital OR whether it should be at another site.**

Table 27 – Views on the proposal to locate the centre at St Pancras hospital OR whether it should be at another site

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| None | 80 |
| New site is easy to get to / public transport / no difference | 6 |
| St Pancras a great location for a centre of excellence | 5 |
| King’s Cross is busy and crowded - not good for disabilities, dementia or language issues / at night / perceptions of crime | 4 |
| St Pancras ideally located for research and international opportunities | 4 |
| Organisations (Guide dogs / RNIB) offer help and assistance for travel | 4 |
| Too far to walk but believe you are looking into solutions for this | 3 |
| **Total (all groups)** | **99** |

Overall the feedback from most groups did not provide other suggestions to the St Pancras site.

Some felt that St Pancras was a good location for a centre of excellence as it was in central London and close to other institutions. In addition, it was perceived to be a good location for its international involvement and had benefits for research.

It was pointed out that some organisations, such Guide Dogs and RNIB offer help and assistance for travel for people with sight loss.

There were concerns that King’s Cross is too busy and crowded for people with disabilities, dementia or language issues to negotiate, particularly at night. This included concerns for safety and perceptions that some people may be vulnerable to crime.

**What is important in terms of accessibility, such as signage and help to get around.**

Table 28 – Views on what is important in terms of accessibility, such as signage and help to get around

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| Better signage to the hospital / language issues / large print / layout map / talking lamp posts / GPS beacons | 39 |
| Designed with accessibility for visually impaired, deaf and blind in mind / extensive review / involve users / consider dilated pupils / other health conditions | 34 |
| Green line to follow from stations to hospital / within the hospital / tactile / cats’ eyes | 29 |
| Hi tech new centre but user friendly / colour schemes for different clinics / audio assistance buttons around the hospital | 26 |
| Look at bus routes and re-direct / buses could stop right outside hospital / currently only single decker / talk to TfL / special (different colour) buses | 21 |
| Better lighting at night / not too bright as difficult for navigation | 21 |
| None | 20 |
| Good that the new site is near a transport hub | 15 |
| Concerned about walking around King’s Cross at night / perceptions of crime / vulnerable | 13 |
| Mobility issues - too far to walk / last half mile | 12 |
| **Total (all groups)** | **99** |

Accessibility, both in terms of travelling to the new centre and navigating around the new centre, was identified as important by many of the groups. Signage was seen to be important along with maps, visually enhanced print and technological signposting using tools such as talking lamp posts and smart phone-based GPS systems. The green line painted on the pavement from local stations to the hospital was highlighted as a key assistance mechanism as well as aspects such as cat’s eyes and tactile flooring, which could be repeated inside the hospital using different colours to locate certain clinics.

It is felt that the new centre should be designed with people with sight loss in mind and service users should be involved in developing these concepts. Also, all health conditions and disabilities should be considered, not just sight loss, to ensure it is accessible for all. It was stated that even though the new centre will incorporate high tech solutions, low tech that works should not be dismissed as it is practical and not all users are tech savvy. These low tech aspects include: printed maps, signposts, human contact, coloured lines, colour coded clinics and other solutions that do not require screens or apps.

Although some stated that having the new centre close to a transport hub should make getting there easier, it was pointed out that the current bus services would need to be re-routed to the hospital and that Moorfields would need to work closely with Transport for London (TfL).

There were concerns voiced for vulnerable people walking around King’s Cross at night and potentially being subjected to crime. It was suggested that lighting needs to be looked into and specifically lighting that helps people with sight loss. Assistance would also be necessary for those who would find the last half a mile walk to the new centre to be too difficult.

**Views on travelling to the new site, such as costing more or walking further.**

Table 29 – Views on travelling to the new site, such as costing more or walking further

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| None | 68 |
| Shuttle service would be good | 16 |
| Support co-ordinating with public transport | 14 |
| A green line / signposting from the station | 10 |
| Create a tactile route | 8 |
| Meet, greet and assistance / manned information desk / volunteers at King’s Cross for walking service users | 8 |
| King’s Cross / stations is / are large, noisy, complex and confusing - you can get lost /scared | 8 |
| Adequate parking / blue badge holders | 8 |
| Have difficulty walking / more than 15 minutes / need to walk further | 7 |
| Re route the bus service to the hospital | 6 |
| Buses preferable for sight loss | 6 |
| Crossing roads is frightening / dangerous for people with sight loss | 6 |
| **Total (all groups)** | **99** |

There were views that being close to two main line stations should improve accessibility for many people. However, there were concerns that getting from the station to the new centre could potentially be challenging given the current built environment.

The themes discussed amongst the groups, therefore, tended to concentrate on the changes that could be made to “bridge this gap”. Some suggested that the Trust could introduce a shuttle service from the hospital to the nearby transport hubs. It was suggested that the Trust should work closely with Transport for London to ensure clear signposting and announcements at public transport points. It was suggested that there could be a meet and greet facility offering support at the transport hubs.

Signposting to the new centre could include the painted green line from the hospital, which many service users are familiar with using. An alternative mentioned was the use of tactile flooring to sign the way.

There were concerns about the busy nature of King’s Cross itself as well as the stations which are noisy, complex and potentially confusing. Some service users would have difficulty walking the estimated 15 minutes between the station and the new centre. It was pointed out that bus travel is better than train or tube travel for some people and therefore, reviews and discussions with TfL about local bus routes should be explored. Some mentioned the need to reduce the number of crossings as some people with sight loss find that crossing roads is dangerous and frightening.

**Views on what is important in terms of patient experience, such as clinical quality and consistent care.**

Table 30 - Views on what is important in terms of patient experience, such as clinical quality and consistent care

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| None | 28 |
| Patient facilities : TV, toilet, toys, books, vending machine, wifi, children’s play areas | 16 |
| Service users need comfortable surroundings / not in the basement / windows / ventilation | 15 |
| Long waiting times / better waiting times | 15 |
| Better building would help staff | 12 |
| Coffee/restaurant service is needed which is affordable / sponsored / leased | 12 |
| More joined up care and connections to wider expertise e.g. for Bells Palsy connection to neurology and physiotherapy / voluntary sector / charity | 12 |
| Hospital visits / Bad news can cause stress and anxiety | 11 |
| Staff need to treat people in a friendly and helpful way | 11 |
| Volunteers / intervention support service / here to help T shirt | 11 |
| **Total (all groups)** | **99** |

To support a positive service user experience, feedback from groups highlighted that high quality patient facilities was important. Some felt the waiting area was important and that all such areas should provide a good standard of comfort with toilets close by, so people don’t risk missing an appointment. With reference to the current facilities at City Road, some groups felt that waiting areas should not be in the basement and should have natural light from windows and good ventilation.

Some comments related to the current long waiting times that can arise, which can make planning a day difficult. Some suggested that offering appointments across a wider range of times through the day would be beneficial for those who would prefer to avoid having to travel at rush hour when public transport is very busy. It was also noted that service users wanted to beg kept informed about delays and how much longer they would have to wait so they could plan accordingly.

A purpose-built building would immediately improve the patient experience in the view of some groups. Having a reasonable and affordable restaurant or coffee house would also provide service users with a better experience.

Enhanced joined up care for service users was seen as important. Support functions being close by can make the patient journey smoother and lends itself to combining multiple clinic appointments on the same day. This approach can also include support from voluntary or charity organisations where locality allows.

Removing the stress of hospital visits and providing a more suitable environment for receiving bad news were mentioned. This aspect includes staff empathy and having quiet areas inside or outside the hospital to sit and reflect.

**Views on what is important on supporting staff, such as a better working environment, training and research**

Table 31 - Views on what is important on supporting staff, such as a better working environment, training and research

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| None | 80 |
| Consolidating research is a great benefit to service users / service users need to recognise this | 5 |
| Need to protect Moorfields for the future / space to expand | 4 |
| New centre good for staff retention / acquisition | 3 |
| Charities would benefit from having more information about what is coming through in research, partly to encourage hope and partly to facilitate opportunities for service users to get on to research programmes. | 3 |
| Could some of the specialist equipment not be bought and given to the local hubs so that we are able to treat some of our service users closer to home? | 3 |
| Better comfort for staff and service users | 3 |
| Staff need private space away from service users / after giving bad news | 3 |
| **Total (all groups)** | **99** |

It was felt that to protect Moorfields for the future then it needs the space to expand facilities. A new centre was also thought to be good for staff morale and would help staff retention as people prefer to work in a modern professional environment.

A closer link with charities was seen as important as it would help to encourage feelings of hope if representatives of charities are able to discuss new treatments coming through with people. It may also help service users get on to research programmes and trials, if charity representatives are aware of these when supporting service users.

There were some requests relating to any equipment no longer needed from City Road being redistributed around the Moorfields hubs to provide them with better facilities. It was felt that this approach would also help to deliver care closer to home.

More comfortable facilities for both service users and staff were mentioned. Having a quiet area when giving or receiving bad news was also seen as important. Some people were keen to stress that it affects the giver of bad news as well as the receiver.

**What is important in terms of change, such as well-planned information, emergency services at both sites**

Table 32 - What is important in terms of change, such as well-planned information, emergency services at both sites

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| None | 50 |
| Important to communicate changes to service users / letters / word of mouth / text message | 14 |
| Include visually impaired, disabled and protected characteristics service users in the design of the new centre | 7 |
| Good to have more space / Space refocus - greater area covered | 6 |
| Audio about the new centre and layout / map / on the website | 6 |
| Lighting considerations / natural light would be good | 5 |
| Important to consider background colours and lettering | 5 |
| Gradual transition of services / less disruption | 5 |
| How long will it take / provide timelines | 5 |
| **Total (all groups)** | **99** |

Some groups thought communication of progress on changes as they happen, was important. As the move is planned in stages, keeping Moorfields City Road site open as the new site emerges, it is important that service users know if they need to attend the old or new site and where to go.

A multi-channel approach was recommended as some service users will be reached better by text while others will prefer a phone call or a letter. The gradual move of services over time was commended as it allowed continuation of care in the event of delays. Timelines should be provided and updated as the new centre emerges.

Some groups expressed the need to include disabled and protected characteristics groups in the design of the new centre. It was felt that no-one knows better about what is accessible and what doesn’t work than the users themselves.

There was support for having more space available so Moorfields can grow and cover a larger area. It was felt that departments can be more logically organised making the new centre easier for the service users to access and staff to operate. It should also be more efficient overall.

It was felt by some that Moorfields should produce an audio guide and maps, which could be available on the website. This would help service users understand more about the hospital and how to navigate the building before their appointment.

The use of light and colours in the design of the new centre was discussed in some groups. They felt that natural light should be provided wherever possible. White and plain light colours should be avoided as they are difficult for visually impaired people to see. Green and blue are better colours to use. It was stated that glass doors should be avoided.

**Was there a consensus on the proposal to move to St Pancras by the group?**

Table 33 – Was there a consensus on the proposal to move to St Pancras by the group?

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| Supportive of proposal | 54 |
| None | 40 |
| Optimistic that this would bring improvements to the service. | 7 |
| Don't know if they support proposal | 6 |
| Halfway to supporting / need further information | 6 |
| If appropriate amount of thought is put into transport, accessibility and patient care, that it could prove successful. | 6 |
| Engage with groups across society to ensure it is inclusive | 5 |
| Wanted more information | 4 |
| Are you changing network sites / hubs | 4 |
| Keen to work closely with Moorfields in future | 4 |
| What percentage / size of the site will new Moorfields occupy / 2 acres of 5 acre site | 4 |
| **Total (all groups)** | **99** |

The majority of groups were supportive of the proposal to build a new centre at St Pancras. Over a third of groups did not comment on their preference. Others are still uncertain about the move.

Some groups felt that the move would bring improvements to the service. They felt it would be successful if thought is put into transport, accessibility and patient care. Some groups suggested that the Trust should engage with all groups in society to ensure that the new centre is inclusive.

There were some requests for additional information, especially as the plans develop. Some groups wanted to know how big the footprint on the site would be and these questions were answered by staff representatives at the groups.

Some concern was expressed about how the new centre will affect the hubs in the wider Moorfields network. There were concerns they would change as a result of the new facility.

Some of the groups expressed interest in engaging with the Trust to help with the future process.

**Views or opinions not covered above**

Table 34 – Views or opinions not covered above

|  |  |
| --- | --- |
| **Common themes stated by the most groups** | **Overall** |
| None | 58 |
| How long will it take to build / timescales | 7 |
| What will happen to the network sites / hubs | 6 |
| What is being done about the long walk | 4 |
| What will be done with City Road site | 4 |
| Will there be work done on the signage at King’s Cross/St Pancras for visually impaired? | 4 |
| The new site is an excellent location for staff, research fellows and the many people who visit from all over the world | 4 |
| Research and academic achievement are very important for the development of good eye care. E.g. Stem cell | 4 |
| More local care to avoid travel | 4 |
| Users / carers - with various levels of sight loss should be involved in the design / throughout | 4 |
| **Total (all groups)** | **99** |

A series of questions regarding the project were asked. Such areas as: timescales; what will happen to other Moorfields sites ; what is being done to help service users get from the station to the hospital; what are the future plans for the City Road site and; will there be improved signage for the visually impaired at King’s Cross. Some of these repeated questions asked in earlier sections of other focus group discussions.

There were some messages of support, particularly around: the site being ideal for a world renowned centre of excellence; research facilities in the King’s Cross area and; the importance of research in developing new treatments for eye care.

The importance of having a local facility to reduce the need to travel was raised as well as the inclusion of service users in the design of the new facility.

1. **Responses from Professional Groups**

The following sets out the list of official responses, emails and letters supplied for analysis from identified professional groups.

Table 35

| **No.** | **Date** | **Document Type** | **Organisation** | **Group Type** |
| --- | --- | --- | --- | --- |
| 1 | 23/01/2019 | Minutes of Committee Meeting | Ealing / NW London - Governing Body | CCG |
| 2 | 11/09/2019 | Meeting Notes | Ealing Governing Body | CCG |
| 3 | 13/09/2019 | Official Response | East and North Hertfordshire CCG | CCG |
| 4 | 16/09/2019 | Official Response | Herts Valley CCG | CCG |
| 5 | 28/02/2019 | Minutes of Committee Meeting | Herts Valleys CCG Board Meeting | CCG |
| 6 | 05/09/2019 | Meeting Notes | NCL Governing Body | CCG |
| 7 | 18/07/2019 | Minutes of Committee Meeting | North West Camden Locality | CCG |
| 8 | 16/09/2019 | Official Response | South East London CCG's | CCG |
| 9 | 17/09/2019 | Public statement | International Glaucoma Association | Charity |
| 10 | 16/09/2019 | Official Response | RNIB | Charity |
| 11 | 28/05/2019 | Official Response | Visually Impaired Camden | Charity |
| 12 | 26/06/2019 | Minutes of Committee Meeting | Dorset Council Health Scrutiny Committee | Council |
| 13 | 20/08/2019 | Official Response | External Services and Select Committee at London Borough of Hillingdon | Council |
| 14 | 11/07/2019 | Minutes of Committee Meeting | Hertfordshire County Council - Health Scrutiny Committee | Council |
| 15 | 12/06/2019 | Minutes of Committee Meeting | Hillingdon Council - External Services Select Committee | Council |
| 16 | 17/09/2019 | Email from Councillor | Islington Council | Council |
| 17 | 08/10/2019 | Letter of Support | London Borough of Camden | Council |
| 18 | 25/07/2019 | Meeting Notes | NCL JOSC - Cllr Kelly | Council |
| 19 | 21/06/2019 | Minutes of Committee Meeting | North Central London JHOSC | Council |
| 20 | 18/09/2019 | Email from Councillor | St Pancras and Somers Town Ward | Council |
| 21 | 11/07/2019 | Minutes of Committee Meeting | Suffolk Health Scrutiny Committee | Council |
| 22 | 12/09/2019 | Official Response | Healthwatch Hertfordshire | Healthwatch |
| 23 | 13/09/2019 | Official Response | Healthwatch Islington | Healthwatch |
| 24 | 19/09/2019 | Official Response | Mayor of London | Mayor |
| 25 | 15/08/2019 | Official Response | Health Education England | NHS |
| 26 | 03/09/2019 | Official Response | Moorfields Eye Hospital NHS  Foundation Trust Membership Council | NHS Trust |
| 27 | 18/07/2019 | Minutes of Committee Meeting | Moorfields Eye Hospital NHS Foundation Trust Membership Council | NHS Trust |
| 28 | 12/09/1019 | Official Response | Moorfields Alumni Association | Staff |
| 29 | 13/09/2019 | Meeting Notes | Staff Feedback Current Outpatients service users Clinics | Staff |

The following pages set out a summary of findings from each of these responses with the full response forming part of the consultation. The main themes from these responses have been included in the Summary of Findings section.

**Minutes – Governing Body Public Meeting – 23/01/2019**

* Background information on Moorfields Eye Hospital was provided to the committee.
* Request to know the governance process involved.
* Asked whether existing network services would continue.
* Financial considerations were discussed.
* Asked about the St Pancras transformation programme and if there were any risks to this not happening.

**Official Response – East and North Hertfordshire CCG – 13/09/2019**

* Welcome the opportunity to respond and have encouraged local residents to do so too.
* CCG agrees that the Moorfields City Road premises is no longer fit for purpose and has no room for future development.
* Current site does not offer the maximum possible benefits for future eye health.
* New premises allow advances in technology to be used to their full potential, and improve outcomes for our service users with complex eye conditions.
* The site put forward is close to good transport links for service users coming to use the service from this part of Hertfordshire.
* Would not anticipate any additional access problems for Hertfordshire service users.
* Implementation plan should include careful consideration into wayfinding and patient and carer support from transport hubs to the new centre.
* Would be happy to provide input from Hertfordshire service users into the delivery plan to make sure that relevant needs are considered.
* Updated facilities would promote developments in research and education for ophthalmologists and reinforce Moorfields’ worldwide reputation as a leading specialist centre.
* We expect that these developments would also support improvements in our local services, as well as nationally.
* As a CCG we would want ophthalmology service users managed locally where clinically appropriate.
* Many of our residents rely not only on the expertise provided at Moorfields central site, but also at the outreach clinics that are provided at Potters Bar Community Hospital in Hertfordshire.
* We are keen to ensure that this local access continues as a key part of the Moorfields service.

**Official Response – Herts Valley CCG – 16/09/2019**

* Herts Valleys CCG understands the proposals to relocate Moorfields Eye Hospital.
* The proposals were shared with Herts Valleys CCG Board who compiled this response.
* We note that proposals were presented to the Hertfordshire County Council health scrutiny committee in July 2019, and received support.
* The CCG supports the proposed move and creation of a new facility as described.
* Recognise that improved pathways will be part of the new approach and support the creation of a new education and research facility.
* Understand the value of a modern and new environment for service users.
* We also see the benefit of being located close to other health service facilities.
* Most of the service users coming from our area – west Hertfordshire – will find travel to the new centre, more convenient than to the current site.
* However, we have recently procured a community ophthalmology service across west Hertfordshire that we expect will impact directly on the amount of activity that will flow to directly into Moorfields Eye Hospital in the near future.
* This ophthalmology service launched in January 2019 and is commissioned to be the single point access for all referrals from GPs and optometrists to provide enhanced community ophthalmology care.
* This includes pre-assessment and post-operative follow ups for cataract, treatment for glaucoma, minor eye procedures and will be launching diagnosis and treatment for wet AMD service users (from Jan 2020).
* Links to the local services and pathways remain important.
* Moorfields Eye Hospital will remain as one of the acute providers of choice should service users require onward referral from community services whether that is from CCG commissioned community ophthalmology provider or following diabetic retinal screening.
* CCG are pleased to see plans for continued public engagement are already underway and would like to see this continue through the whole process of change, and beyond.
* Continued engagement with the CCG is also key.
* Want to see detailed financial and activity planning and to see the programme of change linking in with our local long term plan.
* Will also need to understand any other changes that may be put in place, aside from the physical re-location of the service, including ICT, pathways etc.

**Minutes – Herts Valleys CCG Board Meeting – 28/02/2019**

* Background information on Moorfields Eye Hospital was provided to the Board.
* The proposal was discussed and further clarified. Requested confirmation of the split of Herts Valleys’ service users seen at the City Road and Potters Bar sites.
* Noted that Moorfields had engaged with over one thousand service users, public and staff since 2012 and most participants in discussions were supportive of the proposed move.
* The key issues for service users and carers were:
  + Accessibility.
  + Improved patient experience.
  + Shorter waiting times.
  + More comfortable waiting environment.

**Minutes – North West Camden Locality Committee in Common – 18/07/2019**

* Background information on Moorfields Eye Hospital consultation was provided to the Committee.
* Members suggested a shuttle-bus from King’s Cross station to the new site.

**Official Response – South East London CCGs – 16/09/2019**

* .We have shared information about the consultation widely, including with our partner NHS organisations, with the Joint Health Overview and Scrutiny Committee (JHOSC), which is a joint committee of the south east London Local Authorities, and with our Public and Patient Advisory Group (PPAG), which includes a representative from the visually impaired community.
* There was general support for Moorfields moving to more modern premises.
* In general, the number of south east London residents accessing care at Moorfields is very small and often relates to on-going treatment or service users who work in north London.
* The proposed new site is within easy travelling distance and is at most a small additional travel time (two stops on the northern line) with easier travel from those parts of south east London which have a direct train route into St Pancras (Thameslink).
* Remain comfortable with the proposals.

**International Glaucoma Association public statement – 17/09/2019**

* The IGA supports Moorfields proposal to move services to a new site near St Pancras.
* The current site at City Road is dated, and no longer fit for purpose.
* Service users find the site cramped and as a result, appointments are more stressful than they might otherwise be.
* We recognise that other options will result in inevitable compromises regarding the services Moorfields can offer in the future:
  + For example, re-developing the existing site is likely to result in disruption to care for service users, while limiting the ability to redesign services and integrate research into patient services.
* We judge the new site will be more accessible for service users both to reach and to navigate.
* The new site should ensure the hospital can continue to develop and deliver outstanding eye care and ophthalmological research.
* We recognise that the new site will involve significant financial outlay, but we believe that the anticipated improvement in patient services and the sale of the current City Road site will compensate sufficiently for this.

**Official Response – RNIB – 16/09/2019**

* We thank Moorfields for involving RNIB and its members in an excellent wide ranging, inclusive and meaningful public consultation on the proposed Oriel development.
* RNIB has worked closely with Moorfields to ensure as many blind and partially sighted people as possible have had the opportunity to contribute to the consultation process.
* RNIB welcomed the opportunities for RNIB staff to formally take part in consultation meetings that have taken place across London.
* RNIB supports the proposed relocation of the existing Moorfields Eye Hospital to the proposed St Pancras site.
* Welcome the invitation to work closely with the architects on an ongoing basis to ensure that Oriel fully meets the accessibility and inclusive journey needs of service users, staff and visitors to the Oriel site.
* Concerns over the ‘last half a mile’ journey from local transport hubs to Oriel have been a constant theme raised by blind and partially sighted people.
  + As stated in the public consultation meetings RNIB stresses that for Oriel to be truly successful in the context of accessibility it is critical Transport for London and Camden Borough Council become committed stakeholders.
  + We are pleased that Moorfields share this view and recognises the need for these key partners to become fully and meaningfully engaged in the design and build of Oriel.
* RNIB has considerable expertise in utilising innovative and accessible technology as demonstrated in a recent public consultation.
* RNIB encourage Moorfields to work with RNIB to develop an Accessibility Plan in partnership:
  + This plan would create an ‘Accessibility Bubble’ around Oriel and local transport hubs such as King Cross and would incorporate key principles such as Inclusive Journeys, Accessible Technology and RNIB’s Visibly Better design standards.
* RNIB and our Connect Network community members feel that service users must continue to be fully engaged and consulted on the design and build process of Oriel:
  + It is essential that ongoing opportunities for public consultation exist so that ‘service users voices can continue to influence, guide and shape the design of Oriel and critically changes to the last half mile ensuring all journeys are fully safe and inclusive.

**Official Response – External Services and Select Committee at London Borough of Hillingdon - 20/08/2019**

* Moorfields provides excellence in eye care and ground breaking research.
* Services at Moorfields’ City Road site (and the needs of service users) have changed and the building now poses a challenge with regard to acceptable patient experience.
* Support the proposed move to St Pancras provided it will not replace any of the services provided from the Trust’s other 30 locations.
* The proposed move offers the opportunity to identify different ways of delivering care and integrate various strands of expertise (for example, research and education) with the intention of stimulating interaction between clinicians, educators and researchers.
* Proposed move should help in the regeneration of a deprived area.
* Members stressed the need to address accessibility and transport hubs and the use of digital technology.
* Following discussions with RNIB, extra support will need to be put in place during the transition period, including the possible use of volunteers to signpost.
* The Committee also suggests that MEH liaise with Network Rail, Transport for London (TfL) and the Mayor of London with regard to permanent step free access.
* Members were concerned that the move to St Pancras might impact on the stability of the Western Ophthalmic Hospital (WOH) as it is located just along the Circle line from the proposed new site. But assured this is not the case with different target audiences and conversations between the two Trusts.
* Members expressed concern with the financial risk associated the development of the new site. The Committee would like further assurances in due course in relation to this risk following the production of the outline business case.

**Minutes – Hertfordshire Health Scrutiny Committee – 11/07/2019**

* Background information on Moorfields Eye Hospital was provided to the committee.
* Members agreed the move was positive as it would be more consistent and would bring clinical expertise together.
* Noted the challenges for some service users travelling to the new proposed site, but were pleased that alternative methods of transport were being investigated.
* Financial considerations were discussed.
* Asked about changes to the satellite sites.
* Pleased the consultation document would include braille and the document itself would be in ‘Word’ so font size could be increased.

**Minutes – External Services Select Committee London Borough of Hillingdon – 12/06/2019**

* Background information on Moorfields Eye Hospital was provided to the committee.
* Concern was expressed that the move to St Pancras might impact on the stability of the Western Ophthalmic Hospital (WOH) as it was located just along the Circle line.
* It was noted that the current City Road site would need to be sold and the proceeds would be used to develop the new site. Other financial considerations were discussed.
* Not practical to replicate the current services in a new location as not be sustainable due to demand for ophthalmology services.
* Often service users need to be seen face-to-face and tests were required in quick succession for review remotely by a consultant.

**Email from Leader of Islington Council 17/09/2019**

* Islington Council has long valued having Moorfields Eye Hospital as part of the fabric of our borough.
* Recognise the trust’s contribution to both world leading eye care, research and education, but also for serving the needs of our borough, providing our local residents with access to high quality clinical eye care.
* We were sad to hear off Moorfields’ plan to move from the City Road site to Camden
  + Understand and appreciate the clinical case for change and the rationale for the move.
  + Specifically the limitations of the current site in terms of clinical redevelopment, and how this hampers the trust’s ability and ambition to offer the highest quality care and an improved, 21st century experience for service users and carers.
* Will want to be assured on behalf of Islington residents, if the proposed move goes ahead, there is no detrimental impact on the quality, range or accessibility of services currently available to them.
* If the benefits of the new site and what it offers in terms of quality and particularly improved patient experience, as set out in the consultation document, are realised, then this will indeed be welcome.
* In terms of travel to and accessibility of the new site, Islington Council is keen to understand how this will be maintained for Islington residents
  + Particularly given the transport and access needs of our residents/service users with sight loss and their carers.
  + Should the move go ahead, we would want the opportunity to be involved in the development of the proposed accessibility plan for the new site, as this will be critical to ensuring the needs of our residents are met.
* We also look forward to continuing to work constructively with the trust with respect to the re-development of the City Road site.

**Letter from Camden Council – 08/10/2019**

* Writing to express Camden Council’s strong support for the relocation of Moorfields from its Old Street site to the St Pancras Hospital site.
* The Council is convinced by the clinical arguments in favour of relocation that better patient care can be provided in modern, purpose-built facilities allowing innovative models of treatment to be delivered that improve outcomes for service users.
  + More specifically, the move will be good for Camden residents by making it easier for most Camden residents to access the hospital’s services.
* It will be a fantastic opportunity for the borough to have a leading, internationally respected and renowned health institution in the borough.
* In addition, it opens up opportunities for Moorfields to join up with the rest of the Camden knowledge quarter.

There are a number of objectives that the Council would like to see fulfilled as part of the development:

* We would reinforce the acknowledgement in the consultation document that the trust should ensure that service users have safe pedestrian routes from the mainline stations of King’s Cross, St Pancras and Euston.
* We would encourage the trust to work closely with highways and planning colleagues as part of the pre-planning engagement process to develop the accessibility plans for the site as this will be critical to ensuring the needs of our residents, including those with sight loss, are met given the many different and complex routes to the site from the transport hubs.
* We would like to see assurances from the Trust that they will seek to maximise social value including:
  + Employment opportunities for Camden residents particularly those furthest from the workforce such as people with disabilities and mental ill-health. We would welcome the opportunity to work with the trust to link them into our employment initiatives and into our public health work focused on workplace health and wellbeing; and
  + Maximising the sourcing of supplies and services locally and also exploring opportunities for partnership working and outreach with the voluntary sector, further education and local schools.
* We would like to understand more about the links that Moorfields is seeking with the other major institutions in the knowledge quarter;
* We have been pleased to see the significant engagement that the trust has undertaken with ward Members, local residents and community groups and we would encourage the trust to continue with this engagement, particularly given the scale of the developments that the local community has experienced in the last few years;
* We would like to understand the potential opportunities for our residents to not only benefit from access to world leading, high quality eye treatment and care but also participation in research; and
* Whilst recognising the unique and specialist nature of Moorfields Eye Hospital, in the context of integrated health and care system developments in Camden, we would be keen to understand how the trust and potentially the Institute of Ophthalmology can play a role in that more local integrated system over time, and in particular contribute towards our local ambitions for shifting the system focus towards prevention and supporting people to be healthy, well and independent.
* The Council hopes that this letter of support is helpful and we are happy for it to be included in your submission to NHSE.

**Minutes – North Central London Joint Health Overview and Scrutiny Committee – 21/06/2019**

* Background information on Moorfields Eye Hospital was provided to the Committee.
* Concern about accessibility to the new site not being as good as City Road.
* Arranged for committee members to visit City Road site.
* Camden’s Transport strategy was discussed and the need to reduce emissions along with moving bus stops to make the site more accessible.
* The focus should be on improving the outcomes and value for money for service users and residents.
* The trust’s 2016 CQC report highlighted issues with the City Road site which had adversely impacted on patient experience.
* Will consultation have an impact on proposals, who is taking it forward and how will it be fed back?
* Important to continue to involve staff in the developments.
* Has sufficient time been allowed for the consultation?
* There is a need to maintain the existing good networks within NCL JHOSC.
* Make the project a world leader in consultation and show clarity in decision making.

**Email from Ward Councillor for St Pancras and Somers Town – 18/09/2019**

* Totally in favour of the Moorfields Eye Hospital moving to the site of the St Pancras Hospital.
* Badly need the access to the Moorfields Eye Hospital in the area of St Pancras and Somers Town which is a heavily built up area.
* Many elderly and disabled people find the location of Moorfields presently difficult to travel to from a public transport & cost aspect.
* The proposed move is excellent and I support it.
* Has personally been a patient, as has a family member.
* Cost of travel by cab has been very expensive.

**Official Response Healthwatch Hertfordshire – 12/09/2019**

* Through the comprehensive information provided by the Trust, a compelling case for change has been presented.
* Important for capacity with and increasing and aging population.
* New facilities are required to support innovation and the development of new treatments as well as bringing research, training and healthcare closer together.
* Good patient feedback on clinical care at City Road but patient experience is affected by ageing facilities and layouts which make navigating the hospital difficult.
* Patient experience should be at the centre of the new building design to ensure high quality care is delivered.
* Engagement during the consultation has been effective.
* A number of different options have been explored by the Trust and it is clear why this site has been chosen.
* There is a commitment that service users will have an input into the design phase.
* For Hertfordshire service users the journey is more straightforward with no need to use the Tube.
* The route from the station to the hospital will need wayfinding support and solutions will need to be explored in partnership with key organisations.
* The new centre will also be nearer key organisations such as the Royal National Institute of Blind People and Guide Dogs.
* Healthwatch Hertfordshire supports the Oriel consultation proposal as it will help the Trust to provide modern eye care facilities.
* Should retain the community satellite facilities.
* It will enable new treatments to be developed from the even closer collaboration of researchers, clinicians and service users that the new facility will encourage.
* The new environment will put the patient at the heart of everything.

**Healthwatch Islington – 13/09/2019**

* The following partners were able to contribute and support this response
  + **Arachne Greek Cypriot Women’s Group**
  + **Community Language Support Services**
  + **Islington Borough User Group (IBUG)**
  + **Jannaty**
  + **Manor Gardens Welfare Trust**
* Trust’s consultation information clear and easy to follow and value the fact that they built the consultation around existing and specific engagement work.
* Welcome and support the plan to move.
* Hope that staff, local residents and service users will be involved in the future design.
* Recognise that the current City Road site is not an optimal design for service users.
* **Accessibility**
  + Required to ensure that NHS services are accessible to people with disabilities:
    - making sure there is wheelchair access in hospitals
    - providing easy read appointment letters
    - giving someone a priority appointment if they find it difficult waiting in their GP surgery or hospital
    - longer appointments if someone needs more time with a doctor or nurse to make sure they understand the information they are given.
  + Services are required to meet the Accessible Information Standard, ensuring that service users’ communication needs are discussed, recorded, flagged and acted upon.
  + Other cultural issues such as helpful empathetic staff and if the service design enables timely, clear communication with service users and carers.
* **Interior Design and Signage** 
  + Interior design and signage to help you find your way around the hospital is very important to residents, particularly if they may be coming to an organisation infrequently or for the first time.
  + It is important that patient letters and pre-appointment information includes clear information on how to find the relevant clinic or service, using the same terminology as the signage in the building.
  + It is particularly important given that service users may have a visual impairment or have treatment that temporarily affects their vision, that the needs of visually impaired users are taken in to account.
  + This Trust needs to actively involve service users and carers in the planning stages, when design decisions about the new site are being taken.
* **Technology to guide you through the hospital to your appointment** 
  + Feedback from Healthwatch Islington showed that service users felt that they weren’t given enough information about the length of their wait, and where they were in the queue to be seen.
  + Technology could be used here. Having this information would make waiting easier, and allow them to pop off for a coffee without fear of losing their slot.
* **People to provide you with assistance in the hospital building** 
  + Even if the signage is clear and there is some assistive technology in place it could still be beneficial to have people on site to help with way finding. It would be essential that these people have both training in how to guide visually impaired people but also strong empathy and customer services.
* **Locating the hospital close to public transport/ Ease of journey from public transport to the site** 
  + The hospital needs to be close to public transport.
  + We note that the St Pancras site is not particularly easy to reach from the Tube station at King’s Cross St Pancras and further consideration needs to be given to this.
  + We imagine the Trust has already engaged Transport for London (TfL) in these discussions.
  + We welcome the idea of additional support when the hospital first opens, but as new service users could arrive at any time, a longer term solution may also be needed.
  + It would be good to gather ongoing patient feedback on access to the site once the site is opened.
  + What kind of support from the nearest underground station could the Trust realistically offer? Could the Trust develop an app, support service users to access existing tools like Google maps etc to help them find their way.
  + Could TfL build a new exit to the Tube, or make the road layout from the Tube to the Hospital more pedestrian friendly (currently, if you come out the wrong exit the journey is not very pleasant (pollution under the tunnel near Camley Nature Reserve and limited safe paces to cross, taxi rank seems to have priority over everything else).
* **Support with transport from the nearest underground station to the St Pancras Hospital site** 
  + We weren’t clear what this would entail but note that the Trust plans to engage a range of mobility experts in these discussions and we would welcome the expert and patient and carer voice being able to feed in to this.
  + An early conversation with Transport for London about what they can do to make access clear and simple would be welcomed. It would also be useful to speak to more service users about the support options that would make this journey easier for them, and consideration given to how these could be booked.
* **Change of site and impact on journey times** 
  + We recognise that in any move, some service users will have a longer journey and others will have a shorter journey.
  + The consultation documents suggest (based on postcodes of current recorded users) that journey times will increase.
  + As the site will still be in central London and very close to the previous site, we don’t think this should impact the decision. However, it is positive to recognise that a change could be particularly difficult for regular service users who are used to the current location and layout and that everything that can be done to help service users here would be welcome, if re-developing the existing site is not deemed a viable option.
* **Parking** 
  + We weren’t aware that there was parking at the existing site, so can’t comment on whether more or less parking would be sufficient.
  + The website states that for the current site, provision around the hospital is very limited, although there is some meter parking and some privately-operated car parks.
  + The closest reasonably-priced car park outside the congestion zone is City Garden Row car park and charges £9 for the day. They will not accept bookings in advance.
  + It would be useful to know how many service users actually travel to the site by car, and what a sample of those service users feel about the parking situation at the new site.
* **Improving the Patient Experience**
* **High Quality Clinical Expertise** 
  + From conversations we have held with service users about Moorfields we know that they really value high quality clinical expertise.
* **Smooth journey from first appointment to after-care and support** 
  + Across the range of engagement across health and care services we carry out we know that there is always room for improvement in the journey between first appointment and after care, but that this is also very important to service users.
* **Getting to the hospital, including in an emergency** 
  + The Trust’s consultation mentions longer journey times overall. We imagine that this means in an emergency too. This is a problem across London as traffic means longer journey times. We aren’t able to comment on how much traffic jams along Euston Road will impact.
* **Person to person support** 
  + In the pre-consultation respondents noted that even though it’s great to be able use technology to engage with services and find the hospital/ different departments being able to speak to a person is still highly valued. This is reflected in other engagement work that Healthwatch has carried out about a range of services.
* **Shorter waiting times at the hospital** 
  + Shorter waiting times when at the hospital site comes up as a concern, and we know that the Trust is aware of this and taking steps to be clearer about how long service users should expect to wait.
* **A caring experience at the hospital** 
  + Throughout our work, we know that people value ‘caring’ support very highly.
* **Good communication and information** 
  + One of the key themes raised in Healthwatch Islington’s work in the community is the importance of clear, timely communication and information.
  + This is often an area of dissatisfaction.
  + Residents are often confused about, complain that accessing appointment systems is not always easy, that pre-appointment information is often not as useful as it could be, about who to contact if they have queries about their care, discharge summaries are often not comprehensible to service users as they are written with clinicians in mind, and people state that they do not know where to seek out the most appropriate information to help them self-care.
  + Access to digital communication is varied, and one size does not fit all where communication is concerned.
* **Developing our staff** 
  + We would definitely welcome the best working and learning environment for the staff caring for service users at the Trust.
  + We hope that a research centre would mean that staff have better access to opportunities.
* **Planning for change** 
  + We welcome the ideas proposed for planning the change.
  + Hosting emergency services at both sites for a short time if this is actually feasible, is good.
  + We don’t know enough about how the department is staffed, and what infrastructure and resources would be available for this temporary model.
  + Talking to City and Islington College students about what can make services more welcoming to young people (the focus was particularly around community and mental health services), they said they would like staff to have empathy and compassion and for the environment to be comfortable. They also said they wanted to feel safe and for there to be a range of services in the one place.
  + Residents from “Whittington Health Estates Strategy” are keen to take opportunities to improve facilities for staff and service users, and see access as much wider than just the buildings in which care takes place. Service users with a Learning Disability and some service users with mental health needs want specific waiting areas and support. Similarly, the idea of a separate waiting area for older people was raised. We appreciate that we can’t have separate waiting areas for everyone, but the Trust could take this opportunity to make the service as inclusive and accessible as possible.

**Mayor of London – 19/09/2019**

* Although the Mayor has no power to direct the delivery of health services he is committed to using his influence as a political leader to champion and challenge the NHS on behalf of Londoners.
* Has developed 6 tests to apply to all major health and care transformation and reconfiguration programmes:
  + Health inequalities and prevention of ill health
  + Hospital beds
  + Financial Investment and Savings
  + Social Care Impact
  + Clinical Support
  + Patient and Public Engagement.
* The Mayor’s response at this stage considers the first four tests
* The Mayor is broadly content with the proposals which set out an exciting opportunity for Moorfields to deliver world class eye care in a new purpose-built facility.
* Hope that strengthening the relationship with the Institute of Ophthalmology will contribute to better care and outcomes for service users, strengthen innovation and help translate research into practice. A few additional points:
* **Health Inequalities**
  + Pleased to see that it has been considered and is an ongoing focus.
  + Critical that inequalities are not widened and where possible plan to reduce them.
  + Pleased that these will be included in the final equality impact assessment being compiled.
  + You rightly acknowledge the last half mile of the journey especially for older people and those with a disability.
  + Welcome the commitment that the services at Moorfields remain accessible to all that need them and that you are producing an accessibility strategy.
  + I hope this provides further assurance that any potential disadvantages for the most vulnerable service users have been considered and their access to services is not compromised.
* **Financial Investment and Savings**
  + Understand that further work is underway to map new pathways and models of care.
  + Should demonstrate how these new pathways and models will deliver the efficiency savings outlined in the proposal while also meeting projected demand.
  + Should these efficiency savings not be realised, would want to understand the impact on service delivery and plans for the sale of City Road site.
* **Adult Social Care**
  + Impact on Adult Social Care should be well considered and impact on local authorities taken into account.
  + Support the ambition of delivering integrated care closer to home but any plans must be supported with sufficient investment in social, community and primary care.
  + As you develop your plans it will be important to understand any financial impact on local authorities.
* As world leaders in eye care and research, Moorfields and UCL Institute of Ophthalmology are in a unique position to strengthen integration between research, specialist clinical care, and primary and community care.
* Note the work undertaken with North London STP and encourage you to take an active involvement in these plans to prevent eye health deteriorating and integrate eye health into wider public health action as recommended by the London Assembly’s Investigation published in 2017.
* Would like to highlight the issue of the future use of the City Road site. Want surplus land to be used for the benefit of Londoners and have a positive impact on their health. Mayor’s London Plan sets out a strategy to ensure London grows in a way that is environmentally, economically and socially sustainable. Any future use of the City Road site should conform to the London Plan.
* Plan to share final feedback against all six tests once he has reviewed the final consultation report and revised proposals that follow.

**Health Education England – 15/08/2019**

* Health Education England is supportive of the proposal and the improvements to training that it will bring.

**Moorfields Eye Hospital NHS Foundation Trust Membership Council – 03/09/2019**

* Would like to reinforce and reiterate our strong support for Oriel and fully endorse that a new, purpose-built centre bringing together clinical care, education and research is both welcome and necessary.
* The consultation has already raised a number of important themes and the membership council is keen to encourage commissioners and the Moorfields board of directors to consider these issues in future project development and make a commitment to continue to listen to service users.
* Moving services to a new site provides an opportunity to create a clinical environment that better meets a range of access needs for our service users.
* Note the feedback from stakeholders that indicate greater concern about ‘the last half mile’ and how service users get from public transport to the hospital.
  + Believe this is a critical issue that will need addressing with partners, drawing on the lived experience of service users with sight loss.
* The patient experience should improve as a result of this proposal, with focus put on making it easier to navigate the patient pathway and reducing as far as possible the amount of time service users need to wait for their care.
* Would like to see an improvement in awareness and understanding of the needs of service users and visitors with visual impairments, as well as improvement in communications and person-to-person support.
* Believe that working closely with service users, public and staff that the trust can address these important issues in the most practical and sensible way possible.

**Minutes – Membership Council Moorfields Eye Hospital – 18/07/2019**

* Background information on Moorfields Eye Hospital was provided to the committee.
* Update of activity and consultation response was provided.
* The last half mile of travel was seen as a key issue along with how people will get t the site from public transport.
* Need to engage with network rail, TfL, local authorities, etc. in order to address this issue.
* Service users in network sites have expressed concern about being side-lined in terms of funding and research.
* Important to have a collective response from the Membership Council to endorse the move officially to commissioners.

**Alumni Association – 12/09/2019**

* With all the diagnostic, technological and surgical advances made in Ophthalmology in the last few decades new ways of delivering Eye care will undoubtedly benefit from a new centre which being purpose-built can respond to these changes and future-proof the ever-developing specialty of Ophthalmology.
* We are strongly supportive of the move to a new centre site with all the potential benefits this will have, for the future of what is probably the best known Eye hospital in the world.

1. **Social Media, Feedback Forms and Chatbot**

**Chatbot Statistics**

A virtual assistant, also known as a chatbot, was set up on the Oriel website to allow visitors to ask questions and receive responses from an automated assistant. The chatbot was also designed in a way which enabled it to gather data and views on the proposal by asking a simplified version of the consultation survey. This technology, based on two-way interaction, is the first of its kind to be used in a consultation. The statistics below show the key questions and responses from the chatbot initiative.

During the consultation, chatbot answered 1,249 specific questions about the proposal. The following tables show the how many people answered the consultation survey questions when prompted by the chatbot.

Table 36

|  |  |  |
| --- | --- | --- |
| **Response** | **Number** | **%** |
| Think a new centre is needed | 55 | 63% |
| I don’t have a view on whether a new centre is needed | 12 | 14% |
| Don't think a new centre is needed | 21 | 24% |
| Total | 88 | 100% |

Table 37

|  |  |  |
| --- | --- | --- |
| **Response** | **Number** | **%** |
| Agree to St Pancras as a suitable site | 207 | 64% |
| Neither agree or disagree to St Pancras as a suitable site | 101 | 31% |
| Disagree with St Pancras as a suitable site | 14 | 4% |
| Total | 322 | 100% |

The majority of responses received via the chatbot indicated that they felt a new centre is needed (63%) and that the proposed location of St Pancras was suitable (64%).

Other comments received related to being kept informed about future plans, directions from the stations and transport links, the historical nature of the City Road site, comments relating to Moorfields research and developing cures and some general comments in support of the move to St Pancras.

**Feedback Forms**

A total of 261 responses by telephone, social media and email were collected during the consultation.

The responses received were mainly in support of the proposal with some suggestions as to what could be included in the new centre. A full list of coded responses is given in table 38.

Table 38 – Themes from feedback forms

| **Coded Theme** | **Number** |
| --- | --- |
| Support the proposal to build a new centre at St Pancras | 124 |
| King’s Cross is a great location as it is a transport hub | 71 |
| Moorfields provides an excellent service | 53 |
| Proposal promotes integrated eye care with research and partner organisations including charities | 49 |
| Build a bigger centre for more capacity | 29 |
| City Road is crowded and like a rabbit warren | 29 |
| City Road provides poor patient conditions | 25 |
| Support the satellite Moorfields sites / don't close or downsize them | 23 |
| Navigating the last half mile is an issue | 21 |
| Need disability and learning disability support for mobility / volunteers | 20 |
| City Road is more accessible by transport than King’s Cross | 19 |
| Staff deserve better working conditions | 18 |
| A request for further information about the proposal was made | 15 |
| Work with Transport for London to change buses / bus stop location | 14 |
| Better and more readable signs (braille / tactile) | 14 |
| The new centre will support Moorfields as a world-renowned centre of excellence | 14 |
| Waiting times at Moorfields are too long | 12 |
| King’s Cross and station is crowded, busy and confusing | 11 |
| Stay at City Road and expand the services | 10 |
| Need a green line from the station | 9 |
| Need more parking and disabled parking at the new site | 9 |
| Would find getting to St Pancras difficult | 8 |
| Provide a shuttle bus | 8 |
| How will you pay for it/will you need fundraising | 8 |
| Better lighting or daylight | 6 |
| Address accessibility issues for visually impaired | 6 |
| It will take me longer to get there | 6 |
| Better patient waiting areas e.g. TV, seating | 5 |
| Keep City Road as well as St Pancras (as satellite or additional A&E) | 5 |
| Need to retain the historic City Road building | 5 |
| Deaf and Visual Impairment training should be provided to patient facing staff | 5 |
| Involve service users in design of the new centre | 5 |
| What are the plans for the Children’s Centre? | 4 |
| A new centre would be better for students | 4 |
| Need a smooth transition with services unaffected by the move | 4 |
| Provide 24 hour A&E services | 4 |
| Concerns about perceived crime in the King’s Cross area and vulnerable people | 4 |
| Provide bus services as these are more disability friendly than the Tube | 4 |
| Use of colours in the new centre - not white space | 3 |
| Support and help for service users from reception staff and doctors at the hospital | 3 |
| Introduce a new queuing system | 3 |
| Provide a drop off area at the new site | 3 |
| Appointment letters should be in Easy Read format | 3 |
| Guide dog access | 2 |
| Need to have ambulance access | 2 |
| Waiting times at A&E are too long | 2 |
| Just selling off NHS assets | 2 |
| Better café for service users | 2 |
| Support sale of City Road to raise the funds for the new centre | 2 |
| Can Optometrists receive a copy of patient’s letters? | 1 |
| Provide a direct phone number for A&E | 1 |
| Staff need a separate café | 1 |
| Seek best practice from elsewhere or abroad | 1 |
| Should be Government funded | 1 |
| King’s Cross is an expensive area for service users | 1 |
| You have already made up your mind to move | 1 |
| Should move to Eastman Dental Hospital Site | 1 |
| Re-open York Road Tube Station to provide better access | 1 |
| Need support from bus and train staff to advise location of the new centre | 1 |
| Include a sensory garden in the new centre | 1 |
| There needs to be shops and cafes in the vicinity of the new centre | 1 |
| Can you negotiate cheap hotel accommodation locally | 1 |
| Make sure you keep the staff when you move | 1 |
| Customer care and courtesy training is needed for staff | 1 |

**Other Responses**

Other responses in terms of letters and emails have been received to the consultation, from a range of individuals and organisations. These responses have been collated for common themes, which have informed the summary of findings at the start of this report along with all other dialogue methods.

Responses (outside of the survey responses and discussions) were received from:

Table 39

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Date** | **Type** | **From** |
| 1 | 02/01/2019 | Notes from visitors to the stand | RDCEC Stand |
| 2 | 12/09/2019 | Letter from Barnet Borough Council Sight Impaired Group | Council |
| 3 | 05/09/2019 | Letter from Beds & Herts Public Governor | Council |
| 4 | 26/07/2019 | Letter from NHS employee | Employee |
| 5 | 28/07/2019 | Letter from Moorfields service user | Patient |
| 6 | 08/08/2019 | Letter from Moorfields service user | Patient |
| 7 | 17/09/2019 | Letter from Moorfields service user | Patient |
| 8 | 19/09/2019 | Email from Moorfields service user | Patient |
| 9 | 13/09/2019 | Email from Moorfields service user | Patient |
| 10 | 08/08/2019 | Letter from member of the public | Public |
| 11 | 18/09/2019 | Email from member of the public | Public |
| 12 | 17/09/2019 | Email from member of the public | Public |
| 13 | 19/09/2019 | Email from member of the public | Public |
| 14 | 12/09/2019 | Email from member of the public | Public |

The emails and letters from service users, staff and members of the public were in general support of the move to St Pancras, with some suggesting design additions and some highlighting areas for attention such as the last half mile between the station and the centre and issues with air quality. The detailed findings from these have informed the summary of findings section along with all other feedback received.