



Moorfields Consultation Committees in Common

Wednesday, 12 February 2020, 17.30pm – 19.00pm

The Wesley Euston Hostel and Conference Venue

81 – 103 Euston Square, Kings Cross, London NW1 2EZ

Item	Title	Lead	Action	Page	Time
1	Welcome and Apologies	Chair	Note	Oral	17.30 5min
2.	Introduction to proceedings and format of meeting	Chair	Note	Oral	17.35 5min
3.	Declarations of Interest of voting members	Chair	Note	To be tabled	17.40 5min
4.	Questions From the Public Relating to the Agenda	Chair			17.45 15min
5.	<p>Moorfields Public Consultation Decision Making Business Case Presentation</p> <p>Supported by Programme Board members:</p> <ul style="list-style-type: none"> • Jo Moss - Moorfields Eye Hospital • Emily Brothers - Oriel Advisory Board • Joanne Murfitt, Specialised Commissioning NHS England (London) • Richard Whittington - LOCSU • Denise Tyrrell - NCL CCGs <p>Scrutiny and NHSE Specialised Commissioning</p> <ol style="list-style-type: none"> 1. NCL JHOSC response to consultation 2. NHSE Specialised Commissioning's post-consultation decision 3. London Mayor consideration of six tests 	<p>Sarah Mansuralli NCL CCGs, Consultation SRO</p> <p>Nick Strouthidis Moorfields Eye Hospital</p> <p>Dr. Dee Hora NCL CCGs</p> <p>Chair</p>	Note	Oral	18.00 35min



6.	<p>Members voting</p> <ol style="list-style-type: none"> 1. Decision Making Business Case 2. Proposal to relocate services from Moorfields Eye Hospital's City Road site to St Pancras, and build a new centre bringing together excellent eye care, groundbreaking research and world-leading education in ophthalmology. 3. Recommendations that seek assurance that the feedback we have gained will be progressed. <ol style="list-style-type: none"> 1. Accessibility 2. Working in partnership and programme governance 3. Service Improvement 4. New Models of Care 5. Workforce and transition 6. Reducing inequality 	Chair	<p>Comment and Approve</p> <p>Approve</p> <p>Approve</p>	DMBC (Page 10)	18.35 20min
7.	Any Other Business	Chair			18.55 5min
8.	Close	Chair			19.00



Report Title	Decision Making Business Case (DMBC) for the proposed relocation of services from Moorfields' City Road site to St Pancras.	Agenda Item	
Lead Director / Manager	Sarah Mansuralli Executive Director of Strategic Commissioning NCL CCGs SRO Moorfields Consultation Programme	Tel/Email	sarah.mansuralli@nhs.net
GB Member Sponsor	Helen Pettersen, Accountable Officer – Barnet, Camden, Enfield, Haringey and Islington CCGs		
Report Author	Denise Tyrrell, Programme Director Anna Farndale, DMBC author	Tel/Email	denise.tyrrell@nhs.net anna.farndale@curriebrown.com
Name of authorising Finance lead	Simon Goodwin, Chief Finance Officer, North Central London CCGs	Summary of Financial Implications See section 1.10 (p.16) of the DMBC, and Appendix C for Commissioner Directors of Finance letter of support	
Report Summary	<p>On 24 May 2019, a 16-week public consultation was launched to seek the views from as many people as possible about the proposal to move services from Moorfields Eye Hospital NHS Foundation Trust's (Moorfields) City Road site to the St Pancras Hospital site, bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology. The new centre would be a joint development between Moorfields, the University College London (UCL) Institute of Ophthalmology (IoO), and Moorfields Eye Charity (MEC), enabling integration of clinical services, research and education. This development proposal is referred to as 'Oriel'.</p> <p>The public consultation was led by NHS Camden CCG, on behalf of the 109 CCGs who commission services from Moorfields' City Road site, working in partnership with NHS England Specialised Commissioning (who are the largest single commissioner of Moorfields' services at City Road) and the 14 CCGs who commission over £2m activity per annum. These organisations, together with Moorfields, have overseen the pre-consultation engagement activities, development of the Pre Consultation Business Case (PCBC), the consultation and development of this Decision-Making Business Case (DMBC).</p> <p>The consultation team spoke to over 4,600 people, including 1,511 survey responses. They attended 99 meetings and events including discussion workshops run by Moorfields, and attendance at existing groups. They included specific workshops on key issues, such as accessibility. The consultation specifically sought the views of groups of people with protected characteristics and rare conditions, to ensure their views were captured on the proposal itself and any potential impact on equality.</p>		

Support has been gained from a number of Health Overview and Scrutiny Committees (HOSCs) and engagement with Joint Commissioning Committees (JCCs), as set out in section 5.15 (page 65) of the DMBC.

Consultation feedback was independently analysed in a report, which was published, on the Oriel website for feedback before finalising. Commissioners are confident that robust conclusions can be drawn from the consultation feedback due to high response rates and consistent themes emerging throughout.

The key themes from the consultation feedback were:

- **Overall agreement** with the proposal to build a new centre at St Pancras – including 73% of the 1,511 survey respondents.
- **Maintaining the high quality of clinical care** at Moorfields is the highest importance.
- **Patients and public should be involved** in further development of proposals. Moorfields have established user groups to develop designs for Oriel, which will include patient representatives, staff, clinical leads and independent experts where appropriate.
- A majority of people **support the St Pancras location**. Alternative sites suggested were evaluated by independent property experts and found to be either unavailable, more expensive or more inaccessible for the majority of patients in comparison to the St Pancras location. A slightly higher level of dissatisfaction with the proposals was expressed by people living in north east London. The ways in which the needs of this population will be addressed is set out in the DMBC (section 1.6).
- **Accessibility** to and around the proposed St Pancras site is extremely important. Key concerns included the difficulties of navigating a busy open-plan area from a station with multiple exits. Suggestions were made as to how Moorfields could help service users travel the last half-mile to the St Pancras site, and navigate the building. If proposals proceed, Moorfields will lead the development of an Accessibility Plan with patient representatives, transport providers, sight loss charities and Camden Council to ensure concerns are adequately addressed.
- Some aspects of **patient experience** could be improved now. Moorfields have commissioned a major programme of customer service training and improvement during 2020, informed by the consultation feedback.

System modelling

System modelling was undertaken to inform the DMBC, which identified a forecast annual increase in demand for ophthalmology outpatient services of 3.1%, which could be reduced to 2.3% if activity is re-provisioned in alternative settings where appropriate. This will be pursued by commissioners and Moorfields (as per the recommendations set out in section 1.11 (page 17) of the DMBC, and below).

Following this, commissioner finance leads have reviewed the proposals and system modelling and confirmed that Oriel is not expected to have a material financial impact on commissioners, and that activity projections are in line with commissioner expectations and are therefore financially sustainable.

Options appraisal

Following the end of the consultation, the options appraisal was validated to identify any feedback that could change the preferred option. This involved two workshops with commissioners, patients and public representatives to review the critical success factors, and a review of alternative sites suggested during

	<p>the consultation. It was concluded that the proposed relocation of Moorfields services from City Road to the St Pancras site remains the preferred option.</p> <p>Assurance and compliance Independent assurance on the consultation methodology has been sought from the Consultation Institute (tCI). Legal advice has confirmed the consultation has been undertaken in a manner that is compliant with commissioners' statutory requirements.</p> <p>The Secretary of State's four tests for service change, and the Mayor of London's six tests for major health and care transformation or service reconfiguration proposals in London, were closely considered throughout this process, and are considered to have been met. A letter of support from the Mayor of London for the first four of six tests is included at Appendix A. The consideration of the fifth and sixth test is expected by 10th February 2020.</p> <p>NHS England/Improvement have reviewed and assured the finance case in the DMBC.</p> <p>Implementation plans If there is approval to proceed, Moorfields will manage project delivery and will submit an Outline Business Case (OBC) to NHS Improvement/England (NHSI/E) and the Department of Health and Social Care (DHSC) for detailed review in March 2020. As implementation plans are developed further, they will be reviewed again as part of the Moorfields Full Business Case (FBC). Both OBC and FBC will require commissioner support letters as part of completing the submission checklist.</p> <p>It is expected that Oriel could open in 2025/26, if approval is given to proceed.</p> <p>Commissioners also plan to establish a London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London. Commissioners will pursue opportunities for re-provisioning activity, working in partnership with providers and commissioners across London to ensure services are delivered in the best possible way for patients, and deliver value for money.</p>
Recommendation	<p>The Committees in Common are requested to:</p> <p>a) COMMENT and APPROVE on the Decision Making Business Case, which sets out the evidence for the case, including:</p> <ul style="list-style-type: none"> • The clinical case and evidence of support • The future models of care and evidence from system modelling • Feedback from engagement and consultation • Findings from the integrated health inequality and equality impact assessment (IIA) • The financial plan and affordability, which provides an assessment of value for money • The Secretary of State for Health and Social Care's four tests for proposed service change and are considered to have been met: <ul style="list-style-type: none"> ✓ Strong public and patient engagement ✓ Consistency with current and prospective need for patient choice ✓ A clear clinical evidence base ✓ Support for proposals from clinical commissioners. • The Mayor of London has considered the first four of six tests, as set out in the decision making business case, and is broadly content. The

assessment of final two tests is expected by 10th February 2020 but have not raised any material concerns with our approach to date.

- NCL JHOSC considered the consultation outcome on 31 January 2020 and concluded that the engagement process with relevant local authorities, residents, patients and staff has been of sufficiently high quality and proposals are in the interests of healthcare for our residents and patients. This is on that the basis that they will improve patient experience, access to care, as well as the integration of healthcare, teaching and research while delivering the best possible value for money.

- b) APPROVE** the proposal to relocate services from Moorfields Eye Hospital's City Road site to St Pancras, and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

As part of formal support for the proposal, the Committees in Common is requested to approve the following recommendations that seek to address the feedback we have gained. These are included in the formal support letter and record of decision making, for Moorfields and commissioners to address as part of the development and design phase:

1. Accessibility

The consultation clearly highlights accessibility both within the new site, and for the last half mile to the St Pancras site. To ensure this is addressed, Moorfields Hospital should develop and implement a robust accessibility plan, which is co-designed by Moorfields Eye Hospital in partnership with sight loss charities, Oriel Advisory Group, patients, transport providers, local authorities, commissioners and voluntary organisations. The accessibility plan should be incorporated into the building master plan, planning application and the development of the Oriel Full Business Case.

2. Working in partnership and programme governance

The Committees in Common would like to thank all statutory, non-statutory groups and members of the public who contributed to the consultation to provide such a wealth of information to inform the decision and future design of the proposed St Pancras site. They also commend the approach and valuable input of the Oriel Advisory Group and the network of other partners into the consultation process.

As such, the Committee recommends that the Moorfields Oriel programme continues to actively involve the Oriel Advisory Group as well as the extensive range of stakeholders that have contributed to the consultation, in the development of the centre at the St Pancras site.

Given the St Pancras site development includes a range of stakeholders, the Committee recommends further consideration be given, with NHS England and Improvement, about the need for formal programme governance, which brings together the multiple stakeholders involved in the St Pancras site development, including NCL STP representation to ensure there is robust strategic oversight of the development as a whole.

Governance for the Moorfields Oriel development of the new St Pancras site will be through the Trust governance mechanisms. The Trust will report progress of the development into the proposed St Pancras site governance.

	<p>3. Service Improvement Feedback during the consultation identified improvements in patient experience that can be started prior to the proposed move. It is recommended that Moorfields review the feedback received during the consultation and address areas of improvement before implementation of Oriol where possible.</p> <p>4. New Models of Care The ophthalmology demand and capacity modelling highlighted the potential benefits of working collaboratively to ensure a coherent approach to the development and implementation of new models of care that improves care for patients and provides care closer to home. To realise this potential, it is recommended that post decision making:</p> <ul style="list-style-type: none"> • Commissioners establish a London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London, which would support: <ul style="list-style-type: none"> ○ Collaboration between system partners including Moorfields and relevant commissioners to develop coherence and standardisation in the pathways experienced by ophthalmology patients. ○ Delivering the aspiration relating to follow up outpatient appointments as set out in the NHS long term plan, where clinically appropriate. ○ Managing activity growth assumptions as outlined in the Ophthalmology Systems Modelling report to support a sustainable model of high quality eye care. ○ Determining potential for future collaboration between Western Eye Hospital and Moorfields to ensure the most effective model of ophthalmology care. <p>5. Workforce and transition To optimise the benefits of the new centre as referenced in both the PCBC and DMBC, it is recommended that Moorfields:</p> <ul style="list-style-type: none"> • Develop an organisational development programme to integrate clinical services, research and education, which enable optimal use of the new facilities and enable the Trust to realise the benefits of the integrating research, education and innovation with clinical practice. • Acknowledge and celebrate the history of the City Road site. <p>6. Reducing inequality To ensure that the negative impacts identified in the Integrated Health Inequalities and Equalities Impact Assessment (or Integrated Impact Assessment (IIA) are mitigated as far as possible and the potential positive impacts are harnessed, a plan should be developed in response to each of the recommendations arising from the IIA.</p> <p>In addition, Moorfields should seek to ensure that there is comparable experience and outcomes between the new site at St Pancras and the Trust's existing network of sites.</p>
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Identified Risks and Risk Management Actions	The key risks to commissioners are described in the DMBC section 1.9 (page 15).
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Conflicts of Interest	<p>None noted at this stage.</p> <p>A Register of Interests of all the Nominated Representatives will be available at the meeting.</p>
Resource Implications	<p>If the proposals are approved, the project will be resourced by Moorfields.</p> <p>The resource required for the London Ophthalmology Collaborative and potential new governance for the St Pancras redevelopment (described in the recommendations) will be resourced through the NCL STP and Moorfields' existing infrastructure. There are no additional resource requirements.</p>
Engagement	<p>This DMBC has been informed by 16 weeks of public consultation, which captured feedback from over 4,600 contributions, including patients, the public, staff, voluntary and statutory organisations. This is described in the DMBC chapter 5 (page 41).</p>
Equality Impact Analysis	<p>To ensure the NHS has paid 'due regard' to the matters covered by Public Sector Equality Duty, commissioners appointed an independent expert to undertake an Integrated Impact Assessment (IIA), to ensure the project does not have a disproportionate impact upon any groups with protected characteristics.</p> <p>The IIA found that Moorfields City Road service users are more likely than in other healthcare settings to have one or more of the protected characteristics. Users of services at the City Road site often have a long and trusted relationship with the teams located there.</p> <p>The IIA specifically focused on the impact of the proposed relocation. The analysis showed a number of protected characteristics, health inequalities and health impacts were not negatively impacted by this proposed relocation. A summary of the key impacts are:</p> <ul style="list-style-type: none"> • Most feedback supported the proposal to relocate, due to the integration of eye care with research and education. This would specifically support the opportunity for closer working with organisations such as the Francis Crick Institute, RNIB and UCL. • People felt that the new centre would benefit both patients 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. • The primary issue for people with protected characteristics is the complexity of navigating the last half mile. <p>Moorfields have accepted all recommendations in the IIA. Moorfields' detailed response to the IIA is included in the DMBC Appendix H.</p>

Report History and Key Decisions	<p>Governance and reporting</p> <p>The consultation findings have been presented to the following groups:</p> <table border="1" data-bbox="448 1845 1425 2040"> <thead> <tr> <th>Committee name</th> <th>Date discussed</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>NCL JCC Seminar</td> <td>5 September 2019</td> <td>Discussion and noted</td> </tr> <tr> <td>Ealing Governing Body Seminar</td> <td>11 September 2019</td> <td>Discussion and noted</td> </tr> <tr> <td>NCL JCC Seminar</td> <td>7 November 2019</td> <td>Discussion and noted</td> </tr> </tbody> </table>	Committee name	Date discussed	Outcome	NCL JCC Seminar	5 September 2019	Discussion and noted	Ealing Governing Body Seminar	11 September 2019	Discussion and noted	NCL JCC Seminar	7 November 2019	Discussion and noted
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Next Steps	<p>Subject to approval of the decisions by Committees in Common, the following next steps will be undertaken:</p> <ul style="list-style-type: none"> • Moorfields will submit an Outline Business Case (OBC) for the proposals with detailed plans for approval by NHSE/I, DHSC and HM Treasury. • The recommendations will be progressed. 																				
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Oriel
Creating the centre for
advancing eye health



Decision-Making Business Case

Oriel: creating the centre for advancing eye health

Version 2.0
February 2020

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Foreword

London is major global city that is dynamic and diverse. Like many big cities, London offers a wealth of opportunities for people to lead happy and healthy lives. Partners in London, including the Greater London Authority, London Councils, Public Health England and the NHS share an ambition to make London the world's healthiest global city. Our sight is a critically important sense, and affects both physical and mental health. Sight loss is an increasing reality for many people, and it is estimated that by 2050 there will be four million people in the UK living with sight loss. Putting the people affected by sight loss at the centre of care is essential.

Moorfields Eye Hospital NHS Foundation Trust delivers world-class ophthalmology services from across its network of over 30 sites. The Trust's commitment to deliver effective treatment is achieved despite the limitations of its largest site at City Road. These buildings, some of which are around 125 years old, have a negative impact on patients and staff experience of the hospital and its services.

Working together in partnership, commissioners from across London and the surrounding areas and Moorfields have developed proposals to transform ophthalmology services. These proposals involve relocating Moorfields services, along with the UCL Institute of Ophthalmology (IoO) from their current location at City Road to a newly built, modern, flexible centre at St Pancras. This would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.

"All of your staff are brilliant and try and help where they can but unfortunately the physicality of the surroundings... makes this exceptionally difficult."

**Family member of patient,
letter received during
public consultation**

The proposed new centre, which is referred to as Oriel, would offer an excellent patient experience, and would be designed to meet the needs of people with sight loss. It would enable improvements in clinical practice and more efficient service delivery, which is essential as service demand continues to grow.

Oriel provides a unique opportunity to shape the future by building a place that works for people in a sustainable way. 'Our Vision For London'¹ notes that the physical environment (our streets, institutions and services) should enable all Londoners to thrive throughout their lives.

There is a strong clinical case for the proposed move of Moorfields Eye Hospital's City Road services; but only by listening to and learning from people who use ophthalmology services can we be truly confident of reaching the best decisions. We have therefore embarked on a consultation to gain a wide range of views from the public. We received over 4,600 contributions over 16 weeks, gaining feedback from service users, charity partners, staff and other local healthcare providers. We have conducted 14 open events, attended 85 further meetings and forums, and received 1,511 responses to our online and paper surveys. As the consultation has progressed, we have identified key areas of focus and held targeted workshops to explore these areas further. We have enhanced our proposals based on the feedback received.

Our community has told us they are excited to see these proposals developing, and have consistently expressed a high level of support. Moorfields has a large patient base who interact

¹ <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Vision-2019-FULL-VERSION-1.pdf>

with services regularly, and consider Moorfields to be a high quality service provider with an excellent reputation. We have cemented our relationship with many of these patients, and forged new links with the community. We believe it is critical to the success of the proposals that these relationships are maintained and further developed.

Throughout the consultation, we have heard that the public want Oriel to drive quality improvements and innovation, acting as a catalyst for development of new service models and treatment options for ophthalmology nationwide. They value the opportunity to become more involved in research, and are excited about the possibilities this could bring.

We have heard that the most important aspect of the experience at Moorfields is clinical quality. Concerns about accessibility have been consistently raised, however most feedback indicates that with the right measures, Oriel can deliver an accessible, high quality centre. Given the concerns raised, we have explored the issue of accessibility in considerable depth during the consultation period. We plan to develop an accessibility plan in partnership with sight loss charities, experts in mobility and navigation, and patient representatives, should the Oriel development progress to the next phase.

Patients with long term eye conditions have told us they want to see a centre which can empower and support them both medically and emotionally as they adapt to living with their condition. Feedback has shown that with the right building design, technology and service efficiency, Oriel can be an uplifting environment for all. We have listened to concerns about the current City Road site, which does not promote wellbeing and causes anxiety even for those who visit regularly. We have heard about the importance of an integrated patient support offering which focuses on what patients *can* do, not what they can't.

The consultation has outlined a clear vision for what the public wants to see from Oriel. It has given us insights into measures to help those with sight loss maintain their independence when visiting Moorfields, and have a positive experience across the range of services delivered. Through the feedback received, and an independent Integrated Health Inequalities and Equality Impact Assessment, we have captured the diverse needs of people living with sight loss, which will be used as a basis for developing proposals in future.

"I am sure the St Pancras site will provide the up-to-date building needed for your staff and the very important work they do."

**Moorfields patient,
letter received during
public consultation**

We believe that, with the recommendations set out in this document, Oriel represents a unique opportunity to deliver on our ambition to improve eye care services for ophthalmology patients, provide a holistic service offering, and reduce the health inequalities of our communities. Using the wealth of information we have collected through the consultation, we are confident that we have the right insight and ongoing communication channels with our service users to deliver these benefits to the community.

Helen Pettersen

Accountable Officer for the
North Central London CCGs
and Convenor for North
London Partners in Care

David Probert

Chief Executive
Moorfields Eye Hospital

Sir David Sloman

London Regional Director
NHS England

Our consultation



1,511
completed
surveys

ON AIR



2 radio
interviews

99
events and
meetings



5,615
website visits



84,487
direct letters
to patients



17

articles in
newspapers



In one week
we reached

33,000

people on
social media



The chatbot
has answered

1,249

questions
about
Oriel

80

Phone
calls



8

Handwritten
responses



46

Social media
comments



127

Emails



We have views from
people all over the
UK ranging from
Devon to
Dundee



1. Executive summary

1.1. Introduction

On 24 May 2019, a 16-week public consultation was launched to seek the views from as many people as possible about the proposal to move services from Moorfields Eye Hospital NHS Foundation Trust's (Moorfields) City Road site to the St Pancras Hospital site, bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

The new centre would be a joint development between Moorfields, the University College London (UCL) Institute of Ophthalmology (IoO), and Moorfields Eye Charity (MEC), enabling integration of clinical services, research and education. This proposal is referred to as 'Oriel'.

Moorfields is part of the wider eye care system, which includes services delivered in primary care by optical practices, community services and ophthalmology services delivered in a hospital setting.

The consultation was led by NHS Camden CCG, on behalf of the 109 CCGs who commission activity from Moorfields' City Road site, in partnership with NHS England Specialised Commissioning who are the largest single commissioner of Moorfields services at City Road. These organisations, together with Moorfields, have overseen the consultation and development of this Decision-Making Business Case (DMBC).

1.2. The proposal

There are a number of national, regional and local factors driving the need for change, which remain unchanged since completion of the PCBC:

- **More patients will need treatment for eye conditions in the future**, placing increased pressure on space, services and facilities.
- Exemplar organisations have demonstrated **opportunities to generate efficiency and financial benefits** through optimal configuration of physical estate.
- The CQC and public consultation feedback have highlighted the **impact of the current ageing estate at City Road on patient experience**, specifically in relation to privacy and dignity, lighting, wayfinding and capacity.
- **Patient feedback** has also highlighted factors associated with the environment and specifically waiting times in clinics, availability of refreshments, communication, distractions, and the waiting environment. This has been confirmed through the public consultation with 73% of people agreeing that a new centre is needed.
- The rising incidence of eye disease requires the **development of new techniques and technology** to diagnose and treat conditions more effectively.

Moorfields has the unique ability to combine clinical excellence with outstanding, internationally recognised research and education. A purpose-built centre that would allow the effective combination of service delivery, teaching and research would enable the Trust and IoO to continue to achieve excellence across all three disciplines. A new building would allow a fresh approach that is free from the constraints affecting City Road, aligning with plans to make

London a med tech city where everyone can benefit from both research and the economic benefits of investment and employment associated with research and innovation.

The clinical case for change and the proposals were reviewed by the London Clinical Senate in November 2018. Following the Review Panel, the London Clinical Senate submitted a report on its findings to the CCGs in which it confirmed that it found “**that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.**”

The anticipated benefits of the new centre are:

- Integrating eye care across the service system.
- Accommodating increasing demand.
- Improved clinical outcomes.
- Delivering services more efficiently.
- Ensuring the best possible patient experience.
- Creating a world leading centre through use of technology and medical advancements.
- Creating a cutting-edge research and development hub for ophthalmology.
- Improved education.
- Improved working environment.

1.3. System modelling and future models of care

Ophthalmology secondary care services in London are provided across a number of acute hospitals, and some specialist centres. This activity generally represents a small proportion (c.2%) of the total activity commissioned by each commissioner. 14 CCGs, and NHS England Specialised Commissioning, commission over £2m per annum of activity from Moorfields City Road.

The number of people likely to develop the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. This is likely to put increased pressure on clinical services.

Commissioners have, in partnership with Moorfields, appointed independent experts to undertake detailed population modelling of likely future growth in demand for ophthalmology services. Significant engagement and discussion was held with stakeholders from across ophthalmology commissioners and providers to set out a proposed model of care for all ophthalmology services to improve efficiency and the quality of patient care. The outline model of care is based on the principle of system-wide working, with greater collaboration across primary, community, secondary and tertiary settings.

The projected activity growth for the City Road catchment population, and the opportunity to re-provision some of this (i.e. provide it in an alternative setting) is shown in Figure 1.

If the proposals progress, the new centre will be designed with sufficient capacity to accommodate activity before re-provisioning, and will have the flexibility to enable Moorfields to respond to changing service models and patient demand. Any re-provisioning of activity will not fundamentally change the proposals.

Figure 1 - Projected average annual activity growth (2018/19 to 2034/35)

Annual growth	Outpatients	Inpatient and day case	Urgent and emergency
Before reprovisioning	3.1%	2.6%	2.9%
With reprovisioning	2.3%	2.6%	1.9%

1.4. Approach to consultation

To inform commissioner decision making, the consultation has sought views about the proposed change, including access to the proposed new site, from:

- People who use Moorfields' services, their families and carers, including people who may need services in the future.
- Other people who live with sight loss.
- Local residents and the public.
- Community representatives, including in the voluntary sector.
- Staff and partners in health and social care.
- Relevant local authorities.

As well as widely advertising the consultation through the Moorfields website and social media channels, health partners including GPs, and Moorfields staff, the consultation team also actively reached out to groups representing people with protected characteristics. This enabled us to gain an understanding of how the proposals could affect people with different needs.

The primary tools for consultation were:

- The consultation document – which set out the rationale for proposals.
- The consultation website – which provided a hub for information and ways to respond.
- A survey – which enabled us to collect 1,511 responses.
- Face-to-face discussions – we attended 99 meetings and events including discussion workshops run by Moorfields, and attendance at existing groups. They included specific workshops on key issues, such as accessibility.

Our approach emphasised active participation and two-way dialogue, as well as seeking written responses to the proposals.

We have worked with organisations that connected us to people with a range of protected characteristics (as defined by the Equalities Act 2010), so that we captured their views on the proposal itself and any potential impact on equality. We held or attended 43 meetings and conversations with people with protected characteristics and rare conditions. They included networks of children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities and sensory impairment. We also met people from LGBTQ+ and BAME groups, including with these characteristics and sight loss.

We have also engaged with partners in London, Essex, Hertfordshire and Kent, as well as further afield, providing briefings to overview and scrutiny committees, health and wellbeing

boards and Healthwatch.

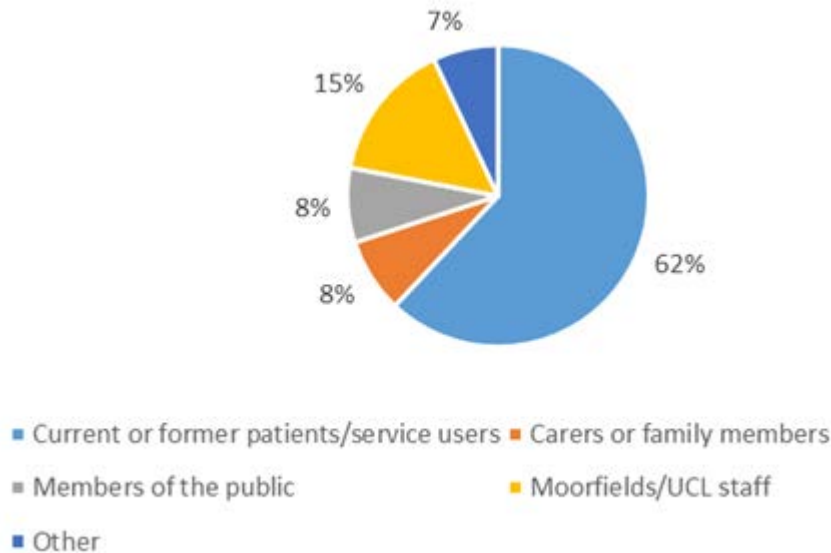
We have heard from residents in north, south, east and west London, Essex, Hertfordshire, Bedfordshire, Suffolk and Norfolk. Over a quarter of survey responses have come from people who live outside London.

1.5. Consultation feedback

Independent analysis of the consultation feedback was sent to all Governing Body members of the 14 CCGs who individually commission over £2m per annum of activity from Moorfields City Road, on 24 October 2019, and was publicly available on the Oriel website, requesting feedback on anything of significance not captured in this report, yet pertinent to proceeding to the next stage.

Who responded?

Figure 2 - Respondents to the consultation survey



Commissioners are confident that robust conclusions can be drawn from the consultation because:

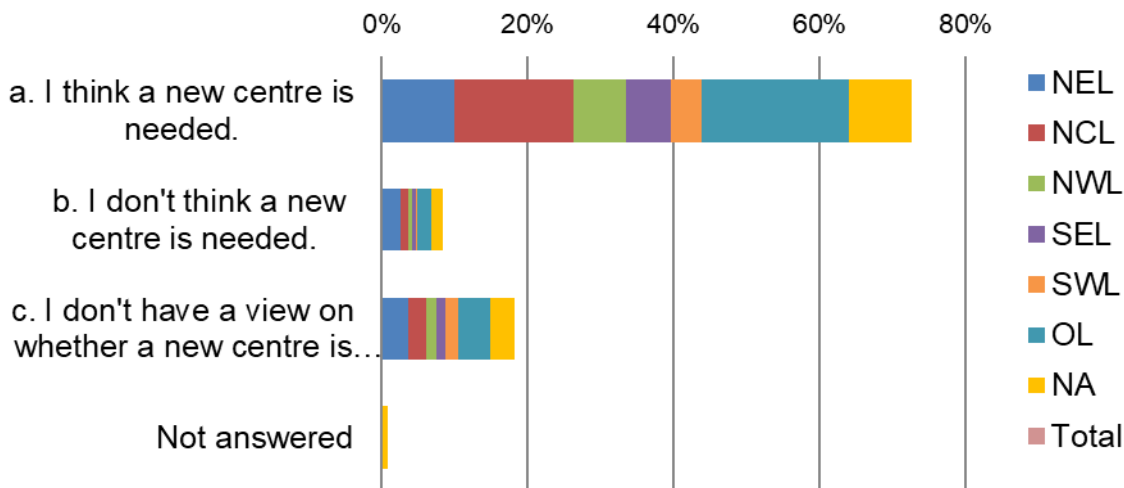
- Overall response rates were high – we received over 4,600 contributions, including 1,511 completed surveys.
- Survey responses were received from a spread of age-groups (with 64% of responses from people aged over 50), ethnic groups, and sexual orientation. 341 (23%) survey responses were from people with a disability, of which 118 are registered blind or partially sighted (note, many people with a sight-affecting condition are not registered blind or partially sighted).
- Responses were received from across a wide geographic area.
- Responses were also received from across current or former Moorfields patients (62% of responses), staff (15%), members of the public (8%), carers and family members (8%) and a number of other groups including sight loss charities.
- The key themes we heard have remained consistent throughout the consultation.

What do people think of the proposals?

The key themes from the consultation feedback were:

- **Overall agreement with the proposal to build a new centre at St Pancras** – including 73% of survey respondents.

Figure 3 - Responses to the question 'Do you think a new centre is needed?'



Key: NEL = North East London, NCL = North Central London, NWL = North West London, SEL = South East London, SWL = South West London, OL = Out of London, NA = Not Answered

- **Overall agreement with the proposal to build a new centre at St Pancras** – including 73% of survey respondents. The highest levels of agreement came from current and former service users and staff.
- **Maintaining the high quality of clinical care** at Moorfields is of the highest importance.
- **The development of a new centre is an exciting opportunity** to make significant improvements in patient care and experience, and we should continue to involve patients and public to ensure we get this right. Moorfields have established user groups to develop designs for Oriel, which will include patient representatives, staff, clinical leads and independent experts where appropriate.
- **Choice of location and alternative sites** – a majority of people (including 73% of survey respondents) support the St Pancras location. A number of alternative sites were suggested, which were evaluated by property experts and found to be unsuitable for a variety of reasons (see Appendix J). A small number of people stated a preference for staying at City Road, primarily due to familiarity with the site. A slightly higher level of dissatisfaction with the proposals was expressed by people living in east London.
- **Accessibility to and around the proposed St Pancras site is extremely important** – 30% of survey respondents stated they were concerned about the travel to the St Pancras site. Key concerns included the difficulties of navigating a busy open-plan area from a station with multiple exits. Overall people felt that improved clinical quality is more important than travel issues, which could be overcome. A number of suggestions were made as to how Moorfields could help service users travel the last half-mile to the St Pancras site, and navigate the building. Involvement of staff, service users, carers and sight loss charities in proposal development is crucial. Moorfields will lead the

development of an accessibility plan with patient representatives, transport providers, sight loss charities and Camden Council to ensure concerns are adequately addressed.

- **Other aspects of patient experience** – it was felt that communication with service users is an area which could be improved now, and that the benefits of a new centre will include better facilities such as waiting areas. Moorfields have commissioned a major programme of customer service training and improvement during 2020, which will be informed by consultation feedback.

1.6. Integrated health inequality and equality impact assessment (or Integrated Impact Assessment – IIA)

To ensure the NHS has paid ‘due regard’ to the matters covered by Public Sector Equality Duty, we have appointed an independent expert to undertake an integrated impact assessment (IIA), to ensure the proposal does not have a disproportionate impact upon any groups with protected characteristics, and assess whether the proposal will reduce health inequalities.

The IIA found that Moorfields City Road service users are more likely than in other healthcare settings to have one or more of the protected characteristics. Users of services at the City Road site often have a long and trusted relationship with the teams located there.

The IIA specifically focused on the impact of the proposed relocation. The analysis showed a number of protected characteristics, health inequalities and health impacts were not negatively impacted by this proposed relocation. A summary of the key impacts are:

- Most feedback supported the proposal to relocate, due to the integration of eye care with research and education. This would specifically support the opportunity for closer working with organisations such as the Francis Crick Institute, RNIB and UCL.
- People felt that the new centre would benefit both patients 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.
- The primary issue for people with protected characteristics is the complexity of navigating the last half mile.

The IIA and Consultation Findings Report identified that the proposals would have a greater impact on populations in North East London than in other areas, due to accessibility challenges. It should be noted that while lower levels of support for the proposals were received in this area, there was overall agreement, with 61% thinking a new centre is needed. In response to this:

- The consultation included proactive engagement with groups in North East London to ensure concerns were fully captured and understood.
- Moorfields have accepted all of the recommendations in the IIA (see Appendix H).
- If proposals go ahead, the accessibility plan will include a detailed assessment of all potential journeys, to consider how accessibility challenges will be addressed in high priority areas. Development of plans will involve working with key stakeholders such as CCGs, local optical services and Borough Councils within North East London.
- It should be noted that Moorfields have network sites in North East London, including in Mile End, Stratford and Barking. Service users will continue to be offered the opportunity to visit these sites for routine and low complexity appointments.

Appendix E details the opportunities presented by the proposals to reduce health inequalities. These include:

- Improving the patient experience through improved facilities which are developed in line with the needs of people with protected characteristics.
- Improving access to, and visibility of, patient support services.
- Improved wayfinding around the new centre, designed in collaboration with service users, sight loss charities and mobility experts.
- Closer working with community and primary care providers to deliver services closer to home.

Moorfields have developed a detailed action plan to respond to the IIA recommendations, which is included in Appendix H.

1.7. Options appraisal validation

Following consultation close, the options appraisal was validated to identify any feedback that could change the preferred option. This involved two workshops with patients and public representatives to review the critical success factors, and a review of alternative sites suggested during the consultation.

It was concluded that the proposed relocation of Moorfields services from City Road to the St Pancras site remains the preferred option.

The 15 commissioners (NHS England Specialised Commissioning and the 14 CCGs with contracts over £2m per annum at City Road) have been involved throughout the options appraisal, and have contributed to the qualitative assessment of options. Commissioners have confirmed that the preferred option is not expected to have a material impact on the underlying financial position of commissioners when compared to the baseline option (to remain at City Road).

1.8. Assurance and compliance

Independent assurance has been sought from The Consultation Institute (TCI) on our consultation methodology. Their recommendations have been incorporated throughout the process, their final (Gateway 6) has been completed, and a letter is expected which confirms whether the consultation has been undertaken in line with good or best practice. Legal advice has also been obtained to confirm the consultation aligns with our statutory requirements.

The Secretary of State's four tests for service change were closely considered throughout this process and are considered to have been met.

The Mayor of London's six tests for STP proposals have also been considered closely during the consultation process and is included at Appendix A.

1.9. Implementation plans

If approval is given to proceed, Moorfields will manage project delivery utilising a dedicated team of clinical, infrastructure, communications, finance and other technical staff. These plans will be described in detail in the Moorfields Outline Business Case (OBC), which will undergo a robust review and challenge by NHS England and NHS Improvement (NHSI/E), the Department of Health and Social Care (DHSC). CCGs will also be asked to support activity assumptions. This will provide assurance that the proposals are deliverable. As implementation plans are developed further, they will be reviewed again as part of the Moorfields Full Business Case (FBC).

It is expected that Oriel could open in 2025/26, if approval is given to proceed.

Commissioners also plan to establish a London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London. Commissioners will pursue opportunities for reprovisioning activity, working in partnership with providers and commissioners across London to ensure services are delivered in the best possible way for patients, and deliver value for money.

The key risks from a commissioner perspective are:

Table 1 - Commissioner risks relating to the consultation

Risk	Likelihood	Impact	Mitigation
Risks associated with the consultation process			
Risk that the consultation is not adequate, or has not followed due process, which could result in a Judicial Review or Independent Panel Review.	Low	High	<p>Conducting a robust consultation:</p> <ul style="list-style-type: none"> • Pre-consultation engagement undertaken. • An extensive 16 week consultation period to the offset any negative impact of running a consultation during the month of August. • Consultation Findings Report published in draft on 23 October 2019, giving the public 2 weeks to provide comments before finalising. • Overview and Scrutiny Committees engaged during development of the PCBC and DMBC. • Oversight of the process by consultation programme board, with membership from all key stakeholders including CCG and Specialised Commissioning commissioners, Moorfields Eye Hospital, patient representative, clinicians and NHS England (who are providing expert advice and assurance). <p>Independent assurance has been sought:</p> <ul style="list-style-type: none"> • Expert advice (TCI) commissioned to review the methodology throughout the consultation. Recommendations have been implemented

			<ul style="list-style-type: none"> Legal advice has been commissioned to ensure compliance with our legal obligations
Risks associated with delivery of the proposals			
Risk that Oriel is not delivered in line with the recommendations set out in this DMBC	Low	High	Recommendations will be central to the Moorfields business cases, which will be assured by NHSI/E and DHSC. Further consideration will be given to commissioner oversight over the St Pancras redevelopment.
Risk that business-as-usual activities, such as delivery of services through network sites, is negatively affected by focus on delivering Oriel	Low	High	Commissioners to continue to monitor performance as per existing contractual arrangements.
Risk that delivery of a new centre drives increased activity to the site, with a financial impact upon commissioners	Low	Low	The potential for this has been factored into the system modelling set out in section 0.
Risks associated with development of service models			
Risk that pathway changes are not co-ordinated across London, limiting their benefit to patients	Medium	Medium	London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London.

Commissioners and Moorfields will build upon the existing momentum and links with the community, to continue a two-way dialogue as proposals are developed. The Trust will continue to communicate with all stakeholders to inform them of progress, and following feedback on the importance of a smooth transition, particular focus will be given to communication as the date of the new centre opening approaches.

1.10. Financial and commercial impact of preferred option

The 14 CCGs and NHS England Specialised Commissioning have reviewed the proposals and confirmed that the preferred option is not expected to have a material financial impact on commissioners, and that activity projections are in line with commissioner expectations and are therefore financially sustainable. Commissioners have committed to pursue reprovisioning of activity and development of new pathways.

The proposals will not supersede contractual agreements, which will take place independently of this DMBC.

Moorfields' capital and revenue modelling for Oriel show that the preferred option is financially sustainable for the Trust, and that funding sources have been identified.

The financial projections in this DMBC have been refined since the PCBC following more detailed demand modelling and development of proposals. There have been no fundamental changes in parameters or assumptions since the PCBC.

1.11. Decision-making and recommendations

The Committees in Common are requested to:

- a) **NOTE and COMMENT** on the Decision Making Business Case, which sets out the evidence for the case, including:
- The clinical case and evidence of support
 - The future models of care and evidence from system modelling
 - Feedback from engagement and consultation
 - Findings from the integrated health inequality and equality impact assessment (IIA)
 - The financial plan and affordability, which provides an assessment of value for money
 - The Secretary of State for Health and Social Care's four tests for proposed service change and are considered to have been met:
 - ✓ Strong public and patient engagement
 - ✓ Consistency with current and prospective need for patient choice
 - ✓ A clear clinical evidence base
 - ✓ Support for proposals from clinical commissioners.
 - The Mayor of London has considered the first four of six tests, as set out in the decision making business case, and is broadly content. The final two tests will be considered by 12 February 2020.
 - NCL JHOSC considered the consultation outcome on 31 January 2020 and concluded that the engagement process with relevant local authorities, residents, patients and staff has been of sufficiently high quality and proposals are in the interests of healthcare for our residents and patients. This is on that the basis that they will improve patient experience, access to care, as well as the integration of healthcare, teaching and research while delivering the best possible value for money.
- b) **APPROVE** the proposal to relocate services from Moorfields Eye Hospital's City Road site to St Pancras, and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

As part of formal support for the proposal, the Committee in Common is asked to approve the following recommendations that seek to address the feedback we have gained. These are included in the formal support letter and records of decision making, for Moorfields and commissioners to address as part of the development and design phase:

1. Accessibility

The consultation clearly highlights accessibility both within the new site, and for the last half mile to the St Pancras site. To ensure this is addressed, Moorfields Eye

Hospital should develop and implement a robust accessibility plan, which is co-designed by the Trust in partnership with sight loss charities, Oriel Advisory Group, patients, transport providers, local authorities, commissioners and voluntary organisations. The accessibility plan should be incorporated into the building master plan, planning application and the development of the Oriel Full Business Case.

2. Working in partnership and programme governance

The Committee in Common would like to thank all statutory, non-statutory groups and members of the public who contributed to the consultation to provide such a wealth of information to inform the decision and future design of the proposed St Pancras site. They also commend the approach and valuable input of the Oriel Advisory Group and the network of other partners into the consultation process.

As such, the Committee recommends that the Oriel programme continues to actively involve the Oriel Advisory Group as well as the extensive range of stakeholders that have contributed to the consultation, in the development of the centre at the St Pancras site.

Given the St Pancras site development includes a range of stakeholders, the Committee recommends further consideration be given, with NHS England and Improvement, about the need for formal programme governance, which brings together the multiple stakeholders involved in the St Pancras site development, including NCL STP representation to ensure there is robust strategic oversight of the development as a whole.

Governance for the Oriel development of the new St Pancras site will be through the joint governance mechanisms agreed by the Trust and UCL. The Trust will report progress of the development into the proposed St Pancras site governance.

3. Service Improvement

Feedback during the consultation identified improvements in patient experience that can be commenced prior to the proposed move. It is recommended that Moorfields review the feedback received during the consultation and address areas of improvement before implementation of Oriel where possible.

4. New Models of Care

The ophthalmology demand and capacity modelling highlighted the potential benefits of working collaboratively to ensure a coherent approach to the development and implementation of new models of care that improves care for patients and provides care closer to home. To realise this potential, it is recommended that post decision making:

- Commissioners **establish a London Ophthalmology Collaborative** to progress system-wide service redesign of eye care services across London, which would support:
 - Collaboration between system partners including Moorfields and relevant commissioners to develop coherence and standardisation in the pathways experienced by ophthalmology patients.

- Delivering the aspiration relating to follow up outpatient appointments as set out in the NHS long term plan, where clinically appropriate.
- Managing activity growth assumptions as outlined in the Ophthalmology Systems Modelling report to support a sustainable model of high quality eye care.
- Determining potential for future collaboration between Western Eye Hospital and Moorfields to ensure the most effective model of eye care services.

The Collaborative will build upon the modelling work undertaken for the DMBC, and delivery of the NHS Long Term Plan. The proposed new building will be designed flexibly to adapt to changing models of care as this develops. It should be noted the proposed relocation is not dependent on the work to establish a London Ophthalmology Collaborative.

5. Workforce and transition

To optimise the benefits of the new centre as referenced in both the PCBC and DMBC, it is recommended that Moorfields:

- Develop an **organisational development programme** to integrate clinical services, research and education, which enable optimal use of the new facilities and enable the Trust to realise the benefits of integrating research, education and innovation with clinical practice.
- Acknowledge and celebrate the history of the City Road site.

6. Reducing inequality

To ensure that the negative impacts identified in the Integrated Health Inequalities and Equalities Impact Assessment (IIA) are mitigated as far as possible and the potential positive impacts are harnessed, a plan should be developed in response to each of the recommendations arising from the IIA.

In addition, Moorfields should seek to ensure that there is comparable experience and outcomes between the new site at St Pancras and the Trust's existing network of sites.

Delivering the recommendations

The Moorfields response to the consultation (included at Appendix H) sets out how the Trust plan to implement the recommendations set out above, and in the IIA. It is recognised that accessibility to the site ('the last half mile') is a key concern. If proposals go ahead, Moorfields will build upon the co-production workshops on accessibility to lead a multi-agency partnership which will include, for example:

- Patient and public representatives
- Camden and Islington NHS Foundation Trust, who own the St Pancras Hospital site
- Camden Council
- Transport for London
- Network Rail, HS1 Limited and other rail companies
- London Vision, RNIB, Guide Dogs and other sight loss charities
- AECOM and partners, who are leading the design of the proposed new centre
- Moorfields Eye Hospital, UCL and Moorfields Eye Charity – the lead partners of Oriel

It should be noted that the partners cannot engage in meaningful discussions with agencies such as Transport for London before they have committed to the site.

If decision-makers recommend that proposals should proceed at DMBC stage, **accessibility plans will be scrutinised at various gateways** before project implementation:

- Town planning application – during which the London Borough of Camden will review accessibility plans in detail, and the public will have the opportunity to view and comment on plans.
- Full Business Case (FBC) – commissioners will be asked to provide formal support for the proposals as part of Moorfields' FBC in 2021. Once submitted, the FBC will be scrutinised by NHS regulators (NHS England and NHS Improvement, and the Department of Health and Social Care) before being put forward for Treasury and Ministerial approval.

PART A – THE PROPOSED CHANGES

2. Introduction and Context

Introduction and Context – chapter summary

This section provides an overview of the purpose and development of this Decision-Making Business Case (DMBC), as well as a description of its contents.

This DMBC has been drafted on behalf of the 14 CCGs who individually commission over £2m per annum of activity from Moorfields City Road, and NHS England Specialised Commissioning who are the largest commissioner of Moorfields activity at City Road, to conclude the public consultation on Oriel. It follows a 16-week consultation process which commenced on 24 May 2019 and concluded on 16 September 2019.

This consultation sought views from Moorfields patients, carers, staff and the public on the proposal to relocate Moorfields' services from the existing site at City Road (parts of which are around 125 years old, inefficient and create a poor patient experience) to a new centre located on the site of St Pancras Hospital. This would provide a bespoke clinical environment, promote integration between clinical, research and education, facilitate streamlined clinical pathways and significantly improve the experience of both patients and staff.

This chapter sets out:

- The anticipated benefits of the proposed new centre.
- The scope of the consultation.
- The process undertaken since 2013 to develop the proposals.
- The strategic context.
- The consultation's governance arrangements.

This DMBC has been developed in line with the NHS England guidance document "*Planning, assuring and delivering service change for patients*" (version 3, March 2018), and HM Treasury's Green Book guidance relating to the capital investment decisions involved in supporting the proposed changes.

2.1. Purpose of the Decision Making Business Case (DMBC)

Commissioners are committed to ensuring that healthcare provision across the primary, community and acute sectors meets the needs of patients. We recognise that we can only do this by listening to the views of patients, the public and staff delivering services.

This DMBC considers the response to the public consultation on Oriel – a proposal to relocate ophthalmology services from Moorfields' existing site, to a new build centre at St Pancras. This

proposal is described in section 3. The consultation has been led by the 14 CCGs who individually commission over £2m per annum of activity from Moorfields' City Road site, and NHS England Specialised Commissioning, to enable us to ensure that the proposals are in the best interests of patients and the public. The process has captured feedback from over 4,600 contributions, including patients, the public, staff, voluntary and statutory organisations. We have undertaken system modelling across the eye care system, and commissioned an independent Integrated Health Inequality and Equality Impact Assessment.

We have found a consistent level of support for the proposal, and have acquired valuable feedback on areas of concern from a broad range of people. Through system modelling work with a range of partners, we have identified opportunities for improvement in eye care across the system. The response to this feedback, and recommendations, are described in sections 9.1 and 9.3.

Commissioners have, and will continue to provide input into the proposals if approved, through the following process.

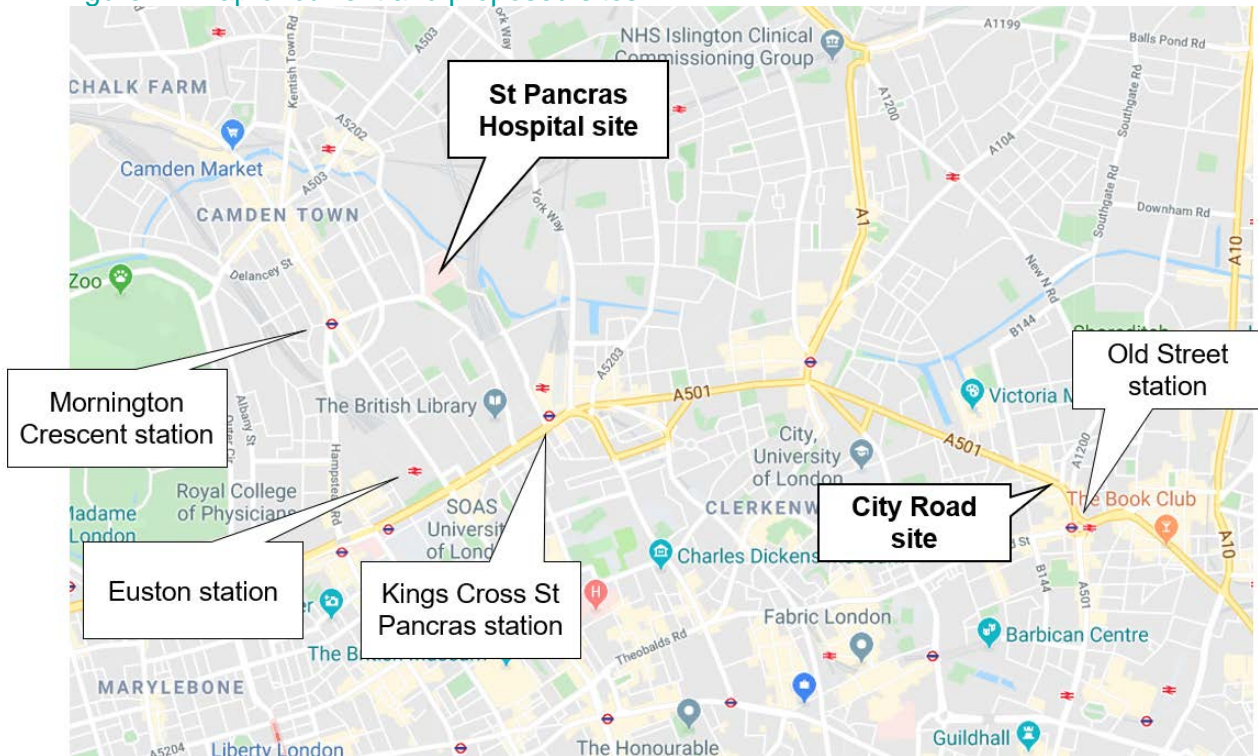
Pre-Consultation Business Case (PCBC)	The PCBC described the case for change and proposed service changes. It identified a move to the St Pancras site as the preferred option, and set out plans to consult on this in order to gain the views of people affected by the proposed service change. The PCBC was approved by the Committees in Common (attended by the 14 CCGs) on 24 April 2019 and the NHSE London Regional Executive Team (LRET) on behalf of NHS England Specialised Commissioning on 23 April 2019.
Public consultation	Following approval of the PCBC, commissioners led a 16-week public consultation to obtain the views of a wide range of people. This is described in sections 5 and 6.
Decision Making Business Case (DMBC)	<p>The DMBC follows the 16-week public consultation and:</p> <ul style="list-style-type: none"> • Confirms that the key parameters for the project have not materially changed since the PCBC (including the case for change and preferred option). • Details the consultation process undertaken, as well as the external assurance obtained. • Presents the findings and key themes from the consultation, demonstrating how these are shaping proposals. • Sets out how this feedback will be taken into account if proposals are developed further. • Presents the Integrated Health Inequalities and Equality Impact Assessment, which examines the impact of the proposals on groups with characteristics protected by the Equality Act 2010, and the impact of proposals on the whole of the population served and identifying and addressing factors which would reduce health inequalities. • Demonstrates how the development of the preferred option is compliant with the Secretary of State for Health and Social Care's four tests of service reconfiguration.

	<ul style="list-style-type: none"> • Outlines the ophthalmology system activity modelling and growth assumptions and approach to reviewing the options. • Demonstrates that the preferred option is affordable to commissioners and providers, provides value for money and is deliverable. <p>This will be submitted to the Committees in Common and NHSE London Regional Executive Team (LRET) for approval.</p>
Decision-making process	Based on the feedback received, commissioners are undertaking a decision-making process to establish whether the proposals should proceed, and develop recommendations. This is described in section 9.
Outline Business Case (OBC)	If proposals are approved by commissioners , Moorfields will submit an OBC detailing the proposals for scrutiny and approval by NHS England / Improvement (NHSE/I), the Department of Health and Social Care (DHSC) and Treasury. Commissioners will be asked to support this document, and will expect it to align with the system modelling and recommendations set out in this DMBC. UCL will also seek internal approval for their portion of the development.
Full Business Case (FBC)	If the OBC is approved, Moorfields will continue submit detailed plans for final approval by NHSE/I, DHSC and Treasury before commencing construction. This will require further commissioner support, at which point commissioners will expect to see evidence of compliance with the recommendations set out in this DMBC (for example, appropriate measures to address accessibility concerns).

2.2. Introduction

This DMBC addresses the proposed move of ophthalmology services from Moorfields' City Road site, to the St Pancras Hospital site. This proposal is called 'Oriol'.

Figure 4 - Map of current and proposed sites



There is a clear clinical case for the proposed move of Moorfields Eye Hospital's City Road services, but only by listening and learning from people who may benefit from the proposed new centre can we be truly confident of making the best decisions.

The opportunity to build a brand new centre is an opportunity to redesign and improve eye care. During consultation, we have listened to views concerning patient experience, equal access to services and proposed new models of care, as well as detailed ideas about the design and function of the proposed new centre and how we should prepare for the move.

Over a five-phase programme of communication, involvement and consultation, which began in 2013/14, people have been involved in developing the proposals, assessing options and selecting design partners. Between December 2018 and April 2019, over 1,700 contributions from patients, public and staff helped to frame the proposal for consultation, in the context of what is important to patients and families. This pre-consultation engagement with public, patients and residents was key in helping to shape the proposal that was published for public consultation on 24 May 2019.

During the 16-week public consultation from May to September 2019, a further 4,600 responses have confirmed the main themes and helped to set the agenda for development, design and planning in the months ahead.

2.3. Key consultation partners

The key organisations involved in development of the proposals are:

- **Commissioners** – Moorfields' services at City Road are commissioned by 109 CCGs across England, as well as NHS England. 14 CCGs, as well as NHS England Specialist Commissioning, hold significant contracts with Moorfields at City Road of over £2m per annum, and have been involved in shaping the detail of these proposals.
 - **CCGs** are represented by NHS Camden who are acting as lead CCG.
 - **NHS England Specialised Commissioning** who are the largest commissioner of Moorfields activity at City Road, including paediatric activity, and rare conditions such as ocular cancer and ocular prosthetics.
- **Moorfields Eye Hospital NHS Foundation Trust** – The Trust is one of the leading providers of eye health services in the UK and recognised as a world-class centre of excellence for ophthalmic research and education. The City Road site is the largest of a network of over 30 sites operated by Moorfields across London and the south east of England. Moorfields runs local ophthalmology services from the site, as well as specialised services. It partners with the neighbouring UCL Institute of Ophthalmology (IoO) to deliver education and research into eye care which has the potential to revolutionise how we treat eye disease in future.
- **NHS England / Improvement** – As well commissioning specialised services from Moorfields City Road, NHS England / Improvement have provided an assurance role throughout the development of this DMBC.

Other partners in Oriel include:

- **Moorfields Eye Charity (MEC)** which supports the work of Moorfields and UCL IoO, and has committed to raise philanthropic donations to the project.
- **University College London (UCL)** whose Institute of Ophthalmology (IoO) has a reputation as one of the most influential, largest and most successful research facilities in the world, and which has aspirations to work more closely with Moorfields to further 'bench to bedside' translational research in the field of ophthalmology.

More information on all of these partners can be found in the PCBC.

All documentation published as part of the consultation, as well as information about how to engage with the development of proposals, can be found on the dedicated Oriel website at www.oriel-london.org.uk.

2.3.1. Public consultation scope

When planning the consultation and developing the PCBC, NHS Camden CCG and NHS England Specialised Commissioning, together with Moorfields Eye Hospital, UCL and Moorfields Eye Charity, agreed that the consultation should focus on the option to move of all services provided by Moorfields at the current City Road site including the Richard Desmond Children's Eye Centre and A&E.

The options appraisal in the PCBC detailed the robust options development and appraisal process undertaken before the launch of the consultation. Through the scoring of a long list of options, this process demonstrated that Oriel is the only viable option for progressing the proposals. It detailed a number of site searches which did not find a suitable alternative in

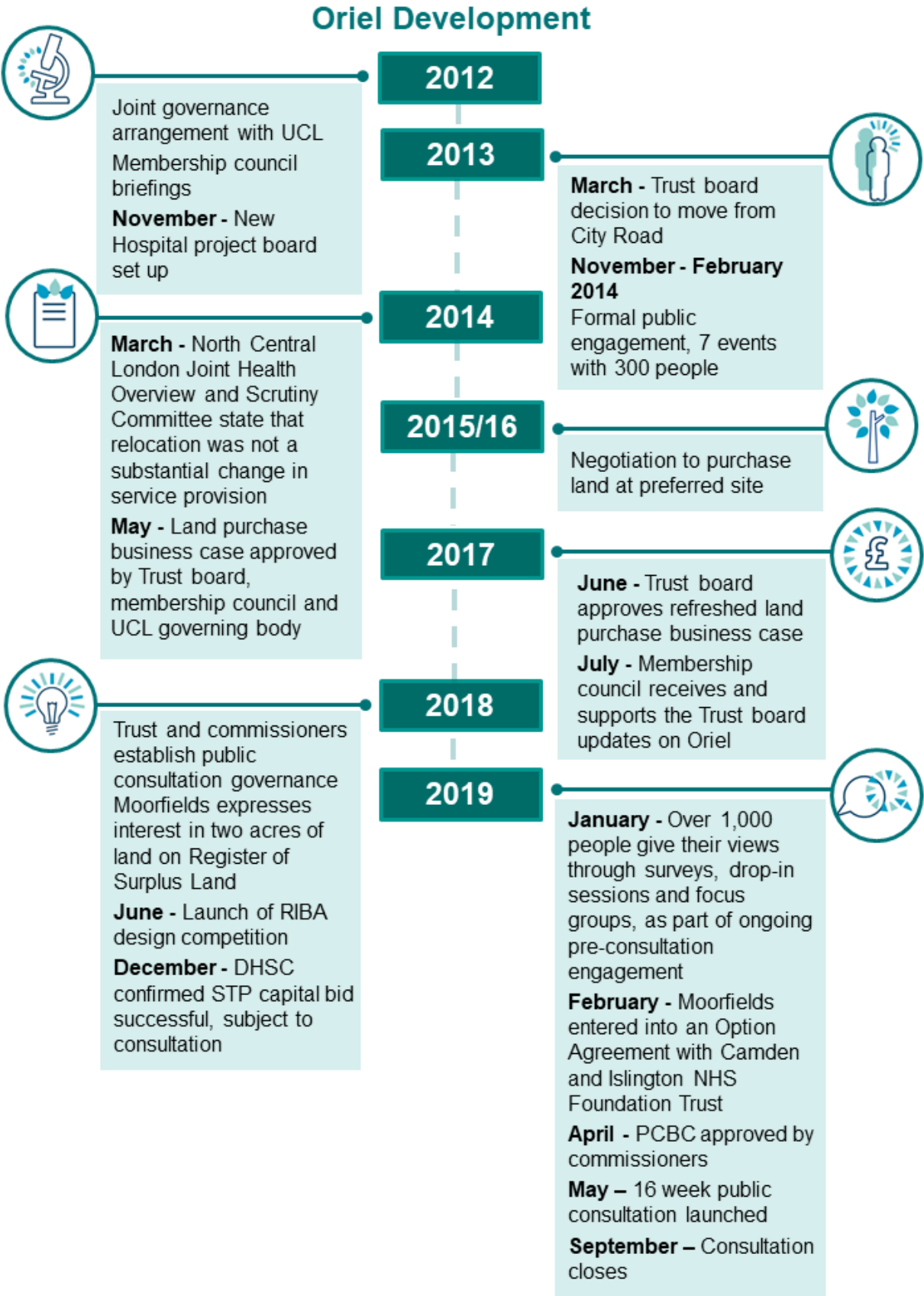
London based on size, location, accessibility and affordability. It discounted the second-highest scored option of redeveloping the City Road site as this would not support future innovation, deliver improved efficiency, significantly improve patient experience or deliver the desired opportunities for excellence in clinical services, research and education. It would also be very challenging to deliver as construction would take place while the hospital was operational, and it would not represent value for money. On this basis, the public consultation focussed on whether there is public support for a single preferred option, as well as asking for alternative site suggestions.

While Oriel is focused on optimising the provision of services from the City Road site, Moorfields is also working to develop a strategy for its network sites across London and the south east of England. The public consultation and this DMBC focuses only on the services currently provided from the City Road site and assumes no significant shift of activity between sites in the network as a result of the proposed relocation.

2.3.2. Proposal development – the Journey so Far

Development of the proposed changes has been ongoing since 2012 and includes work on the pre-consultation activities, stakeholder engagement and options development. Further detail of the options development is set out in section 3.5.

Figure 5 - Proposal development to date



2.4. Strategic Context

The strategic context for the proposals, and a description of how the proposal is consistent with this, is set out in the PCBC (sections 3.3, 3.4, 4.1, 4.2 & 4.3). These sections detail all relevant local, regional and national strategies. The only change to the strategic context since the PCBC was published in April 2019 has been the publication of an updated Long Term Plan, and North Central London (NCL) STP's response to this. This is described below.









In summary:

- **NHS Long Term Plan (2019)** – the plan's key aims are to make sure everyone gets the best start in life, continue to provide world-class care for major health problems, and support people to age well. Key components of the plan are to bring together different professionals to coordinate care better, make better use of data and digital technology, and make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients. The plan covers the following key themes.
 1. New service models – more options, better support, properly joined-up care in the best setting, delivering care closer to home where appropriate.
 2. Tackling health inequalities – through screening and prevention, as well as targeting groups who typically struggle to access healthcare services.
 3. Improving care quality and outcomes – including a commitment to support research and innovation.
 4. Tackling workforce pressures and providing staff with the support they require – including through career development, education and training.
 5. Upgrading technology and providing digitally enabled care across the NHS – including digital services such as virtual clinics, and supporting opportunities for medical breakthroughs and consistent quality of care.
 6. Putting the NHS back onto a sustainable financial path.
- **NCL STP response to the Long Term Plan** – The NCL STP has published a response to the Long Term Plan². This sets out the strategic intentions relevant to ophthalmology. This echoes the intention to develop fully integrated community-based models of care, a focus on prevention, supporting staff and increasing the use of digital tools to transform how outpatient services are offered.
- **STP and commissioner strategies** – Moorfields clinical sites are located across eight STP footprints, with the City Road site located in the North Central London (NCL) STP. In order to achieve their vision that 'local people deserve to be supported to live happier, healthier and longer lives', the NCL STP strategy focuses on prevention, service transformation to meet the needs of a growing population, improving productivity to achieve efficiencies and use of enablers such as technology to improve capacity. The ways in which the proposals align with the NCL STP transformation plans, commissioning intentions and estates strategy are detailed in the PCBC (section 3.6). The STP estates strategy highlights Oriel and the St Pancras redevelopment as priorities, and the project has been granted Wave 4 funding.

² <https://www.northlondonpartners.org.uk/ourplan/draft-response-to-the-nhs-long-term-plan-in-north-central-london.htm>

- **Moorfields 2017-2022 Organisational strategy ‘Our vision of excellence’** – in the context of the Long Term Plan and NCL STP response Moorfields sets out the organisation’s purpose of ‘working together to discover, develop and deliver the best eye care’ via four ambitions and four enablers.

Figure 8: Summary of 2017-2022 Moorfields organisational strategy

Ambitions	Enablers
 We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	 We will attract, retain and develop great people
 We will be at the leading edge of research, making new discoveries with our partners and patients	 We will have an infrastructure and culture that supports innovation
 We will innovate by sharing our knowledge and developing tomorrow’s experts	 We will have a sustainable financial model
 We will collaborate to shape national policy	 We will be enterprising to support and fund our ambitions

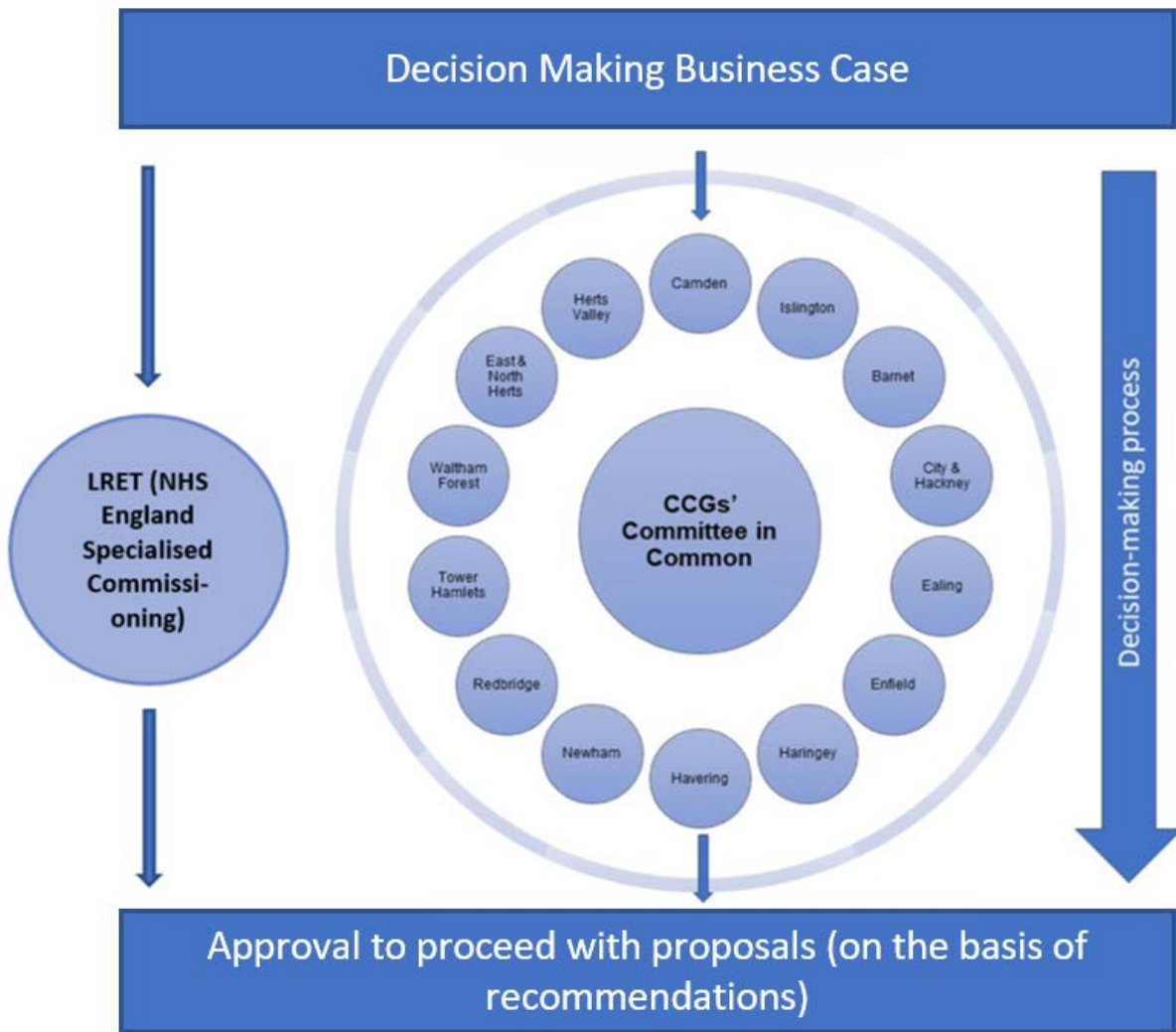
2.5. Governance

The public consultation has been led by NHS Camden CCG, on behalf of the 109 CCGs who commission services from Moorfields’ City Road site, working in partnership with the 14 CCGs who commission over £2m activity per annum, and NHS England Specialised Commissioning.

Progress has been overseen by a consultation programme board, reporting to the Committees in Common. The purpose of the programme board is the implementation of the planned public consultation, including production of the pre-consultation business case (PCBC) and decision-making business case (DMBC). Working groups reporting into the programme board include systems modelling, finance, communications and consultation. The membership includes all key stakeholders including CCG and Specialised Commissioning commissioners, Moorfields, patient representative, clinicians and NHS England (who are providing expert advice). NHS England provided assurance on the PCBC, and have confirmed that as the DMBC is not materially different from the PCBC, further assurance is not required.

Decision-making has been undertaken by the Committee in Common (CIC) which is made up of the 14 CCGs, and NHS England’s London Regional Executive Team (LRET) as shown in Figure 6.

Figure 6 - Governance arrangements for decision-making



Post-consultation governance proposals are set out in section 10.2.

3. The proposal – Vision, objectives and case for change

The Proposal – Vision, objectives and case for change – chapter summary

This section summarises the case for change, which has been shaped by clinical involvement and reviewed by the London Clinical Senate in November 2018. This review set out a series of recommendations which have now been addressed.

The vision, objectives and planned benefits of the proposed new centre at St Pancras are summarised in this section. They reflect the objectives and benefits set out by Moorfields, and remain unchanged from the PCBC.

The vision for the proposed relocation of Moorfields services from City Road to the St Pancras Hospital site is to bring together clinical care, research and education expertise in one flexible, fully-integrated centre, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators.

The objectives are:

- Creating the best possible patient experience.
- Attracting and empowering people.
- Inventing and innovating together to be at the leading edge.
- Educating people to be the very best.
- Driving efficiency and effectiveness.

This section describes the options appraisal process undertaken by commissioners and Moorfields to arrive at the preferred option – a new centre on the St Pancras site. This process has consisted of:

- An appraisal of options in 2013, led by Moorfields.
- A refresh of the options appraisal in 2019, in line with updated Treasury guidance, and with the benefit of updated site searches and pre-consultation engagement. This included workshops involving patients, public, staff, commissioners, Moorfields and UCL. This concluded that relocation of Moorfields services from City Road to St Pancras is the preferred option, and should be consulted upon.
- A validation of the options following the public consultation, including workshops to review the critical success factors, and a review of alternative sites suggested through the consultation process (described in section 7).

The anticipated benefits of a new centre are:

- Integrating eye care across the service system, making use of primary, community & acute care systems.
- Accommodating increasing activity.
- Improved clinical outcomes.
- Delivering services more efficiently.
- Ensuring the best possible patient experience.
- Creating a world leading centre incorporating the latest technology and medical advancements.

- Creating a cutting-edge research and development hub for ophthalmology.
- Improved education.
- Improved working environment.

Key supporting documents:

- **Appendix B – London Clinical Senate recommendations and action plan**

3.1 Case for Change

There are a number of national, regional and local factors driving the need for change, which remain unchanged since completion of the PCBC:

- The CQC highlighted the impact of the current ageing estate at City Road on **patient experience**, specifically in relation to privacy and dignity. Patient feedback from the Friends and Family Test and other sources has also highlighted factors associated with the environment and specifically waiting times in clinics, availability of refreshments, communication, distractions, and waiting environment. This has been confirmed through the public consultation – 73% of people agreed that a new centre is needed.
- The rising incidence of eye disease requires the **development of new techniques and technology** to diagnose and treat conditions more effectively. The City Road site constrains scientists and clinicians, with ageing facilities and a configuration that hinders rather than facilitates interaction. An integrated building presents an opportunity to **integrate clinical services, research and education**, thereby enabling Moorfields and UCL to work together to train the best staff, and develop new treatments. It will also enable the Trust to accommodate future changes.
- **More patients will need treatment for eye conditions in the future**, placing increased pressure on space, services and facilities. This requires organisations to be agile, adapting their service models in response to changing clinical and technological advances.
- Exemplar organisations have demonstrated **opportunities to generate efficiency and financial benefits** by tackling unwarranted variation in care across hospital eye services. Delivering significant improvements in operational efficiency requires optimal configuration of physical estate.
- The buildings at City Road will require significant investment in the future – it is therefore considered better value for money to invest funds into a new fit-for-purpose building.

“All of your staff are brilliant and try and help where they can but unfortunately the physicality of the surroundings that they are in makes this exceptionally difficult.”

**Family member of patient,
letter received during
public consultation**

Moorfields has the unique ability to combine clinical excellence with outstanding, internationally recognised research and education. A purpose-built centre that would allow the effective combination of service delivery, teaching and research would enable the Trust and Institute of Ophthalmology (IoO) to continue to achieve excellence across all three disciplines. A new building will allow a fresh approach that is free from the constraints affecting City Road.

The background to each of these areas, and the rationale for why they are drivers for change, is set out in the PCPC (section 4.4).

3.2 Clinical senate review of clinical case for change

The clinical case for change and the proposals were reviewed by the London Clinical Senate at a panel in November 2018. Following the Review Panel, the London Clinical Senate submitted a report on its findings to the CCGs in which it confirmed that it found **“that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.”**

The panel made recommendations to which commissioners have responded (summarised in Appendix B). Its report, and subsequent correspondence, was published by commissioners as part of the formal consultation, which notes that all recommendations have now been addressed. They are available at www.oriel-london.org.uk.

3.3 The vision for eye care in a new integrated centre

The vision for the proposed relocation of Moorfields services from City Road to the St Pancras Hospital site is to bring together clinical care, research and education expertise in one flexible, fully-integrated centre, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators.

Built in partnership with patients, staff and students, this proposed new, integrated centre would enable clinicians and researchers to collaborate more freely, for the benefit of patients and

“As this move would increase the operational capabilities of Moorfields I for one think that it is a wonderful idea.”

**Moorfields patient,
email received during
public consultation**

people with sight problems, in an environment where innovation flourishes, inspiring advances to improve people's sight.

A critical requirement is to operate from a more flexible space given the way that patients navigate ophthalmic care pathways across NHS services now and in the future. The pace of innovation and change will continue to be rapid, with the development of more sophisticated technologies, such as artificial intelligence, genomics and new therapies. Patients could have access to facilities that would be more easily adapted to these innovative developments in ways that are not possible at

the City Road hospital buildings, some of which are around 125 years old. New models of care will improve access and experience by working better across the eye health system (including primary care).

3.4 Objectives

For this innovation to flourish, there is a need for flexible, technology-supported, physical infrastructure available to the north central London (NCL) health system, to London, the UK, and internationally, that will inspire advances to improve people's sight. As such, the **strategic objectives** of the proposed integrated centre include:

- **Creating the best possible patient experience** by substantially improving the current patient experience. This will be achieved in part through improvements to the patient on-site journey which can be long and complicated at the City Road site due to limitations of the current estate. A new centre will also improve patient experience through optimised

pathways. Partnership working across the eye care system will ensure patients are seen in the most appropriate setting.

- **Attracting and empowering people** by improving staff satisfaction and creating an environment that encourages more efficient use of staff time and provides ways of managing ever increasing workloads so that the high quality of services to patients is maintained.
- **Inventing and innovating together to be at the leading edge** by accelerating scientific research and discoveries with educational and research partners in London and more widely, to improve the prevention, diagnosis and treatment of eye disease to meet rising demand. This requires a system-wide approach as well as improved facilities and more interaction between scientists and clinicians. This aligns with the UK Life Sciences Strategy³.
- **Educating people to be the very best** by extending capacity for teaching by providing an environment in which students could flourish.
- **Driving efficiency and effectiveness** by optimising services as highlighted in the elective care high impact interventions: ophthalmology specification and for cataract surgery in the GIRFT review⁴, as well across them healthcare system.
- **Integrating eye care across the service system** to ensure that patients are seen in the most appropriate setting which provides the right level of clinical expertise, improves access to services, provides the best possible experience and represents best value for money to the healthcare system.

The proposed new centre would have a vital role to play in supporting the development of an integrated culture that strives for excellence in clinical practice, research and education, encouraging a spirit of collaboration between clinicians, researchers and other system partners to enable greater innovation in delivering care, research and education.

3.5 Options development and appraisal

A thorough options development and appraisal process has been undertaken before arriving at the preferred option of moving services from City Road to the St Pancras Hospital site. This process evaluated the value for money of a number of options to achieve the project's vision and objectives. This is described below, and is set out in more detail in the PCBC and Consultation Document.

2013 options review

An initial options appraisal was undertaken in 2013 by Moorfields, which examined how best to meet the project's critical success factors. This identified a preferred option – to relocate Moorfields ophthalmology services from City Road to a purpose built site at St Pancras. This was considered to be the only viable option that achieved the project objectives, delivered the required benefits and represented best value for public money. The benefits of this option are that.

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

³ <https://www.gov.uk/government/publications/uk-life-sciences-strategy>

⁴ <http://gettingitrightfirsttime.co.uk/surgical-specialty/ophthalmology-surgery/>

- A purpose-designed centre offers the space and flexibility to meet changing patient and service needs in the future.
- Creating the centre at a new location allows continuation of services at City Road until the proposed new centre is ready, offering greater potential for a smooth transition for patients, carers, staff and students.
- A new site scenario has the additional cost of purchasing the land, however this is more than offset by fully investing the sales proceeds from vacating the City Road site.
- The St Pancras site has good public transport links and can be purchased for a guaranteed price from Camden and Islington NHS Foundation Trust. The guaranteed price has been secured through an option on the land. Moorfields' professional advisors have confirmed that the price secured represents good value for money.
- The St Pancras site is relatively close (2.3 miles) to the existing City Road site, meaning the average patient journey to the site would only increase by three minutes (see travel time analysis in PCBC and on the Oriel website).

Early 2019 refresh

When developing the proposals and preparing the PCBC, the options appraisal was refreshed in line with the latest national guidance for business planning. The previously agreed long list of options was expanded to include currently available sites, and these options and the success criteria were reviewed at:

- A patient and public workshop which reviewed the critical success factors against which the options are appraised.
- A commissioner workshop which reviewed the critical success factors, investment objectives, and checked and challenged the options framework.
- A combined Moorfields executive, commissioner and patient and public workshop which reviewed the critical success factors and checked and challenged the options framework.
- A UCL workshop with representatives from the IoO, UCL finance and UCL estates which reviewed the critical success factors and checked and challenged the options framework.

“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**

These workshops concluded that moving to St Pancras and creating a purpose-built integrated centre was still the preferred way forward at this stage, and was the only option which can deliver value for money and the benefits set out in the PCBC and DMBC. The PCBC confirmed that this option should be the focus of the public consultation.

The methodology for this options appraisal is set out in the PCBC (section 8) and Consultation Document.

3.6 Benefits

The new centre is expected to deliver the following benefits for Moorfields service users and the field of ophthalmology. These are described in detail in the PCBC.

- **Integrating eye care across the service system** – developing a facility able to meet the growing demand for ophthalmic services, helping to support the health system in

London and beyond to manage waiting lists and times. The proposed new site could enable improved pathways across care settings.

- **Accommodating increasing demand** – which is being driven by factors including the ageing population.
- **Improved clinical outcomes** – which are already consistently strong, but which could be improved through improving access to care (e.g. by delivering outpatient appointments through virtual clinics or through primary care) and integration with research.
- **Delivering services more efficiently** – the themes of wait times and the environment of waiting areas are key areas of concern for patients. A new centre would offer reduced journey time within the building, with better facilities for multi-disciplinary teams to work together or in parallel to see patients, thereby improving patient care.
- **Ensuring the best possible patient experience** – the consultation highlighted a number of issues relating to the current building, which would be resolved in a new centre. These include facilities for all conversations to be undertaken in a private space, lighting and wayfinding appropriate for the needs of people with sight loss, reduced travel distances around the building and improved waiting times.
- **Creating a world leading facility through the use of technology and medical advancements** – a new centre would integrate clinical care and research, enabling development of bench-to-bedside medicine (an approach involving translating ideas from lab-based research into the development of new products and approaches in clinical practice). This will provide more patients with the opportunity to participate in research trials, and is expected to increase the speed with which new treatments can be developed. Creating a digitally-enabled facility could also improve patient experience and service delivery.
- **Creating a cutting-edge research and development hub for ophthalmology** – the new centre would be a flagship for the NHS, delivering new service models and sharing information with NHS sites and partners. The new facility would be outward-looking, developing pioneering approaches to the prevention, diagnosis and treatment of eye diseases. An example of the cutting-edge research already underway is shown below.
- **Improved education** – a joint eye care, research and education facility would support a significant increase in the number of qualified and well-trained staff in all disciplines in the future, given the trends in demand for eye services.
- **Improved working environment** – in order to maintain a sustainable workforce to deliver services at Moorfields, the Trust needs to continue to attract and retain the best staff by offering opportunities to participate in cutting-edge service delivery and research, in well-designed facilities.

The London project to cure blindness

The London Project to Cure Blindness is a partnership between UCL IoO and Moorfields. The project seeks to improve sight loss caused by wet age-related macular degeneration (AMD), the most common cause of sight loss in the UK, using a stem cell treatment. In March 2018, results from the clinical trial were published showing patients regaining sight after receiving retinal tissue engineered from stem cells.

“In the months before the operation... I was struggling to see things clearly, even when up-close. After the surgery my eyesight improved to the point where I can now read the newspaper and help my wife out with the gardening. It’s brilliant what the team has done, and I feel so lucky to have been given my sight back.”

Douglas Waters, 86 – one of two people who received the treatment at Moorfields

4. System modelling and future models of care

Service Context and Projected Activity – chapter summary

This section summarises the current landscape of ophthalmology services, and projected changes in demand in the Moorfields catchment area. It identifies opportunity for commissioners and providers to pursue different ways of delivering services.

The number of people likely to develop the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. By 2030 an extra 194,000 Londoners are predicted to be living with a sight-threatening eye health condition and an extra 74,000 living with sight loss⁵.

Moorfields provides local services for its local catchment population, as well as specialist care for some of the most complex and rare conditions for patients across the country. It operates a dedicated paediatric service, and an A&E department.

Commissioners appointed independent experts, Edge Health, to undertake a detailed modelling exercise to determine likely future growth in demand for ophthalmology services across the main commissioners of Moorfields' activity. The modelling factored in the likely impact of:

- Population growth and ageing.
- Increasing prevalence of conditions such as diabetes.
- New treatments and changing patient expectations.
- Potential future pathway changes.

The projected future growth in demand for Moorfields' services is shown in Figure 10. This includes the potential for reprovisioning activity (i.e. delivering it through an alternative pathway) in light of the emerging outline model of care, which has been developed with clinical and operational experts. Commissioners plan to establish a London Ophthalmology Collaborative to develop this model of care further, and to oversee implementation of pathway changes where appropriate. Note, the proposed relocation is not dependent on the work to establish a London Ophthalmology Collaborative.

If the proposals progress, the new centre will be designed with sufficient capacity to accommodate activity before reprovisioning, and will have the flexibility to enable Moorfields to respond to changing service models and patient demand. Any reprovisioning of activity will not fundamentally change the proposals.

The activity growth projections have been agreed by all the 14 CCG and Specialised Commissioning commissioners.

Key supporting documents:

- **Appendix C – Commissioner finance directors' letter of support**
- **Appendix D – Demand modelling**

⁵ London Assembly Health Committee, Nov 2017 – <https://www.london.gov.uk/sites/default/files/sightlossfinalv2.pdf>

4.1 Ophthalmology landscape

Our sight is a critically important sense. Sight loss is an increasing reality for many people – it is estimated that by 2050 there will be four million people in the UK living with sight loss (RNIB⁶). The experience of losing sight is often distressing and can be isolating and costly for the individuals affected, as well as their families and carers. Putting the people affected by sight loss at the centre of care is essential if their needs are to be supported.

The number of people likely to develop the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. The ageing population contributes to this challenge, resulting in greater and more complex demand for eye services as 79% of people aged 64 and over live with sight loss.⁷ It is estimated that 200 people per day in the UK develop a blinding form of macular degeneration and approximately 8% of all NHS outpatient appointments are for ophthalmology, more than any other speciality⁸.

The commissioning and delivery of eye health and sight loss services is complex. Pathways cut across borough boundaries and rely on a multi-professional workforce: optometrists, ophthalmologists, orthoptists, ophthalmic nurses, dispensing opticians, ophthalmic technicians, and GPs. For the vast majority of GPs and pharmacists in primary care, routine eye care is considered to be a part of their routine workloads.

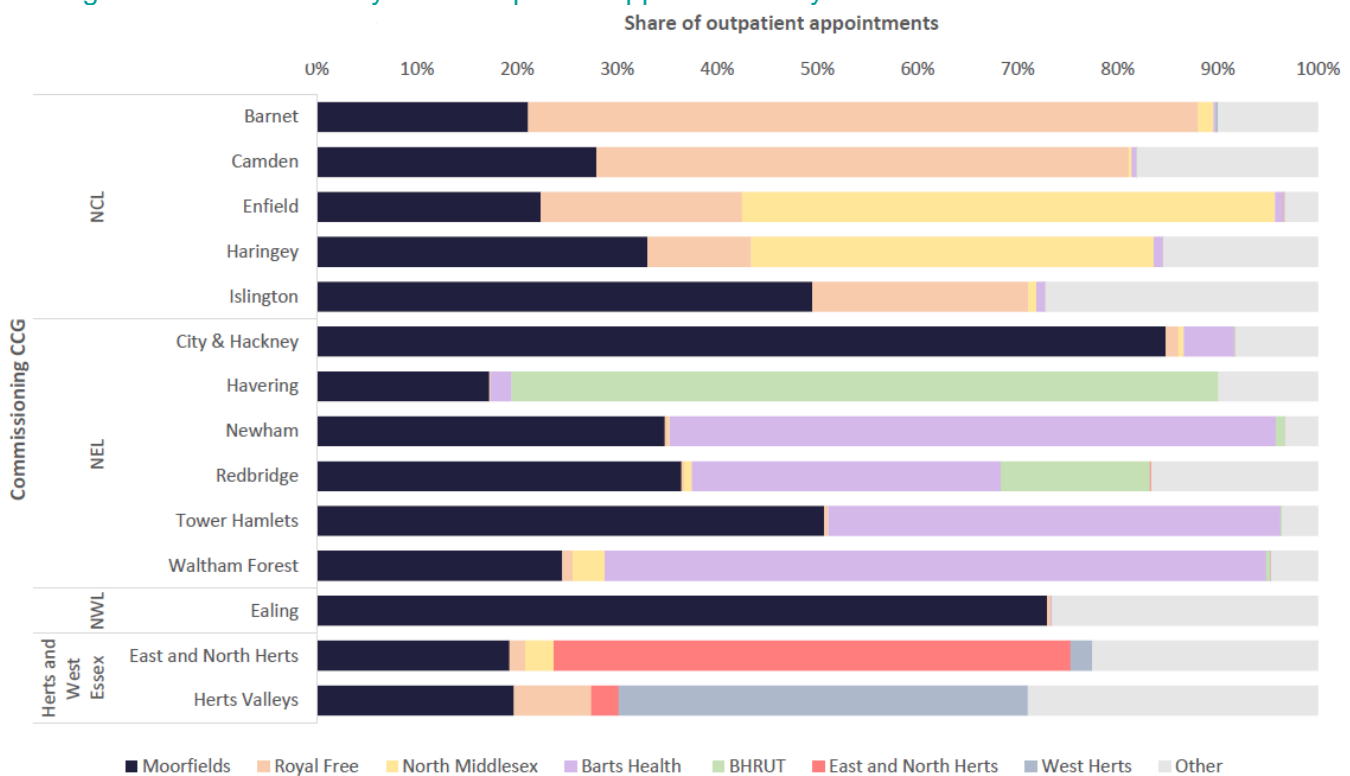
Ophthalmology services in London are provided across a number of acute hospitals, and some specialist centres. This activity generally represents a small proportion (c.2%) of the total activity commissioned by each commissioner. 33% of ophthalmology outpatient activity for the 14 CCGs are seen at Moorfields City Road (shown in Figure 7 – note this does not include Specialised Commissioning).

⁶ <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics>

⁷ Source: [The economic impact of partial sight and blindness in the UK adult population](#). Author: Access Economics Publisher: RNIB Year of publication: 2009.

⁸ NHS Digital 2017/18 statistics

Figure 7 - Moorfields City Road outpatient appointments by CCG



4.2 Future model of care

Activity growth over the next 10-15 years will be significant, which is likely to put increased pressure on services which are already under strain. Commissioners and providers are therefore looking at how things could be done differently in the future to ensure the provision of high quality and safe services, delivering good patient outcomes and patient experience.

Significant engagement and discussion has been undertaken with stakeholders from across the system that are currently involved in commissioning and providing eye care services (detailed in Appendix D). The purpose of this was to set out a proposed model of care to create consistency and alignment between organisations. This will help coordinate efforts, avoid duplication, and maximise the returns from investments.

The outline model of care is shown in Figure 8. Central to this model is the principle of system-wide working, with greater collaboration across primary, community, secondary and tertiary care settings. This builds on the commitment across the system to delivering the NHS Long Term Plan⁹, including reducing face-to-face outpatient appointments by 30%. Partners are also working towards delivering best practice solutions, as set out in NHS England EyesWise programme¹⁰.

There are a number of insights from this:

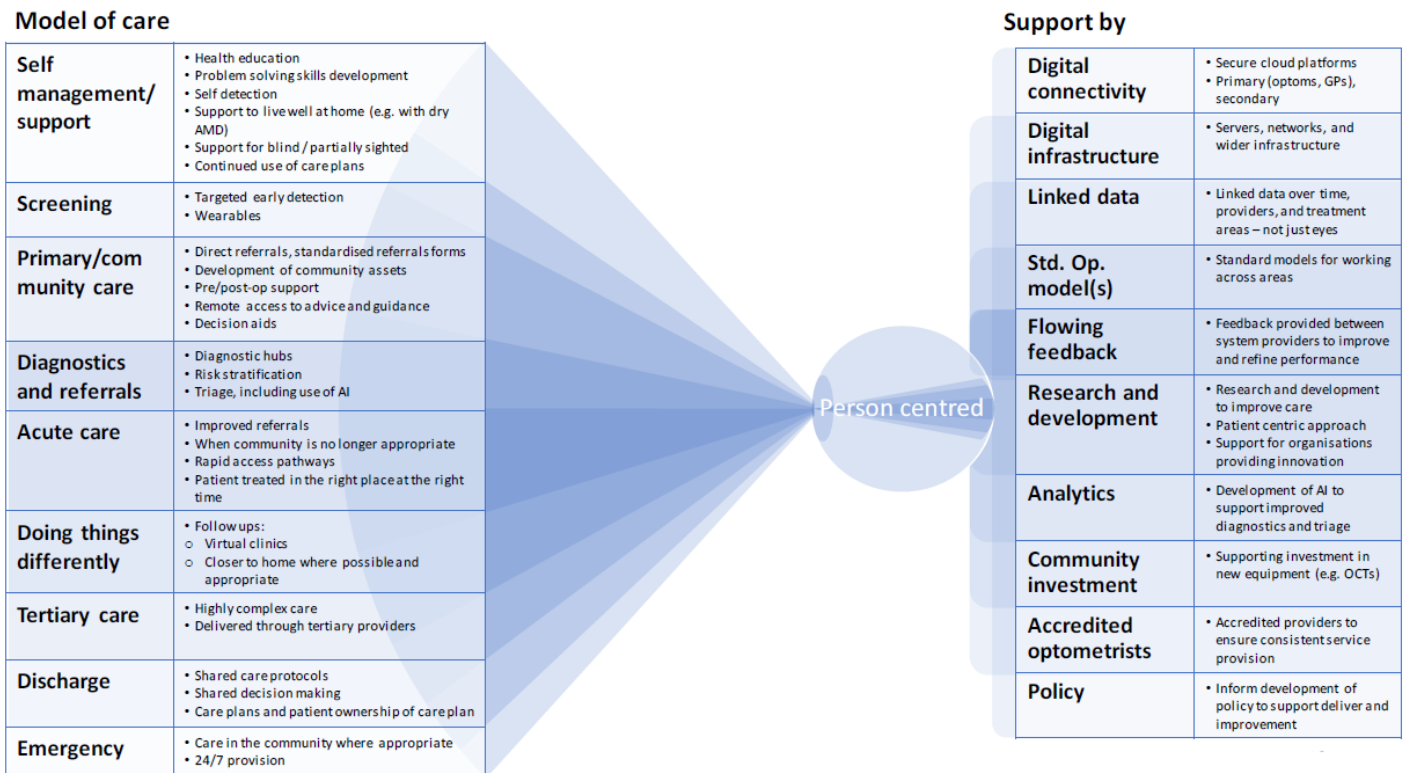
- Future care requires seamless working throughout the system, from self-care through to tertiary and emergency care.

⁹ <https://www.longtermplan.nhs.uk/>

¹⁰ <https://www.england.nhs.uk/elective-care-transformation/best-practice-solutions/eyeswise/>

- Delivering this requires commitment and investment from all stakeholders in the system.
- Specific barriers exist in the form of technology, IT infrastructure and workforce.
- Pathways will only change if this investment made and new services commissioned.

Figure 8 - Outline model of care



4.3 Delivering service change in ophthalmology

The NHS Long Term Plan, published in January 2019, set out priorities and changes to the way health services will be delivered, with a focus on integration. This provides an opportunity to design health services around resident's needs, rather than organisations. The Long Term Plan set the ambition that every part of the country should form an Integrated Care System (ICS) to accelerate the work of STPs in working between different care providers and commissioners.

Changing how the NHS and other partners work together will allow us to work differently to tackle current issues in the system. This will deliver more consistent and improved outcomes, a better experience for residents, and future financial stability.

Together, system partners within STP areas have begun to design what ICSs might look like. This involves commissioners, local authorities, providers and the voluntary sector working together to provide more joined-up care.

Addressing the models of care for ophthalmology services forms part of the long term planning for the 14 CCGs and NHSE specialised commissioning. North Central London STP, for example, have agreed work programmes between its 22 statutory bodies to work together to improve the healthcare of north central London. Oversight of these is maintained by a programme delivery board.

One of these work programmes is developing eye care pathways across the STP, through an Ophthalmology Design Group which is attended by clinicians, commissioners and providers across eye care provision. This is particularly focusing on delivery of first and follow-up appointments for low-complexity cataract, glaucoma and AMD (age-related macular degeneration) patients in the community, where appropriate.

In addition this DMBC recommends (in section 1.11) establishment of a London Ophthalmology Collaborative which brings together system partners including Moorfields and relevant commissioners, to redesign eye care pathways. Moorfields will continue to be an active partner in the North Central London STP.

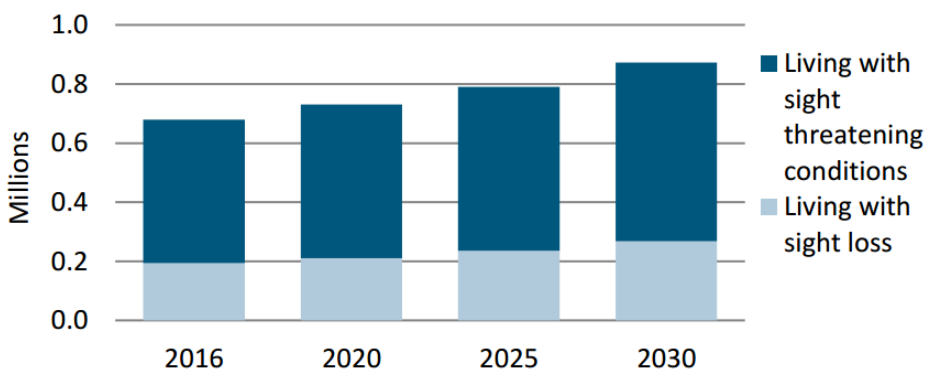
These groups will explore how to design, commission and deliver transformed ways of working to help deliver this vision and great care for patients. This will require:

- Putting patients at the centre of the model.
- Digital infrastructure.
- Out of hospital care.
- Workforce development across the eye care pathway.

4.4 Projected changes in healthcare needs

Eye health is a growing public health concern for London. By 2030 an extra 194,000 Londoners are predicted to be living with a sight-threatening eye health condition and an extra 74,000 living with sight loss¹¹.

Figure 9 - Projected number of people living with sight loss (London-wide)



Source: RNIB Sight Loss Data Tool, Royal National Institute for Blind People, April 2017

The PCBC set out the national forecast changes in demand for services, as identified in [The Way Forward](#)¹² (commissioned by the Royal College of Ophthalmologists in 2017). This includes:

- **Cataracts** – An estimated 25% rise in demand for cataract services over the next 10 years and by 50% over the next 20 years. Cataract surgery is the most common surgical procedure carried out in the UK, with over 400,000 procedures performed per year. This

¹¹ London Assembly Health Committee, Nov 2017 – <https://www.london.gov.uk/sites/default/files/sightlossfinalv2.pdf>

¹² The Way Forward, The Royal College of Ophthalmologists, 2017

anticipated surge in demand for cataract services will require new approaches to referral, patient assessment, surgical flow and follow-up.

- **Glaucoma** – Estimated rise in glaucoma activity of 44% over the next 20 years. It is also likely that as technology continues to improve, a progressively greater percentage of prevalent cases will be diagnosed, increasing the demand for services even further.
- **Medical retina** (including macular degeneration and diabetic eye disease) – predicted to increase in line with the proportion of older people within the population.
- **Emergency eye care** – The number of people attending hospital for emergency eye care is increasing, as has been observed in other, non-ophthalmic, emergency activities. Unlike other high-volume areas, there is limited scope to prevent and control urgent eye conditions. Therefore, providers need to manage demand and develop innovative approaches to the challenges they face.

4.5 Projected activity changes within the City Road catchment population

In 2019, commissioners appointed Edge Health to develop a detailed demand model at a greater level of granularity. This work has given us a clear and up-to-date understanding of future demand growth and how activity may be delivered in different ways with the development of new pathways and treatments. Their report sets out the impact of various demand factors, as well as the model of care described in section 4.2, and is included at Appendix D.

The modelling was based on a range of information sources, including data from NHS England Specialised Commissioning and the 14 CCGs, Moorfields, established literature and work undertaken by the Clinical Design Group. Developing the demand model and future models of care involved over 40 1:1 interviews with clinical and operational experts, and three project-specific workshops.

This detailed activity modelling work has shown the following growth rates across the different types of activity:

Figure 10 - Average annual activity growth (2018/19 to 2034/35)

Annual growth	Outpatients	Inpatient and day case	Urgent and emergency
Before reprovisioning	3.1%	2.6%	2.9%
With reprovisioning	2.3%	2.6%	1.9%

The 'before reprovisioning' figures represents the growth from increased demand. The 'with reprovisioning' figures show the opportunity to move some forecast activity onto a different pathway, or providing it in an alternative setting.

This modelling has been accepted by the 14 CCGs, NHS England Specialist Commissioning, and Moorfields, who have confirmed that it aligns with their expectations. Commissioners plan to pursue the opportunities for reprovisioning activity set out in this report.

If the proposals progress, the new centre will be designed with sufficient capacity to accommodate activity before reprovisioning, and will have the flexibility to enable Moorfields to respond to changing service models and patient demand. Any reprovisioning of activity will not fundamentally change the proposals.

4.5.1 Changes since PCBC

The PCBC included activity modelling based on work undertaken by Cliniplan in 2013, which was used to inform initial plans for the proposed new centre. This modelling projected overall outpatient activity growth of 3% per year.

The projections set out in Figure 10 are not significantly different from the PCBC, however the additional work undertaken by Edge Health provides commissioners and Moorfields with greater granularity about potential growth / demand areas and confidence in the projections, as well as highlighting the potential opportunity for pathway change.

PART B – THE PUBLIC CONSULTATION

5. Consultation approach

Consultation approach – chapter summary

The methodology used to undertake engagement before and during the public consultation is described in this section.

Pre-consultation engagement was undertaken in order to develop the proposals and gain an early understanding of the level of support. Between December 2018 and April 2019, over 1,700 responses were received to online surveys, 11 drop-in events and 18 open discussion groups. This pre-consultation engagement indicated broad support for the proposed move of City Road services, with several key themes of feedback highlighted including concerns about accessibility. This insight enabled us to focus the public consultation.

The main consultation ran for 16 weeks (from 24 May 2019 to 16 September 2019) and sought views to support the commissioners' decision as to whether the proposed move is:

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

As well as widely promoting the consultation through commissioner networks, the Moorfields website and social media channels, health partners including GPs, and Moorfields staff and departments, the consultation team also actively reached out to groups representing people with protected characteristics. This enabled us to gain an understanding of how the proposals could affect people with different needs.

The primary tools for consultation, described in this section, were:

- The consultation document – which set out the rationale for proposals.
- The consultation website – which provided a hub for information and ways to respond.
- A survey – which enabled us to collect 1,511 responses which could be quantitatively analysed.
- Face-to-face discussions – in total the consultation team held or attended 99 meetings and conversations. They included specific workshops on key issues, such as accessibility.

In this chapter, we describe the aims, the approach and the methods by which we have listened to people, how we adjusted our actions as a result of their responses and how we will ensure that the outcome of consultation will influence decisions. This chapter also describes in detail how we engaged with people with protected characteristics. Finally, it sets out the assurance sought from independent experts, The Consultation Institute (TCI), who have

undertaken six Gateway reviews. At each stage, TCI have provided recommendations which commissioners have used to shape the consultation approach.

Key supporting documents:

- **Consultation document** (<https://oriel-london.org.uk/consultation-documents/>)

5.1 Consultation context and drivers

The consultation approach was based on the following core principles, agreed by the partners during the planning stages.

Steered by NHS values

It is a fundamental value of the NHS that patients must come first in everything the NHS does. All parts of the NHS should act and collaborate in the interests of patients.

Maximising the benefits of wider expertise

The scale of the proposed change requires close working between multiple organisations and people who may be affected by potential service change. Patients, local residents, staff, partners and community representatives offer substantial expertise that can help to shape the future quality of eye care, the patient experience and the design of the proposed new centre.

Adopting best practice

It was agreed in February 2019 by the consultation programme board that we would aim for “best practice” involvement and consultation to influence plans for Oriel. We have therefore worked with The Consultation Institute (TCI) to provide quality assurance, which is widely regarded as “the gold standard” for large-scale consultations. We planned to stretch beyond the minimum requirement, to achieve the following through 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.

The government’s four key tests for service change

NHS England and NHS Improvement assures proposed service changes against the following four key tests:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base.
- Support for proposals from clinical commissioners.

We are confident that the proposals strongly align with these tests, as described in section 8.1, which also notes that the newly introduced fifth test relating to the impact of proposals involving a significant number of bed closures, does not apply.

A legal duty to involve

Under the Health and Care Act 2012 and other national guidance, NHS organisations have a legal duty to involve people who may be affected by proposed service change. They must also consult the relevant local authorities about substantial developments or variation in services in their local authority area. The legal context is described in section 7.15.

Public sector equality duty

The Equalities Act 2010 places duties on health and care organisations to reduce health inequalities and ensure that service design and communications should be appropriate and accessible to meet the needs of diverse communities. The Integrated Health Inequalities and Equality Impact Assessment is included at Appendix G.

5.2 Pre-consultation engagement

The PCBC (section 7) described how patient, public and staff engagement influenced development of the plans for public consultation. Between 2013 and 2019 there were five phases of engagement, described in the PCBC.

Between December 2018 and April 2019, we received over 1,700 responses to the following activities:

- Online surveys.
- 11 drop-in engagement events.
- 18 open discussion groups to review options and obtain early views on the proposals.

This pre-consultation engagement indicated broad support for the proposed move of City Road services, with several key themes of feedback highlighting concerns about accessibility and other issues that are important to patients 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 details from this phase of feedback formed the basis of the proposal for consultation. This included a review of the options shortlist for developing a new centre which confirmed St Pancras as the preferred location, but we made clear in consultation documents that we would remain open-minded about location.

The voice of patients and public heavily influenced the style and content of the consultation document and support materials. We provided accessible versions, including Braille, audio, Easy Read and language versions on request. The Easy Read version proved popular with many audiences, as well as with people with learning disabilities.

A detailed outcome report from pre-consultation engagement was published via the Oriel website on 24 May 2019.

5.3 Planning the public consultation

The PCBC set out detailed plans for undertaking a robust and transparent public consultation, capturing the views of as many relevant groups as possible, ranging from patients and carers using ophthalmology services in London, to Moorfields and UCL Institute of Ophthalmology (IoO) staff, and relevant voluntary organisations and community groups.

The consultation was undertaken in line with the original plan, as evidenced in Table 3 and then adjusted in response to activity, uptake and feedback. We reviewed the consultation at the mid-point, with feedback from independent experts The Consultation Institute (TCI), and took the following actions:

- Two intensification weeks with increased activity, including letters to patients, a ‘call to action’ appealing for people to get involved
- Direct consultation with priority stakeholders – HealthWatch bodies across the country, voluntary organisations, local authorities and scrutiny committees
- Co-production workshops with patient and public representatives to explore key issues in detail

Overall aim for involvement and consultation

When developing the PCBC, commissioners set out **five specific aims** for the consultation:

Table 2 - Public consultation aims

Aim
Continue to improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions.
Continue to expand the range of people and groups involved, including action to reach minority and protected groups *
Continue to ensure sufficient information is made available during consultation for intelligent consideration and response.
To improve public awareness and confidence in change.
To build a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation.

* This strategy links to a separate workstream to assess the equality impact of proposed change and will support delivery of our public sector equality duty.

Commissioners and Moorfields agreed the following **principles** for consultation and decision-making:

1. All partners will work together to ensure openness and transparency in decision-making.
2. We will endeavor to provide sufficient information for people to make informed choices and input to the process.
3. Although we will present developed proposals, we will keep an open mind during consultation.
4. We will maximise the opportunities for co-production.
5. We will allow adequate time for consideration and response. This includes timely information and responses to communications needs.

PCBC consultation plan

The PCBC set out plans for a 12-week period of consultation, starting in May 2019. The consultation commenced on Friday 24 May, and was extended to 16 weeks, to allow for the usual summer holiday period.

The consultation focused on the proposal to build a new integrated centre for eye care, research and education on the St Pancras Hospital site in Camden. The proposed change could affect all patients and future patients of the Moorfields Eye Hospital on City Road. A significant proportion of these are from north central and north east London, but people also travel from all over the UK. We consulted on:

- How people view the proposal and the way in which it might affect them.
- What matters to patients and families and how this could influence decisions, designs and plans.
- The wider implications of the proposed change – its impact on healthcare, social care, environmental issues and London's infrastructure.

The engagement activities planned at PCBC stage, along with how we achieved these when delivering the public consultation, are set out in Table 3. This demonstrates that commissioners did undertake the activities planned at PCBC stage. We also responded to the consultation as it evolved, changing our approach to ensure we captured as much detailed feedback as possible.

5.4 Consultation methodology

The proposal presented for consultation was phrased as follows:

- Moorfields is proposing to build a new centre bringing together excellent eye care, groundbreaking research and world-leading education in ophthalmology.
- This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.
- Services would move to the new centre from the current hospital facilities on City Road in Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology.
- If the move were to go ahead, Moorfields and UCL would sell their current land on City Road and all proceeds of the sale would be reinvested in the new centre.

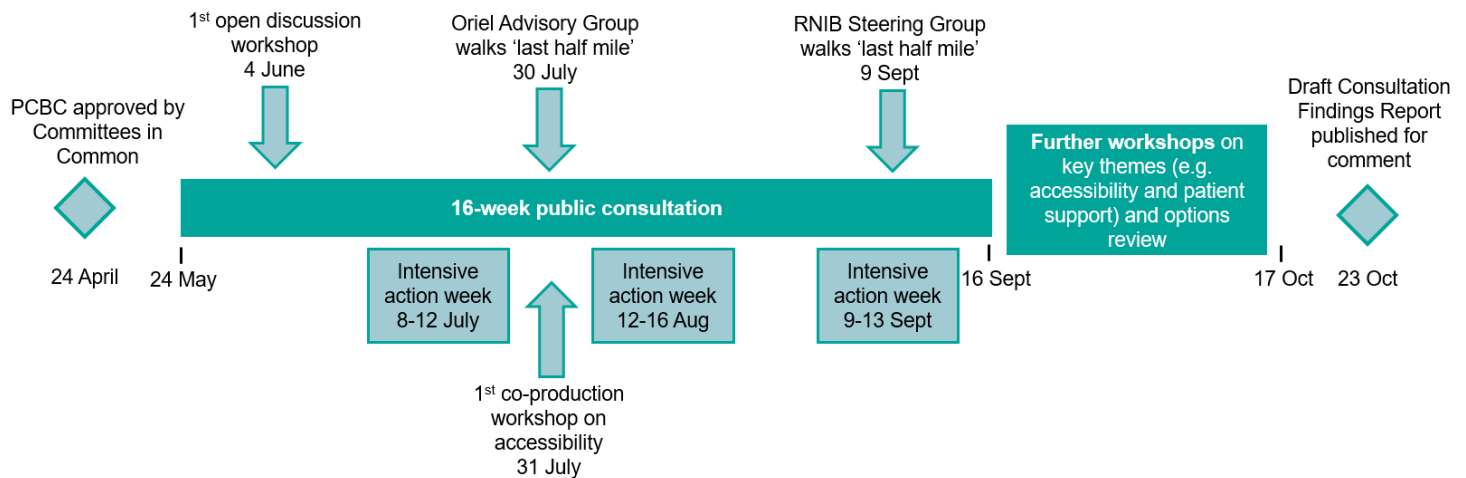
The feedback received is critical to support the commissioners' decision as to whether the proposal is:

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

5.5 Overview

An overview of the activities undertaken during the public consultation is set out in Figure 11.

Figure 11 - Overview of consultation timeline 2019



The consultation was targeted to reach a wide a range of people who might be affected by the proposals. In particular, we set out to reach:

- People who use the services of Moorfields, their families and carers, including people who may need services in the future.
- The wider sight loss community.
- People with protected characteristics under the Equality Act 2010.
- Local residents and the public.
- Community representatives, including the voluntary sector.
- Staff and partners in health and social care.
- Relevant local authorities.

A detailed stakeholder list is included in the Consultation Findings Report at <https://oriel-london.org.uk/consultation-documents/>.

We learned from the pre-consultation activities that we needed to reach people on an individual and personal basis, as well as through general publication channels. While 1,511 people chose to complete the feedback survey, 261 people preferred to give their views by email, telephone, letter or social media (note, this figure includes formal responses from charity organisations, commissioners, councils and other professional groups).

We attended 99 events and meetings across London to enable in-depth discussions on the proposals. In addition to our published offer of dates for open discussions, we reached more people through community groups and existing forums in their usual locations, which added to our understanding of needs and issues around accessibility.

We adapted our approach for people who needed more informal communications, including meeting people with learning disabilities, meeting BAME service users at a family event in east London, joining people of transgender at a social network in Essex and face to face meetings with individuals in a convenient location closer to where they lived.

Detailed stakeholder mapping enabled us to contact a wide distribution of patients, public, staff and professional bodies, with notifications and invitations to get involved being shared in the months leading up to the consultation and throughout the consultation period.

We consulted with organisations who represent key stakeholder groups to obtain their response to the proposals, including:

- Voluntary organisations such as Guide Dogs, Royal National Institute for the Blind (RNIB), Vision UK, London Vision and Macular Society.
- Local Councils and Joint Health Overview and Scrutiny Committees.
- Healthwatch groups.
- Patient representative groups of clinical commissioning groups.

The 29 official responses received from groups, including those listed above, are set out in the Consultation Findings Report.

The foundation for the public consultation was the **consultation document**, which set out:

- The case for change – the need for a new centre due to a growing and ageing population, and the issues relating to the current estate.
- The options considered when developing the proposal – including the long list, methodology to select the preferred option, and benefits of the preferred option.
- Consideration of access to the proposed new centre, and travel time analysis.
- Pre-consultation engagement and key themes identified to date.
- Decision-making process.
- How to get involved.

The consultation document is available at <https://oriel-london.org.uk/consultation-documents/>.

This was distributed by email and was cascaded via CCGs and other stakeholders.

Downloadable versions were available via the website. Hard copies were made available at face to face meetings and events. The main consultation document was supported by accessible summaries and leaflets, available in a range of printed and digital formats, audio versions and languages.

The methods of communication utilised are summarised in Table 3 and described in sections 7.7 - 7.10. Engagement with these is summarised in Figure 12.

Table 3 - Main activities of consultation phase

	Planned at PCBC stage	Delivered
Published information	<ul style="list-style-type: none"> • A widely published consultation document, with other versions and formats to ensure accessibility for people with visual impairment • Widely published shorter and easy-read versions • An online feedback questionnaire (printed and audio versions also available) 	<ul style="list-style-type: none"> • For the launch of consultation on 24 May 2019, we published a consultation document, summary and short leaflet available in print, large print, Braille and downloadable from the Oriel website, plus audio versions. • Easy Read versions of the consultation summary and survey were available online and in hard copy. • The website provided a link to the online feedback survey which was also available to download or request a hard copy.

	<ul style="list-style-type: none"> • Associated presentation materials and support information, such as material for newsletters, blogs, and social networking. 	<ul style="list-style-type: none"> • Language versions were available on request. • The website hosted the full PCBC and an extensive library of background documents explaining the rationale for the proposal and preferred site option. • The website is accessible for people with sensory impairment. • Notifications for the consultation were distributed widely. • The Communications Working Group had a toolkit of key lines frequently asked questions and press release, plus suggestions of social media content.
Promotion and awareness-raising	<ul style="list-style-type: none"> • A supporting publicity campaign, including engagement and special features with local and national media • A distribution cascade, using all outlets offered by partner organisations • Social networking to signpost to the main websites of all partners, alongside a suite of materials, such as podcasts, presentations, and background information e.g. reports from previous engagement. 	<ul style="list-style-type: none"> • Commissioners, Moorfields, Healthwatch bodies and sight loss charities promoted the consultation via websites, social media and newsletters / magazines. • Information about the consultation was included in Moorfields patient appointment letters and on the Trust switchboard message. • The consultation featured in local press across London and national trade press, including the Health Service Journal. The Evening Standard previously covered the story. • Updates and information on upcoming events were released to the distribution list three times during the consultation, alongside weekly social media posts. • RNIB Connect radio broadcast an in-depth interview with leaders for the consultation, which was later released as a podcast. • Revive FM, a community-led radio station for diverse communities in east London, broadcast an hour-long programme with our consultation leaders.
Face to face discussion	<ul style="list-style-type: none"> • A programme of open public workshops, events and meetings to reach diverse audiences, and involving a range of techniques • Range of survey and discussion techniques through collaboration with HealthWatch and voluntary organisations e.g. drop-ins, podcasts and discussions with diverse and protected groups • A programme of consultation meetings for staff and stakeholders 	<ul style="list-style-type: none"> • From the initial programme of 14 open discussion events, we proactively reached out to community groups and attended a total of 99 discussion events and meetings with patient and public representative groups, plus meetings with NHS and local authority forums. • In our efforts to reach people with protected characteristics we attended conferences, forums, one-to-one and virtual meetings. • In three separate weeks during the consultation, we held drop-in events and face-to-face contacts with staff and patients at City Road, resulting in an estimated 950 conversations. • Staff had the opportunity to give their views at formal meetings, such as divisional quality forums, clinical governance and research and development forums and through informal drop-in events at City Road and other sites.

Outcomes analysis	<ul style="list-style-type: none"> Coordinated handling of feedback, enquiries, FOI requests and preparation for analysis by independent evaluation. A final report on the outcome of consultation will be prepared and presented to the Committee in Common. In preparing the outcome report for final consideration there will be a series of assurance checks by: <ul style="list-style-type: none"> People’s Advisory Group Joint health overview and scrutiny <p>The programme executive and programme board, with input from regulators</p>	<ul style="list-style-type: none"> The Oriel consultation team provided a single office contactable by email and phone. We handled over 200 enquiries and emails, which have been recorded together with the feedback from discussion sessions and online and printed surveys. All feedback and enquiries were logged and acknowledged. The vast majority of enquiries received a prompt acknowledgement and full response within 5 to 15 days. An independent evaluation company produced an outcome report, which was published in draft for any further feedback, and later presented to local authority scrutiny and commissioning governing bodies as part of the DMBC.
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Figure 12 - Consultation methodology overview



Managing the consultation process

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 (which has membership from all key stakeholders including commissioners, Moorfields, patient representative, clinicians and NHS England).

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

The Moorfields 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 on progress, in response to which the consultation team made appropriate adjustments to the consultation plan with the advice of the OAG (described in section 5.12).

5.6 Consultation website and publications

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. This can be found at <https://oriel-london.org.uk/>, which includes all documentation and Easy Read versions.

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.

Visits to the website increased from around 900 in the first two weeks of consultation to 5,615 by 23 September (one week after the close of consultation). We recorded 679 document downloads.

Working with a digital company, IBM, the consultation team developed a "chatbot" which provided round-the-clock, immediate answers to frequently asked questions, and asked people for their views. This was included on the website. From its launch on 14 June to 23 September, the chatbot provided 1,249 responses to meaningful questions. These are set out in the Consultation Findings Report.

Facebook connections increased from around 2,400 in the first two weeks to around 8,200 in the final week. Twitter reached around 5,000 in the first two weeks, peaking at 33,000 during the consultation.

Engagement with publications and online resources is summarised in Table 4. Further information is provided in the Consultation Findings Report.

Table 4 – Summary of engagement with published and online content

Type of activity	Number of contacts
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
Number of contacts for notifications and onward distribution	Over 5,000
Number of letters sent to patients	Over 84,000

5.7 Survey

A survey was developed in order to obtain quantifiable responses to the consultation, and to reach the maximum number of people. It was produced as an online survey on the Oriel consultation website. A paper version was available at consultation events, and was available to be downloaded from the website and submitted by post, and easy-read and braille versions. This could be completed online or by hand and mailed freepost, and has been a valuable tool to objectively identify common themes. The survey was promoted throughout the consultation through the website, social media and consultation document, as well as face-to-face interactions with contributors at events and around the hospital.

It was also made 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.

The feedback survey attracted 1,511 responses, which have been analysed in a detailed Consultation Findings Report (which can be accessed on the Oriel website). A summary of this is provided in section 6.

The survey asked the following overall questions.

Section 1 – your views on the proposal

- Do you think a new centre is needed? Reasons?
- To what extent do you agree that the new centre should be located at the St Pancras Hospital site?
- Are there any other solutions you feel we should consider?

Section 2 – your views on the accessibility

- How important are various statements about accessibility (e.g. signage / technology / people to help guide you to your appointment, proximity to public transport links)
- How would the journey to St Pancras affect you (e.g. difference in cost, travel time, walking distance)?

Section 3 – improving the patient experience

- How important are various statements about patient experience (e.g. clinical expertise, waiting times, communication and information)

Section 4 – developing our staff

- How important are various statements about developing staff (e.g. working environment, training, research and innovation)

Section 5 – planning for change

- How important are various statements about planning for change (e.g. information, running services at both sites, transport between the sites)

In addition, the survey included free-text boxes for people to provide their opinions on the proposals which may not have been captured by the questions, and questions about the person responding to the survey – both their relationship to the project (e.g. service user, member of staff), and their personal characteristics (e.g. ethnicity, disability, gender).

5.8 Face to face discussions

Open discussion groups were held as a way of gaining deeper insights into people's views, as well as accessing people who may not wish to, or be able to, complete a survey. In total, the discussion programme held or attended 99 meetings and conversations. This consisted of:

- 17 open discussion workshops (of which 14 were advertised at the start of the consultation, and 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).
- 43 events and conversations with people with protected characteristics and rare conditions (including dedicated events, and visits to existing forums).
- Four co-production workshops on specific areas raised as part of the consultation, exploring accessibility issues and options review.
- 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. The Consultation Findings Report provides a complete list of engagement events.

Discussions were designed to be interactive, and were structured with prompts (in line with the feedback survey) to give maximum time and support to debate and 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.

5.9 Promoting the consultation at City Road

The City Road site was an important location for communications and engagement during the consultation, as this was an accessible place to reach our priority audiences – the patients and staff who would potentially be most affected by the proposed change.

Examples of methods to make the consultation visible to staff and patients passing through City Road, and encourage them to take the opportunity to have a say, include:

- Notices on all display screens in patient waiting areas in Moorfields.
- Notices on all patient check-in kiosks at City Road.
- Posters and pop up banners placed in areas of high patient traffic at City Road, including the main reception.
- Volunteers briefed and given information about the proposal.
- Information about the proposal displayed prominently in the patient information hub at City Road.
- Reception staff, PALS and other patient support services were briefed and given key information about the proposal to ensure they are able to answer patient queries.
- Recorded message about the proposal played as a holding message for callers to the Moorfields switchboard.

Figure 13 - Engaging with patients and staff at City Road



5.10 Staff engagement

Staff from across the Moorfields network and the UCL Institute of Ophthalmology (IoO) have been involved in the development of the Oriel proposal throughout the five phases of engagement.

Since 2013, there have been staff engagement activities and regular updates on progress alongside activities to involve patients and public. These activities increased during 2017 and 2018/19 with the development of the Moorfields strategy, the vision for Oriel, the design brief and the pre-consultation phase. Some 20 senior clinicians took a leading role in pre-consultation planning and presentation of draft proposals to the London Clinical Senate.

During the consultation itself, senior clinicians from commissioners and Moorfields helped to lead discussions with both staff and public. The CCG clinical lead and Medical Director of Moorfields attended meetings with local authorities and commissioning partnerships and senior clinicians were on hand to respond to press and media enquiries, including speaking in radio interviews.

All staff groups across the Moorfields network, CCGs and optometry services were encouraged to share their views on the proposal either by attending opportunities for discussion, by submitting written feedback or by requesting a special meeting.

Examples of communications channels included:

- Regular weekly updates in Trust-wide and commissioner news bulletins.
- Updates in the IoO monthly newsletter.
- All staff emails encouraging participation.
- Notices and updates to optometrists via the Local Optical Committee commissioning support unit.
- News and features on commissioner and Moorfields intranets and websites.
- Face to face meetings with Moorfields staff and clinical commissioning forums.
- Discussions with CEOs as part CEO team briefing.
- Corporate inductions for colleagues new to Moorfields.
- Drop-in sessions held in the main staff canteen at City Road.
- Leadership breakfast for senior colleagues at Moorfields.
- Posters, leaflets and copies of the survey distributed across staff areas.
- Notices on lock screens across all computers on the Moorfields network.

5.11 Engaging people with protected characteristics

The purpose of the consultation was to obtain meaningful feedback from across the broad range of people likely to be affected by the proposals, either now or in the future. In particular, we wanted to ensure we reached those most vulnerable to the impacts of change.

We have taken two main routes to reach people and gather views that are relevant to our consideration of equalities:

1. Listening to diverse and mixed audiences who took part in the main consultation activities

Engagement activities between December 2018 and April 2019, followed by a consultation between 24 May and 16 September 2019 attracted over 1,700 responses during pre-consultation and over 4,600 responses in main consultation. Both phases collected general views from surveys, meetings and discussions, including views on how the proposal might affect those with specific and complex needs.

2. Proactive consultation with targeted groups

In addition to the main engagement and consultation activities, we contacted some 65 organisations and groups who could help us to reach people with protected characteristics and rare conditions. From this we collected feedback from 43 meetings and conversations.

Target Groups

As a guide for our search for target groups, we used the nine main characteristics protected by the Equality Act 2010, which are:

- Disability
- Age
- Gender reassignment
- Sexual orientation
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Marriage and civil partnership

We gathered feedback from children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities, sensory impairment, people from LGBT+ and BAME groups, including people with these characteristics and sight loss. We listened to representatives of people who may be disadvantaged by low income, homelessness and social isolation.

Some people were representative of national networks, while others spoke as individuals and local representatives who would travel to Moorfields Eye Hospital from across London and other areas, such as Buckinghamshire, Cornwall, Essex, Hertfordshire, Kent, Manchester, Norfolk, Suffolk, and Worcestershire.

Given the demographic data for patients who use services at City Road, we prioritised groups based in east London that represent people living in deprived areas and communities with a high proportion of people from black, Asian and minority ethnic backgrounds.

To inform specialised commissioning, we contacted groups and networks of people with eye cancer and other rare conditions. Feedback from the following provided insights into the experiences of people with complex needs and rare conditions:

- Sense (Deaf blind)
- Action on Hearing Loss (Deaf community, some users with multiple sensory loss)
- Hearing Loss (Deaf blind in Cornwall)
- Esme's Umbrella (Charles Bonnet Syndrome)
- OcuMelUK (Ocular melanoma, form of eye cancer)
- Seeability (physical disabilities, learning disabilities, autism with sight loss.)
- Visually Impaired Children Taking Action (VICTA) (children with sight loss and other conditions)

How we consulted

When engaging with people with protected characteristics, we wanted specifically to identify potential issues of equality associated with our proposed service change, to inform the Integrated Health Inequalities and Equality Impact Assessment (see section 6.4), and to highlight potential issues for these groups for the consideration of decision-makers.

As a minimum, we aimed to listen to feedback from 20-25 meetings with people with protected characteristics. In the event, we heard from 43 meetings and conversations.

Several groups, including RNIB, MoorPride, Transpire, OcuMelUK, New College Worcester and MENCAP, said how impressed they were with the efforts to include minority groups and were keen to be involved in continuing work. We fully expect to build on these relationships so that future developments will benefit from this specialist knowledge.

Method to reach people with protected characteristics

In addition to the main channels of feedback to the consultation (survey, written feedback, meetings and discussions), we met people face-to-face in targeted small groups and one-to-one meetings. Some people chose to visit us at Moorfields, but for most discussions, members of the consultation team travelled to networking events and regular meeting places to gain full appreciation of the needs of the target group. In some cases, the discussion was over the phone.

We asked people about:

- Any current inequalities that people experience when accessing health services in general, and at Moorfields Eye Hospital's City Road services.
- Views on the proposed new centre and the preferred location at St Pancras.
- How the proposal might improve or create further inequalities, and ideas for addressing these issues.

Notes from every conversation are filed and logged in a confidential engagement log, in line with the General Data Protection Regulation.

The findings from this are summarised in section 6.3.

5.12 Responsive approach to consultation

We adapted the ways in which we engaged the public as the consultation progressed, in line with the feedback we received and the engagement levels we saw with different media. Some examples of how we did this are set out below.

- Feedback from Seeability and some individuals regarding the accessibility of the online survey. We worked with the survey company to make the recommended changes.
- Feedback from individuals querying how people can stay informed and up to date with developments. We reiterated on the website and in distributed updates that people should sign up to the Oriel mailing list to stay involved.
- Comments from people saying that they had not had a chance to attend a discussion group. We arranged three additional sessions in the last week of consultation and located these in Islington where there was a gap in activities.

- We responded to every request for information and our attendance at a local meeting.
- We published and distributed three updates over the course of the consultation, which updated our wider audiences on the main themes from feedback to date and summarised further steps being taken to explore these themes in more detail. We reported on feedback to date and next steps at every meeting we held or attended, so that discussions could build on the findings so far.

Consultation with individual service users and interested public

In order to boost engagement, a letter from the chair and chief executive of Moorfields Eye Hospital inviting people to give their views on the proposed move was included with patient appointment letters during the consultation period. Over 84,000 of these letters went out to current patients, encouraging people to complete the feedback survey, or to contact the Oriel consultation team with their views. This contributed to a weekly increase in feedback surveys and some 200 emails and phone calls.

Notifications about the consultation and subsequent updates during the consultation period went out to the Moorfields Membership Council and around 5,000 Trust members who had agreed to receive emails and around 450 people who had joined a specific Oriel mailing list.

The Membership Council, with elected and nominated governors, represents the interests of Trust members at board level. The Membership Council received regular updates and followed the progress of consultation very closely. With the benefit of detailed briefing, council members were able to take an active role at the annual general meeting, which was attended by members of the public on 10 July 2019. Alongside other consultation activities at the AGM, members held a drop-in to listen to public views.

Face to face contacts at City Road

One month into the consultation, we identified from the number of feedback surveys that uptake was low in comparison to engagement activity. We therefore targeted patients and staff at City Road (as the most likely to be affected by the proposed move) with three separate episodes of intensive activity at the main hospital site. Moorfields' chief executive, members of the Trust board and senior managers met face to face to listen to views from patients and staff in the main hospital lobby and clinic waiting areas.

This delivered almost 400 feedback surveys completed on site and peak numbers of surveys completed online and by Freepost during those weeks. By the third week of activities at City Road, there was a notable increase in awareness of the consultation when people were asked if they had heard about the proposed move.

Reaching the wider sight loss community

Through the Trust Membership Council and the Oriel Advisory Group, we have close working relationships with the main sight loss charities, including the Royal National Institute of Blind People (RNIB), the Macular Society, Vision UK and London Vision. During the consultation we worked closely with these partners and our contacts with Guide Dogs, the National Federation of the Blind (NFBUK), the International Glaucoma Association (IGA) and vision charities in Hertfordshire, Buckinghamshire, Essex, Suffolk and Norfolk.

The charities helped to extend the reach of the consultation through their websites, social media, newsletters and membership forums. An in-depth interview on RNIB Connect radio with the clinical

lead for Camden CCG and director of strategy for Moorfields reached around 7,000 people with sight loss across the UK. Hosted by RNIB, London Vision, NFBUK and others there were 12 discussions and workshops with a total of around 225 participants with sight loss and other long-term conditions.

We also listened to two groups of service user representatives as they walked the route from the main transport hubs to the proposed new site, and experienced some aspects of the journey while wearing sight loss simulation spectacles.

The charities will continue to work with the Oriel project as main partners in the potential co-production of an accessibility plan for the new centre, should the proposal go ahead.

Consultation with local communities

The Communications Working Group distributed consultation notices and documents to community networks across London and Hertfordshire reaching, for example, Healthwatch bodies, Councils for Voluntary Organisations, local voluntary organisations, patient and public reference groups, patient engagement groups at practice level, local MPs and local professional representative committees. NHS England distributed to the regions of specialised commissioning.

An agreed communications protocol gives details of the partnership work and distribution cascade.

Through CCG and specialised commissioning contacts, representatives for the consultation attended over 20 meetings with community groups in east, north, south and west London, Hertfordshire and Essex.

At the end of the consultation period we added a further three open discussion sessions to the programme and made these available in a final call for responses before the close of consultation.

5.13 Maximising Engagement and 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.
- Maintaining a visible presence within the hospital – described in section 5.9.

Comparisons in Activity between the Start and Finish of Consultation

Table 5 demonstrates the success of this approach to continued promotion of the consultation, with the aim of maximising patient, staff and public engagement and listening to as many people's views as possible.

Table 5 – Increasing engagement throughout consultation

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	Over 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

5.14 Consultation response rates

Feedback was captured and recorded in the following forms:

- Online survey responses, including Easy Read versions.
- 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 feedback from 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 to consultation advisors, Participate Ltd, for independent evaluation. A complete record of all data is stored under GDPR guidelines in an engagement log, feedback log and issues log. The output of this analysis is described in Chapter 2, and detailed in the Consultation Findings Report.

In total we collected views through over 4,600 contributions, including 1,511 survey responses.

The Consultation Findings Report includes a breakdown of responses across different demographic groups, and shows a broad representation of profiles in response to the survey. Commissioners are confident that robust conclusions can be drawn from the consultation because:

- Overall response rates were high – we received over 4,600 contributions in total, including 1,511 completed surveys.

- Survey responses were received from a spread of age-groups (with 64% of responses from people aged over 50), ethnic groups, and sexual orientation. 341 (23%) survey responses were from people with a disability, of which 118 are registered blind or partially sighted (note, many people with a sight-affecting condition are not registered blind or partially sighted).
- A high number of current or former service users responded, as well as groups and organisations related to eye health (see Figure 14).
- Responses were received from across the City Road catchment area (see Figure 15).
- The key themes we heard have remained consistent throughout the consultation.

Figure 14 - Respondents to the consultation survey

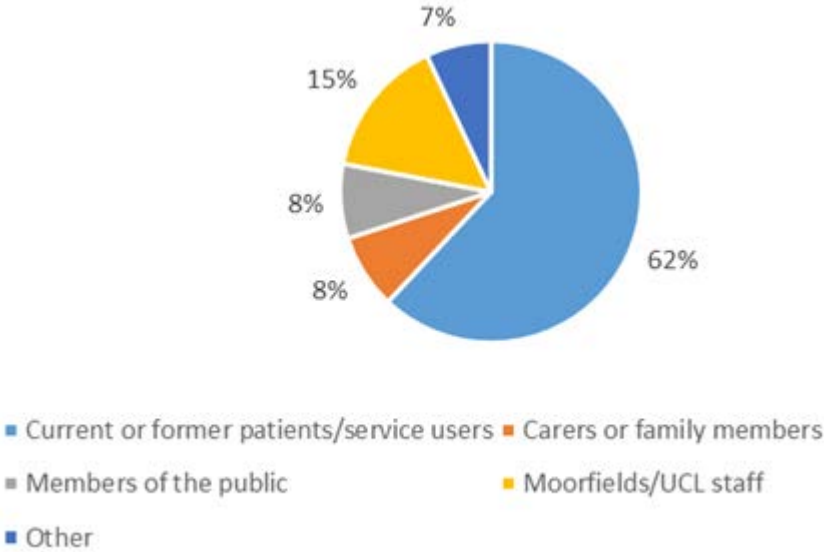
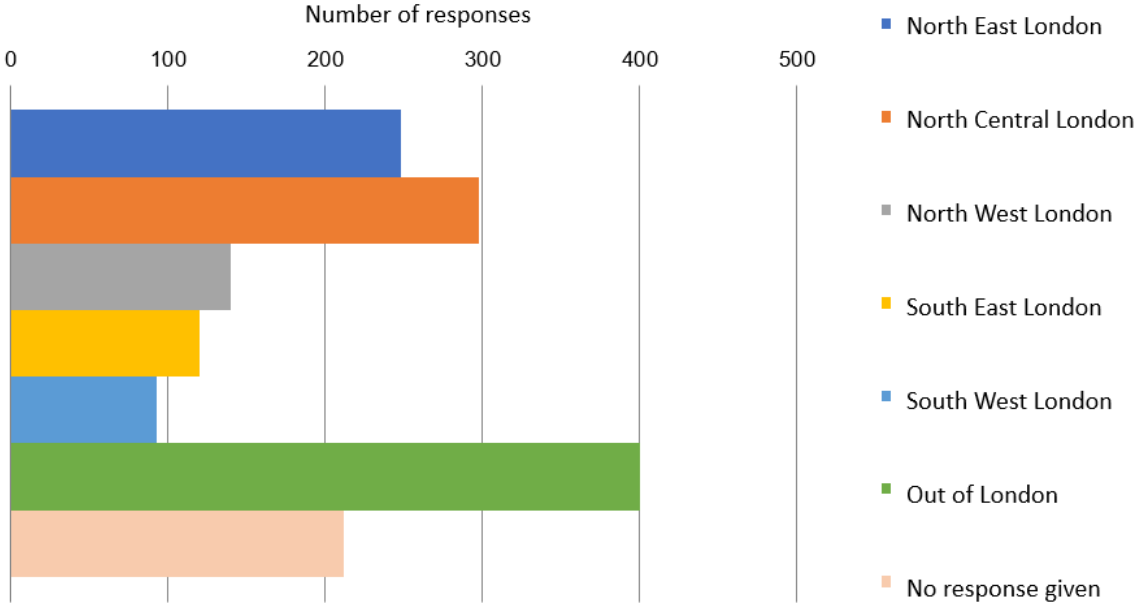


Figure 15 - Survey responses by postcode



A detailed analysis of response rates is included in the Consultation Findings Report.

5.15 Statutory stakeholder engagement

This section sets out the engagement with statutory partners involved in scrutiny or decision making. Reaching these groups has required comprehensive and varied engagement ranging from one-to-one meetings with local and national politicians to discussion on GP committees agendas. This is summarised in Table 6. Further detail is provided in Appendix F.

Table 6 - Strategic stakeholder engagement

Stakeholder	Role in DMBC	Commentary
14CCGs	Decision making	The Committees in Common approved PCBC and proceed to consultation in April 2019. This DMBC asks for approval to proceed with the proposals in line with the recommendations in section 1.11.
NHS England Specialist commissioning	Decision making	Approved PCBC and proceed to consultation in April 2019. This DMBC asks the London Regional Executive Team (LRET) for approval to proceed with the proposals in line with the recommendations in section 1.11.
Governing Bodies and Joint Commissioning Committee (JCC) meetings for the 14 CCGs	Preparation for decision making	Attended 18 meetings to discuss the pre-consultation business case and the in preparation for decision making for the decision making business case proposals.
NHS England/ Improvement Oversight Group for Service Change and Reconfiguration (OGSCR)	Assurance of the pre-consultation business case	OGSCR assured the pre-consultation business case in March 2019 prior to submission to the Committees in Common. NHS England are a member of the consultation programme board and continue to have oversight of the consultation process and development of the DMBC.
NHS England/ Improvement London Region	Assurance of financial and activity aspects of DMBC	NHS England London Region have reviewed and assured the systems modelling and finance case for the DMBC.
Joint Health Overview and Scrutiny Committee (JHOSC) (Local Authority)	Engagement and scrutiny	Over 173 OSCs, through their Local Authorities have been informed of the consultation process. The consultation programme team has attended 8 JHOSC meetings covering all 14 CCGs between January 2019 and January 2020. The NCL JHOSC undertook scrutiny of the consultation findings and process on 31 January 2020.
Moorfields Eye Hospital NHSFT	Developed plans under consultation	Moorfields are represented on the consultation programme board and have been involved throughout the consultation. Their response to the findings of the consultation is included in section 9.1.
London Clinical Senate	Assurance	Overall support received for the proposals as set out in the PCBC in November 2018. Specific comments and responses to these are included in Appendix B.
HealthWatch	Involvement	Involvement of Healthwatch at the local level through the consultation. Responses to consultation included in Consultation Findings Report.

Clinical involvement	Involvement	Clinicians (GPs, ophthalmologists and optometrists) have been involved as clinical leads on the programme board, workstreams such as system modelling, and as decision makers through the 14 CCGs. We communicated with GP practices through the local CCG channels and NHS England. For example, information on the consultation was distributed to c. 700 practices through the NHSE London region GP Bulletin.
Mayor of London	Assurance	While the Mayor of London does not have a statutory role on this programme, they have an important role in assuring the programme and confirming alignment with the Mayors six tests included in section 8.2, and the London Health Inequalities Strategy.

5.16 Conclusion

We are confident that we have undertaken an extensive, robust consultation, which provided sufficient time and information for people to have their say. We have actively engaged with people with protected characteristics, and voluntary organisations, which represent Moorfields service users. We have been able to collect both in-depth qualitative feedback, and 1,511 survey responses, which provide an excellent knowledge base from which we can draw conclusions. The process undertaken has received positive feedback from independent reviewers, with an assurance role regarding the consultation process and methodology, The Consultation Institute (TCI).

The consultation findings are described in chapter 6.

6. Consultation feedback

Consultation feedback and outcome – chapter summary

This section summarises the responses to the consultation, from all forms of feedback including:

- Surveys (1,511 completed).
- Minutes and notes from 99 meetings, forums and events.
- Emailed and written responses, comments on social media and telephone calls (261 responses).
- Official responses from professional groups, voluntary organisations, commissioners and councils (29 received).

In order to ensure the findings of the consultation are interpreted and presented in an objective way, an independent third-party provider, Participate Ltd, was appointed to manage receipt of responses and produce an independent report of the process and outcome of the consultation.

There is a consistent pattern of responses to the proposed move:

- **Overall agreement with the proposal to build a new centre at St Pancras** – including 73% of survey respondents. The highest levels of agreement came from current and former service users and staff.
- **Maintaining the high quality of clinical care at Moorfields** is of the highest importance.
- **The development of a new centre is an exciting opportunity** to make significant improvements in patient care and experience, and we should continue to involve patients and public to ensure we get this right. Moorfields have established user groups to develop designs for Oriol, which will include patient representatives, staff, clinical leads and independent experts where appropriate.
- **Choice of location and alternative sites** – a majority of people (including 73% of survey respondents) support the St Pancras location. A number of alternative sites were suggested, which were evaluated by property experts, CBRE, and found to be unsuitable for a variety of reasons (detailed in Appendix J). A small number of people stated a preference for staying at City Road, primarily due to familiarity with the existing site. A slightly higher level of dissatisfaction with the proposals was expressed by people living in east London.
- **Accessibility to and around the proposed St Pancras site is extremely important** – 30% of survey respondents stated they were concerned about the travel to the St Pancras site. Key concerns included the difficulties of navigating a busy open-plan area from a station with multiple exits. Overall people felt that improved clinical quality is more important than travel issues, which could be overcome. A number of suggestions were made as to how Moorfields could help service users travel the last half-mile to the St Pancras site, and navigate the building. Involvement of staff, service users, carers and representatives from groups and charities in proposal development is crucial. Moorfields will lead the development of an accessibility plan with patient representatives, transport providers, sight loss charities and Camden Council to ensure concerns are adequately addressed.

- **Other aspects of patient experience** – it was felt that communication with service users is an area which could be improved now, and that the benefits of a new centre will include better facilities such as waiting areas. Moorfields have commissioned a major programme of customer service training and improvement during 2020, which will be informed by consultation feedback.

This chapter also sets out common themes specific to people with protected characteristics, and the findings of the Integrated Health Inequalities and Equality Impact Assessment (or Integrated Impact Assessment – IIA). Finally, it summarises highlights from the survey findings for each of the main geographic areas.

Key supporting documents:

- **Consultation findings report** – <https://oriel-london.org.uk/consultation-documents/>
- **Appendix G – Integrated Health Inequalities and Equality Impact Assessment (IIA)**
- **Appendix H – Moorfields response to the public consultation**
- **Appendix J – Independent review of suggested alternative sites for the proposed new centre**

6.1 Approach to consultation analysis

Following consultation close, all original data and notes were transferred to an independent evaluator, Participate, for summary and analysis. Their methodology and analysis is detailed in the Consultation Findings Report. This chapter sets out the key themes from the following forms of dialogue undertaken throughout the consultation:

- The analysis of 1,511 surveys with closed and open-ended questions.
- Analysis of a mini-survey undertaken through the website chatbot (virtual assistant).
- Themes from 261 other forms of response including: emails, letters, telephone logs, social media and formal responses from a wide range of professional bodies.
- The coding of hundreds of comments from 99 discussion groups and other forms of meetings.
- Notes of face-to-face conversations at City Road and other locations.

The approach to decision-making, following analysis of the consultation feedback, is described in section 9.1.

The full survey responses are included in the Consultation Findings Report. Responses to key questions are incorporated in the commentary in section 6.2.

The full response to the consultation findings is included in Appendix H.

6.2 Key themes

6.2.1 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. Supportive comments have highlighted:

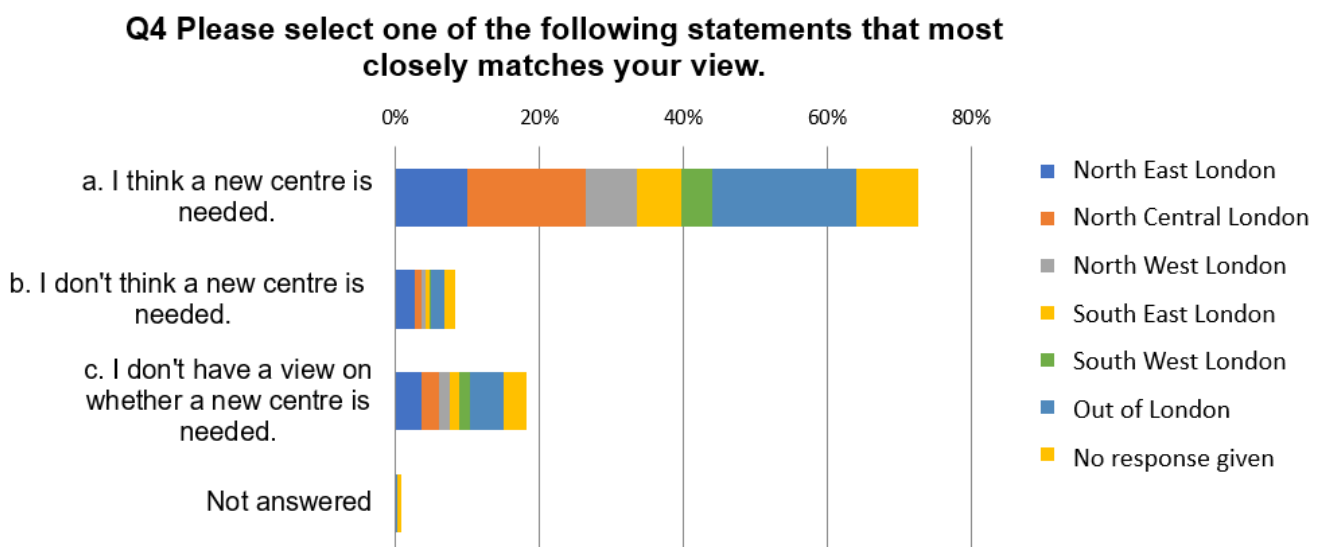
- **To create a centre of excellence:** it was felt that the new centre would benefit both service users and staff, in that a specialist and highly regarded hospital such as Moorfields needs 21st century purpose-built facilities providing a world class centre of excellence.
- **Current City Road site in need of modernisation:** there are concerns that the current site is run down and in need of modernisation. It was 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 for the Blind (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 could improve staff morale as people prefer to work in modern professional environments. It was asked that the design should also incorporate facilities specifically for staff such as quiet areas for contemplation after delivering 'bad news'. It was also stated that thought should be given to the needs of administration staff as well as clinical professionals. Investing in training staff was seen as crucial to help them widen their understanding and enhance patient experience. Therefore, a 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. People said that waiting areas 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.

This is supported by the responses to the survey question: **Do you think a new centre is needed?**

Overall, 73% of people agreed that a new centre is needed (shown in Figure 16). The highest level of agreement was seen from survey respondents living in north central London, and the highest level of disagreement was from those living in north east London (although the majority of these were still in agreement). The survey feedback showed that 85% of staff and 72% of service users think a new centre is needed.

Figure 16 - Survey responses to question 'do you agree that a new centre is needed'?



6.2.2 Preferred location

Redevelopment at City Road

In both the survey responses and during face-to-face discussions, people asked about the reasons for moving. Around 8% of survey responses say a new centre is not needed. The most frequently stated reasons for not supporting the proposed move is that the journey to the new centre may be more difficult and that moving may cause too much disruption to treatment. This feedback was explored in more detail during discussions.

- **Service users are familiar with travelling to and from the present site:** familiarity with routes is 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 also seen by a small proportion of people as being less busy than the proposed site, meaning it is potentially easier to access, with less potential distress and anxiety for service users.

The City Road location was seen as being nearer to home for some people meaning less travel time and cost, especially 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 about the future 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 for equipment no longer required at City Road to be redistributed to the Moorfields’ network sites.

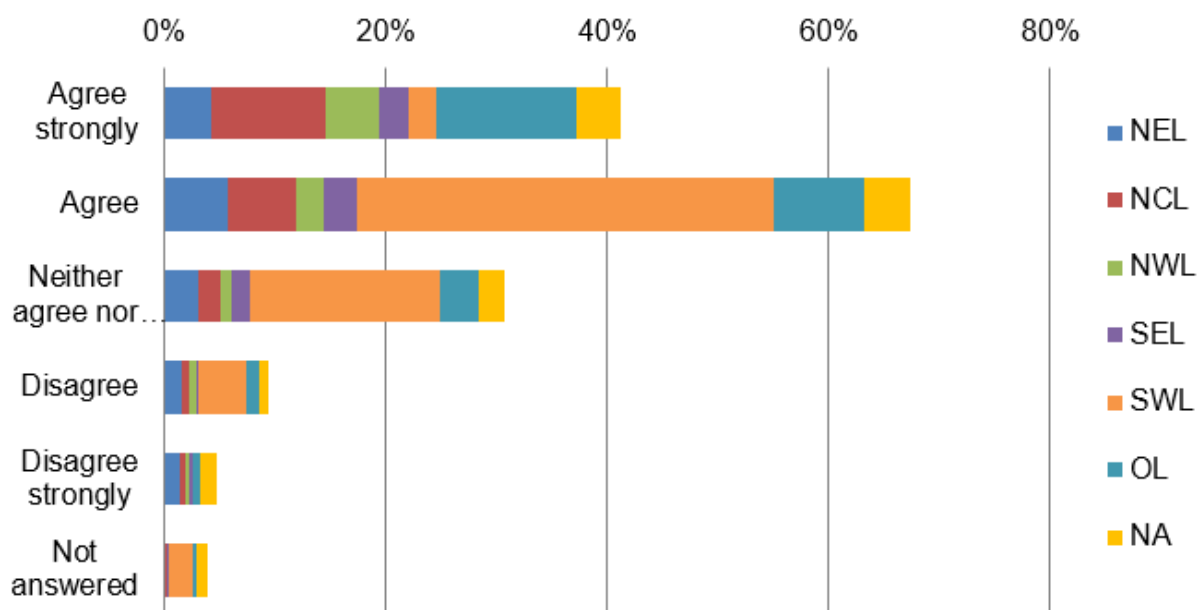
Choice of location and alternative sites

- **The majority of responses support St Pancras as a location for the proposed new centre:** it was felt that St Pancras is a central London location, next to major transport links. The fact that the site will remain an NHS asset was viewed positively. Any alternative site should have good transport access.
- **Some alternative solutions were listed:** which are considered in section 7.
- **Services closer to home:** in both survey responses and during discussions people are keen to see the development of services within or close to their area to reduce patient flow to Moorfields.

This is supported by the responses to the survey question: **To what extent do you agree that the new centre should be located at the St Pancras Hospital site?**

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, and 10% disagree.

Figure 17 - Survey responses to the question 'To what extent do you agree that the new centre should be located at the St Pancras Hospital site?'



In response to this feedback we have:

- Reviewed the alternative sites suggested (set out in section 7).
- Held an options appraisal workshop, which included patient and commissioner representatives, to confirm that relocation to St Pancras should remain the preferred option in light of the feedback received (set out in section 7).

6.2.3 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 (TfL) 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 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.

“At King’s Cross and St Pancras you cannot “hear the space”. It is difficult to use sound to understand where you are and what is around you.”

East London Vision

Accessibility to the proposed site

A number of suggestions were provided 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 new centre 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 Moorfields could provide a shuttle bus service from the new centre 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, other respondents were more concerned about public transport as a preferred method of travel. Staff and carers were 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, 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.

“It’s about travelling 10-15 minutes up the road, not moving to the other side of the city. As long as everyone knows how to get there it will be fine.”

Royal Society for Blind Children

“The only downside is a complicated route but I know you’re looking into accessibility.”

Moorfields patient, email received during public consultation

In response to this feedback, Moorfields will:

Build on the co-production workshops which looked in detail at accessibility issues, to lead a multi-agency partnership to develop and implement an accessibility plan. This will form part of the Moorfields Full Business Case (FBC), and the design and planning application for the new site. The partnership will involve, for example:

- *Patient representatives.*
- *Camden and Islington NHS Foundation Trust, who currently own the St Pancras Hospital site.*
- *Camden Council.*
- *Transport for London.*
- *Network Rail, HS1 Limited and other rail companies.*
- *London Vision, RNIB, Guide Dogs and other sight loss charities.*
- *AECOM and partners, who are leading the design of the proposed new centre.*
- *Moorfields Eye Hospital, UCL and Moorfields Eye Charity – the lead partners of Oriel.*

The first priority, informed by feedback from consultation, is to consider public transport options serving the new neighbourhood and how this potentially provides access to the proposed eye care centre. The Oriel partners will then consider the practical ways of responding to any unmet needs, with a shuttle service, for example, which was a popular theme during consultation.

It should be noted that the partners cannot engage in meaningful discussions with agencies such as Transport for London before they have committed to the site. The accessibility plan will therefore be developed between January and September 2020, as

part of the master plan for the new site. The potential costs of implementation will be included in the Full Business Case for approval in 2021.

If decision-makers recommend that proposals should proceed at DMBC stage, accessibility plans will be scrutinised at various gateways before project implementation:

- *Town planning application – during which the London Borough of Camden will review accessibility plans in detail, and the public will have the opportunity to view and comment on plans.*
- *Full Business Case (FBC) – commissioners will be asked to provide formal support for the proposals as part of Moorfields' FBC in 2021. Once submitted, the FBC will be scrutinised by NHS regulators (NHS England and NHS Improvement, and the Department of Health and Social Care) before being put forward for Treasury and Ministerial approval.*

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.
- **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 natural light and avoid white walls where possible – green and blue are better colours for people with sight loss. Glass doors should 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, e.g. clinic co-ordination to book appointments on the same day. The help of voluntary groups and charities could be incorporated 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.

“If the Trust can retain its wonderful staff, then it matters little where the facilities are located.”

**Moorfields patient,
email received during
public consultation**

This is supported by the responses to the survey question: **Could the journey to St Pancras be an issue for you or your family?**

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. Those in north east London were most concerned overall. Note, in response to this the consultation included proactive engagement with groups in north east London to ensure concerns were fully captured and understood.

Table 7 - Survey responses to the question 'Could the journey to St Pancras 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%

In response to this feedback, Moorfields have:

- *Collated feedback from patients and mobility experts on a range of views and ideas on how design features and new facilities could support navigation and enhance the patient and visitor experience.*
- *Established 20 user groups to develop designs (which will proceed in 2020 if proposals are approved by commissioners), whose membership is drawn from staff, patient representatives and external experts where appropriate*
- *Committed to develop an accessibility plan which will provide a framework of design principles informed by feedback from consultation, national design standards and expert advice. This will include a detailed assessment of all potential journeys, to consider how accessibility challenges will be addressed in high priority areas. Development of plans will involve working with key stakeholders such as CCGs, local optical services and Borough Councils within north east London.*
- *Continue to offer service users the opportunity to visit network sites (including Mile End, Stratford and Barking in north east London) for routine and low complexity appointments.*

6.2.4 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. Service users also stated that they receive little or no updates on waiting times, which makes life planning very difficult.
- **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.

This is supported by the responses to the survey question: **How important are these statements about patient experience?**

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

Table 8 - Survey responses to the question 'How important are these statements about patient experience?'

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%

In response to this feedback, Moorfields will:

- *Undertake a major programme of customer service training and improvement during 2020, which will be informed by consultation feedback.*
- *Ensure that providing a more efficient and more comfortable environment for both patients and staff remains a core design principle.*
- *Include space within the design for an information and support hub, to help people to find their way to their appointment, to return home safely, to understand more about their condition and to get the support they need, such as rehabilitation, counselling or mental health services.*
- *Adopt the strong message from consultation feedback that the proposed new centre should be a place of inspiration for everyone who goes there, whether for work or for treatment, showing what is possible and how to make it happen.*

6.2.5 Transition to the proposed new centre

- **Communicate progress updates:** some respondents felt it was important to maintain open and varied communication of progress as it happens. As the move is planned in stages, 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 supported as it allows continuation of care in the event of delays. 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. It was felt that no-one knows better about what is accessible and what doesn't work than the users themselves. The breadth of involvement during the consultation was commended.

This is supported by the responses to the survey question: **How important are these statements about planning for change?**

All aspects of planning for change are seen as important to ensure a smooth transition to the new centre.

Table 9 – Survey responses to the question 'How important are these statements about planning for change?'

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 response to this feedback, Moorfields will:

Involve patients and staff in a comprehensive transition plan as part of the Full Business Case (FBC) and future preparations for the move. Responding to feedback from consultation, this will include:

- *Continuing communications to raise awareness and keep people updated.*
- *Testing and trialling patient journeys before the move, including with people with protected characteristics.*
- *Providing a detailed guide and information on the new centre, including the use of digital information, such as virtual reality tours.*
- *Maintaining staff support and organisational development to plan for the move and future service models.*

6.3 Feedback from people with protected characteristics

In order to ensure we understand the potential positive and negative impacts of proposals on people with protected characteristics, we undertook the targeted engagement described in section 5.11. These resulted in clear common themes in relation to equality of access, which are described in this section.

Our discussions have made clear that for many people who use the services of Moorfields Eye Hospital, their relationship with City Road services is a critical part of their lives. Many people are regular visitors to the hospital and have been for decades. Many of our patients have one or more protected characteristics in terms of age, ethnicity, sensory impairment, disabilities and long term conditions.

A recurring theme in feedback is that patients frequently experience stress and anxiety associated with a visit to the hospital. For people with protected characteristics, there is a risk that this may be compounded by communications barriers, physical access difficulties and a lack of awareness among staff concerning sight loss and other characteristics. The frequent suggestion during consultation was that the proposed new centre is our opportunity to be the national exemplar of inclusivity and accessibility.

6.3.1 Common themes from feedback

This section summarises the common themes from feedback, which are detailed in Appendix E.

Make it possible for people to be independent – an overarching principle

The importance of independence for people accessing care was a significant theme.

When services are difficult to access, people need more support from carers and staff, which is not always the best answer. With the right applications of design, information and technology, people can choose to do things for themselves.

“I am 50 years old. I shouldn’t always have to ask my mother to take me to my appointment.”

Moorfields patient

It was suggested that people who are well informed and able to understand their care are better able to work with their clinicians and take responsibility for self-care. Where patients are confident and easily able to navigate services for themselves, this contributes to efficiency as well as a good patient experience.

Reducing anxiety, offering control

Anxiety is a common challenge experienced by people with protected characteristics. Patients' anxiety affects their experience and potentially the effectiveness of clinical services. For example, we heard about patients not being able to take in what is being said during their consultation, or not turning up for appointments.

Suggestions included:

- Provide as much information as possible before an appointment to explain what to expect.
- Make the main entrance welcoming and friendly, with immediate clarity about where to go.
- Reception staff should be highly skilled in helping people and making them feel reassured.
- Ensure a smooth transfer from front door to clinic.
- Provide clear information at every stage of the process, so that patients know what is going to happen next and when.

“People in a state of anxiety, fear, nervousness and isolation expect and anticipate rudeness. They expect systems and technology not to work and this becomes self-fulfilling.”

Quote from feedback

Buildings should be easy to navigate

Examples included:

- Consistency of design style and layout, making it easy to learn patterns.
- Straight lines are easier to navigate.
- Consistent lighting throughout all common areas.
- Colour coding to designate different clinics and areas.
- Contrasting colours to delineate walls, ceilings, floors and doorways.
- Information in multiple formats.
- People to help with navigation.

“A new build is a great opportunity to work with new technology. We would expect nothing less; but personal contact will always be important to be fully inclusive.”

Quote from feedback

Good communication

Most of the people we listened to described similar communications barriers when interacting with health services, which included:

- Not having enough time to understand things.
- Staff being unable to understand the situation.
- Staff ignoring the patient and talking only to carers or interpreters.

“What would help the most? Longer appointments with more time and simpler explanations.”

Quote from feedback

It may not be possible to plan for every possible need, but patient expertise can help to close the gaps. All staff who are in contact with patients should have awareness training, including advanced skills in listening to people.

The voluntary sector also has considerable knowledge and expertise to help public sector organisations with policies and plans for improving communications with people with protected characteristics. Moorfields Eye Hospital is already improving awareness and communications with support from voluntary sector partners.

“I have helped older people for whom English is not their first language who were waiting for a long time without a drink or a visit to the toilet, because they were worried about missing their appointment.”

Quote from feedback

Understanding “hidden disability”

Some people with sensory impairment talked about “hidden disabilities” where even clinicians seem unaware of the extent of their sight or hearing loss. It is also common for people to feel ashamed of their differences or to deny or hide problems that may be significant in getting good clinical outcomes.

These scenarios require awareness and skill to build trust. Privacy may be important in clinical areas, such as consultation rooms, and in basic services, such as toilets and adult changing facilities.

Managing transition for existing patients

Comments stressed the importance of timely and effective communications in accessible formats to help people manage transition.

Feedback from people with learning disabilities suggests that many groups find it difficult to cope with change. They need time, information and other support, such as open day type visits to the proposed new centre, before and after opening.

6.3.2 Potential impact on specific groups

The Consultation Findings Report details specific nuances which have emerged for certain groups, which should be taken into account should the proposal to move services to a new site at St Pancras be approved. In summary:

- **Age-related findings:** many Moorfields service users are elderly as sight issues are often age-related. The needs of this group include not having an over-reliance on new technology, mobility issues and difficulties in navigating busy or confusing areas
- **Deprivation-related findings:** low-income groups may be affected by any increases to the cost of travel, parking or nearby accommodation if staying locally overnight
- **Disability (Physical and Mental Health) Related Findings:** some people with sight loss may also have hearing impairments or other conditions. These people may find using public transport challenging. The design should minimise noise and crowds and should include accessibility. The need for staff education around service users’ specific difficulties or disabilities was also raised

- **Ethnicity Related Findings:** the needs of these groups include language barriers (e.g. when reading signage and documents). Black, Asian and Minority Ethnic (BAME) groups stated that people can be unaware of the health options available
- **LGBT+ Related Findings:** LGBT+ service users often feel more vulnerable and anxious in a hospital environment. Consideration should be given to the design of facilities which are traditionally gender-specific such as toilets.
- **Parents and Children Related Findings:** requirements include toys, games and child friendly food
- **Religion or Belief Related Findings:** art, food, religious and cultural beliefs should be taken into account in a new centre (e.g. provision of a multi-faith prayer room)

Potential **positive impacts** which will be pursued as proposals develop are:

- Improvements in accessibility through a new building design
- Improvements in efficiency and access to services within the proposed new centre, which would help and support people with protected characteristics
- Improvements in care and respect for different needs

Potential **negative impacts**, which commissioners and Moorfields will endeavour to minimise include:

- Ensuring increased technology is not a barrier for minority groups, and does not replace personal support
- Journey times could be different, and longer for some people living to the east and north east of London
- A potentially more complex and confusing route
- Concerns that the proposed investment could reduce resources available to maintain and develop network clinics and other community-based services

In summary, most people are supportive towards a proposed new centre for Moorfields Eye Hospital. Many envisage an opportunity to improve accessibility and services for people with protected characteristics.

6.4 Integrated Health Inequality and Equality Impact Assessment (IIA)

The Integrated Health Inequality and Equality Impact Assessment (or Integrated Impact Assessment – IIA) process is designed to ensure that a proposal does not have a disproportionate impact upon any groups with protected characteristics. Commissioners want to ensure that any decisions made will support advancing equality and ensure fairness by removing barriers, engaging patients and the community, and delivering high quality care. This process has also helped us meet our responsibilities under the Equality Act, and demonstrate due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010.

Assessment of the impact of the proposals on these groups, as well as its ability to reduce inequalities between patients, has been undertaken independently by MSE Strategy Unit and Partners. Their methodology and full report is included at Appendix G.

The IIA has concluded that overall, the identified protected characteristics, health inequalities and health impacts **will not be negatively impacted by this proposed relocation**. In summary:

- Most stakeholder feedback obtained as part of the consultation supported the proposal to relocate, believing that this relocation would support the integration of eye care with research and education. Specifically supporting the opportunity for closer working with organisations such as the Francis Crick Institute, RNIB and UCL.
- Respondents to the consultation felt that the new centre would benefit both patients 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.
- The analysis did not show disproportionate impact due to relocation on patients currently covered by specialised commissioning.
- Elderly patients (due to age and comorbidities) and patients with protected characteristics are the ones most likely to be negatively impacted by the proposed relocation. This is because changes to their journey, namely concerns about the busy nature of Kings Cross, can cause stress and anxiety for these groups.
- The proposed relocation to a new centre has the potential to improve staff morale as a result of modern professional environments.

In addition, the opportunities to reduce health inequalities are considered in Appendix E (report on consultation with people with protected characteristics and rare conditions). These include:

- Improving the patient experience through improved facilities which are developed in line with the needs of people with protected characteristics.
- Improving access to, and visibility of, patient support services.
- Improved wayfinding around the new centre, designed in collaboration with service users, sight loss charities and mobility experts.

Evidence-based recommendations for next steps

The main themes to be considered are:

- Disability access and support should be incorporated into the design.
- Improved signage and use of digital technology has the potential to improve the overall patient, carer and staff experience.
- It is important to retain any care that is currently being provided closer to patients home e.g. network clinics.
- Support is required for patients and carers in travel to, and navigating around the proposed new centre.
- It is important that future plans make it possible for people to be independent.
- It is important staff and volunteers are trained to support LGBTQ+ patients feel at ease during their appointments and navigating services.
- The impact of anxiety and stress that may be felt by patients and staff as a result of the move should be considered. Support should be clear and accessible, and changes clearly communicated.
- Care providers should ensure patients are aware of the criteria for NHS funded transport.

- The design should ensure clinical environments are dementia friendly.

The Oriel team set up workstreams before the start of the consultation to start addressing some of the early themes from engagement with a wide range of patients, carers, staff and general public. The consultation feedback has highlighted the opportunity for the proposed new centre to be the national exemplar of inclusivity and accessibility.

Summary of potential impacts on people with protected characteristics

Potential positive Impacts	Recommendations based on Evidence Review
<ul style="list-style-type: none"> • A new building would comply with modern standards for disabled access and other disabilities such as sensory needs. • The proposed new centre offers the opportunity to improve patient care and experience, and will have facilities that are more user friendly, promote better accessibility, and could have enhanced signposting and accessibility. • The new centre will help to bring research more into the mainstream of care. Patients who have a higher risk of poor eye health will most likely benefit from involvement in and the results of this integration with research. • The journey to the St Pancras site benefits from step-free access and a better quality pedestrian environment. The site has more options for different transport methods compared to the City Road site. • Carers travelling with patients may benefit from the proposed new centre having new and more comfortable facilities (e.g. waiting areas) and improved wheelchair accessibility. 	<ul style="list-style-type: none"> • Input from affected groups should be sought through co-design of new facilities, for example through focus groups, panel discussions and events with various subsets of the population. • It is important to ensure that sufficient wheelchair access and drop off points are available across the proposed new centre, and that technology designed to support disabilities such as visual impairments is promoted and meets the needs of patients. • Champions from key groups should be identified and engaged to increase the likelihood of benefits being realised, including patient experience and integration with research and education.
Potential Negative Impacts	Recommendations based on evidence review
<ul style="list-style-type: none"> • Relocation of services to a new centre could make some patient and staff journeys more complicated. The route could have a significant impact on those with sensory disabilities who will need to navigate a new and unfamiliar route. • 13% of respondents felt that there will be insufficient parking spaces at the St Pancras site. However, the parking situation at the proposed new centre will not be dissimilar to the current situation at City Road. • LGBTQ+ patients often feel more vulnerable and anxious in a hospital environment 	<ul style="list-style-type: none"> • Patients and carers would benefit from clear information about how to get to the proposed new centre. • Local authorities and TfL should be engaged to design accessible routes from public transport links that are safe and easy to navigate. • Planning teams should also be engaged to assess the provision for disabled parking spaces at the St Pancras site. • Voluntary organisations such as Alzheimer's UK should be engaged to help design dementia-friendly environments. • Staff and volunteers should be trained to support LGBTQ+ patients.

Further detail, and additional recommendations, are provided in the full report at Appendix G.

In response to this feedback, Moorfields has developed a detailed action plan which is included in Appendix H. This includes:

- *Development of an accessibility plan that will ensure the necessary design and development to improve wayfinding both within the new centre and externally.*
- *Consideration of the use of technology to assist navigation and patient support.*
- *Involvement of patient representatives on user groups.*
- *Continuation of the Oriel Advisory Group, which has a membership of patients, carers, governors and representatives from charities within the sight loss sector. This group was set up to advise on consultation, and will have a continuing role in design and implementation should proposals be approved.*
- *Consideration of the needs of groups of people with protected characteristics in the design of the new centre, including patients with limited mobility, the LGBT+ community, breastfeeding mothers and people who do not speak English.*
- *Review of processes such as patient letters to ensure they are inclusive.*
- *Recognising the additional needs of groups of people with protected characteristics when developing the transition plan for moving into the new centre.*

PART C – ASSURANCE AND VALIDATION

7. Options appraisal validation

Options appraisal validation – chapter summary

This section summarises the validation of the options following the public consultation, to review whether the feedback received has an impact on the preferred option. This process has included two workshops to review the critical success factors with stakeholders including patients and the public, and a review of alternative sites suggested through the consultation process.

The options appraisal process, and validation in light of the feedback received from the public consultation, demonstrates that relocation of ophthalmology services from Moorfields' City Road site to the St Pancras Hospital site remains the preferred option. This was supported by the consultation (73% of people agreed that a new centre is needed, and 73% agree that it should be at St Pancras). No suitable alternative sites have been identified.

The 15 core commissioners (NHS England Specialised Commissioning and the 14 CCGs with contracts over £2m per annum at City Road) have been involved throughout the options appraisal process, and have confirmed that the preferred option is not expected to have a material impact on their underlying financial position.

Key supporting documents:

- **Appendix I – Options validation workshop summary**
- **Appendix J – Independent review of suggested alternative sites for the proposed new centre**

Following the extensive public consultation (described in Part B), the options appraisal (described in section 3.5) has been reviewed to ensure it takes into consideration the feedback received. The following activities have been undertaken:

- Throughout the consultation, feedback was sought on suggested alternative sites for a new centre, which have been reviewed by independent property advisors, CBRE. The full list of suggested alternatives, and the CBRE review of these, is included in the Consultation Findings Report and summarised in Table 10. While a number of suggestions for alternative sites were made, no significant volume of responses favoured any one alternative. The review of the suggested sites concluded that there are no viable alternative sites which provide sufficient capacity for the planned activity, remain accessible for the majority of City Road patients, and represent value for money.
- The project's property advisors, CBRE, were asked to undertake another site search to see whether any viable alternative sites have become available.

- An options review workshop was held on 22 October 2019 with key stakeholders including commissioners, patient representatives and Moorfields. The purpose of this was to review the options and critical success factors (used to assess the options) in light of the public consultation, with a view to determining whether any further options should be considered. A report on this workshop is included at Appendix I. This concluded the following:
 - Support remains for the proposal to create a new centre.
 - Support remains for St Pancras as the preferred option.
 - Expert advice of CBRE was accepted that there is no better alternative solution arising from consultation.
 - Critical success factors remain valid, however accessibility of the last half-mile of the patient journey needs to be considered in ongoing design work.
 - Commissioners and Moorfields should be ambitious with patient experience and service accessibility to match the ambition for clinical excellence.

Table 10 – Summary of alternative sites suggested through consultation

Suggestion	Response
Land on the Kings Cross Central site (closer to the Tube and mainline railway stations).	Most of the land on the King's Cross Central site is accounted for by planned development. There are no sites available which are of sufficient size for Oriol.
Redevelop the current site.	Discounted following thorough options appraisal. The primary reasons for this are: <ul style="list-style-type: none"> • Disruption – Services would have to leave the current buildings to make way for construction. This would jeopardise the principle of minimising disruption and maintaining service continuity – a principle that is valued by many people who expressed their views. • Compromise in terms of our ambition – Expanding and adapting the current site offers the potential to improve patient experience, but only partially achieves the strategic objectives to bring together eye care with research and education. The scope for redesign is limited compared with the opportunity for a purpose built design. • Projected cost comparison – Building on land that Moorfields already owns would remove the costs of buying new land. However, with little or no opportunity to gain income from land sales, the projected costs of building and maintaining facilities at City Road over the next 50 years are much greater than the option to build elsewhere.
Alternative site close to existing City Road site.	There are no available sites in this area which could accommodate the size of Oriol.
Within UCL campus.	There is no spare capacity within UCL's campus for a project of this size.
A number of areas were suggested which did not meet the project criteria for accessibility, and would significantly increase travel times for some patients. These include Barnet, Redbridge and Tooting.	
A number of areas were suggested in which there are no affordable sites available. These include London Bridge, Brixton and Chelsea.	

A number of sites were suggested which are controlled by developers and are therefore not available. These include Bishopsgate Goods Yard (Shoreditch), National Temperance Hospital (Hampstead Road), Royal National Ear Nose and Throat Hospital (Gray's Inn Road), Eastman Dental Hospital (Gray's Inn Road), London Chest Hospital (Bethnal Green) and the old Middlesex Hospital site (Fitzrovia).

This process has confirmed that the proposed relocation of Moorfields services from City Road to the St Pancras site remains the preferred option, and represents best value for money to the public sector.

7.1 Conclusion

The options appraisal process, and validation in light of the feedback received from the public consultation, demonstrates that relocation of ophthalmology services from Moorfields' City Road site to the St Pancras Hospital site remains the preferred option. This was supported by feedback from the consultation. The alternative sites suggested through the consultation have been reviewed, and it has been confirmed that there are no suitable alternatives to the proposed relocation of services to St Pancras. This option continues to meet the project's critical success factors, and deliver value for money.

The 15 core commissioners (NHS England Specialised Commissioning and the 14 CCGs with material contracts (over £2m per annum) at City Road) have been involved throughout the options appraisal, and have contributed to the qualitative assessment of options. Commissioners have confirmed that the preferred option is not anticipated to have a material impact on the underlying financial position of commissioners when compared to the baseline option (to remain at City Road). Further detail to support this is provided in Chapter 6.

8. Assurance and compliance with requirements

Assurance and compliance with requirements – chapter summary

This section describes the independent assurance of the consultation methodology. Recommendations have been provided at five of six Gateway reviews to date, which have shaped how the consultation has been carried out. The sixth review will be completed after DMBC approval, and will confirm whether the proposals are in line with good or best practice.

This section also sets out the evidence for the proposal's compliance with the Secretary of State's four tests for service reconfiguration, and the London Mayor's six tests for care transformation in London.

8.1 The Secretary of State's four tests

NHS England, in their [Planning, assuring and delivering service change for patients](#)¹³ guidance, published in December 2013, outlined good practice for commissioners on the development of proposals for major service changes and reconfigurations.

Building on this, the 2014/15 mandate from the Secretary of State to NHS England, outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.

Reconfiguration proposals must meet the four tests before they can proceed. These tests are designed to demonstrate that there has been a consistent approach to managing change, and therefore build confidence within the service, and with service users and the public.

From 1 April 2017, NHS England introduced a new (fifth) test to evaluate the impact of proposals that include a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

8.1.1 Test 1: Strong public and patient engagement

This test evaluates how service users and the public are involved in the development of the proposals to relocate all services at Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology on Bath Street to a new, integrated eye care, research and education centre at a preferred site at St Pancras Hospital.

Robust and strategic stakeholder engagement has been undertaken since 2013/14, as described in section 5, which has been strengthened recently through:

- Pre-consultation engagement with the public between 2013 and 2019 to inform the PCBC (described in section 5.2).

¹³ ["Planning, assuring and delivering service change for patients,"](#) (NHS England, March 2018,

- The 16-week consultation which captured over 4,600 contributions.

The ways in which commissioners sought to maximise the reach of the consultation are set out in section 5.4. The profile of people who engaged with the process is set out in section 5.14. Commissioners are confident that the views captured by the consultation are representative of ophthalmology service users in London, as well as staff and other affected groups. The approach to the consultation has been reviewed by The Consultation Institute (TCI), who have provided recommendations throughout consultation planning and implementation which commissioners used to shape consultation plans. This is set out in section 8.3.

The activities undertaken as part of the consultation are described in Chapter 5.

A log of engagement and involvement activities is detailed in the Consultation Findings Report.

Stakeholders will continue to be involved in the development of proposals through design user groups and the Oriel Advisory Group.

8.1.2 Test 2: Consistency with current and prospective need for patient choice

This test illustrates whether any proposed redevelopment would maintain the availability of service user choice.

In London, the landscape includes over 30 NHS hospital ophthalmology departments and sites, private ophthalmology providers who offer NHS services, community provider organisations, nearly 900 optical and optometry practices, and another 900 providers holding contracts to deliver primary care domiciliary services. In addition, there are borough-based social care services for people with visual impairment, and a range of charity and voluntary organisations involved in sight loss services¹⁴.

The proposals will not change the choice of providers to patients and residents looking to access eye health care services in London. The existing full range of services would continue to be delivered from the new site, including emergency surgery and ophthalmic A&E care.

A new fit-for-purpose, integrated eye care centre would create bespoke, ergonomically-designed patient pathways to improve flow, embrace new technologies and enhance and support patient and visitor experience, privacy and dignity. The centre will adopt an inclusive design approach tailored to users with visual impairment and other disabilities – embracing best practice in telehealth, sensory and accessibility provision.

Commissioners and providers continue to work together at a system-level to ensure that networks and pathways are developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how integrating research with service delivery would create huge benefit for clinical outcomes. Moorfields has existing relationships with other providers of eye care across London, which will continue following the proposed relocation of the City Road site.

¹⁴ Eye Health Network for London: Achieving better outcomes, NHS England, June 2015

8.1.3 Test 3: A clear clinical evidence base

This test is to demonstrate sufficient clinical evidence and clarity on the case for change (outlined in section 4).

The independent verification of the clinical case for change has been gained through submission of a draft of the PCBC for consideration by the London Clinical Senate, engagement with a range of clinicians, and using reports from the CQC reports.

London Clinical Senate: clinical review panel

The London Clinical Senate's clinical review examined the PCBC to establish if the proposal:

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

This was undertaken at a panel in November 2018, which sought to establish:

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

The Review Panel's advice is based upon:

- Its consideration of the documentation provided.
- The presentations and discussion with clinicians, patients, commissioners, and managers during the Review Panel hearing on 29 November 2018.
- The multi-disciplinary panel members' knowledge and experience.

Following the Review Panel, the London Clinical Senate submitted a report on its findings to the CCGs in which it confirmed that it found **“that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.”**

The Senate’s recommendations about the proposal are included in Appendix B. The report by the London Clinical Senate, and subsequent correspondence, was published by commissioners as part of the formal consultation. They are available at www.oriel-london.org.uk.

Clinical input

A wide range of clinicians has been engaged throughout the process to ensure patient outcomes are central to proposals. Clinical leads from commissioners and Moorfields have been supporting the proposal to relocate, subject to the consultation outcome, in the following ways:

- Contributing to shaping the clinical case for change
- Developing patient pathways and agreeing activity assumptions
- Supporting the PCBC and DMBC in passing local governance processes
- Presenting the case for the consultation at the Clinical Senate review
- Participating in the consultation and encouraging colleagues to do the same
- Involvement in patient/public engagement – listening, participating, and feeding back on plans.

CQC Report

The CQC inspected Moorfields in November and December 2018. The report rated the Trust as ‘good’ overall and the City Road site as ‘outstanding’, highlighting excellent clinical practices and outcomes. Observations and recommendations on the estate at City Road included:

- The environment in the Outpatient’s department is limited in terms of space and a continuation to improve the environment is required.
- Patients commented that waiting times in general were long.
- The environment in the A&E department did not meet the needs of children and young people or protect patient’s privacy. There were also problems with the ventilation in the A&E and limited storage space for patient records.
- Vacancies for non-registered (primarily non-clinical) staff are currently above the Trust’s target.

A recommendation was for the organisation to look for ways to improve patient privacy in the outpatient department, A&E department and day case wards. Steps have been taken to address this recommendation, but a new building is required to fully resolve these issues.

8.1.4 Test 4: Support for proposals from clinical commissioners

This test is to provide assurance that the proposals have the approval of local commissioners.

This consultation has been led by NHS England Specialised Commissioning and the 14 CCGs who commission significant ophthalmology activity at the Moorfields City Road site. The consultation Programme Board is chaired by the Senior Responsible Officer of the Consultation Programme, who receives detailed updates on consultation progress, and developed the draft recommendations, and are asked to approve the PCBC and DMBC through a Committee in

Common (CIC – CCGs) and London Regional Executive Team (LRET – NHS England). These bodies approved the PCBC in April 2019, expressing their support for the proposals and recommending that the public consultation should proceed. Commissioner support is being obtained through this commissioner-led decision making process.

The commissioners have briefed all GP members of the 14 CCGs, throughout the consultation inviting them to provide feedback on the consultation and submit a formal response. The proposed changes have been included on local GP meeting agendas and both local CCG newsletters to member practices and PPGs, as well as NHS England newsletters. For example, the Oriel consultation has been included in the NHSE London General Practice bulletin which has 1,777 subscribers and reaches approximately 700 practices. There is was also a programme of discussions at the 14 Clinical Commissioning Group Governing Body’s and Joint Commissioning Committee board meetings and seminars. All Governing Body members have been sent the draft Consultation Findings Report requesting them to share their views on the report, particularly anything they feel is pertinent to the final decision-making.

The NCL STP estates strategy highlights Oriel and plans for the redevelopment of the St Pancras Hospital site as priorities for Wave 4 of the plan. This was discussed and agreed by NCL STP programme delivery board, NCL estates board and the STP directors of finance meetings during 2018.

8.2 The Mayor’s six tests

The King’s Fund and Nuffield Trust published a report¹⁵ in September 2017 which recommended that greater city-wide leadership is needed to successfully implement the five NHS Sustainability and Transformation plans (STPs) for London. In response to this, the Mayor of London set six assurances the Mayor requires to give his support to the STPs. While not directly required for this public consultation, compliance with these when implementing service change is considered best practice. These tests, and the commissioner response to these, are set out in Table 11. A letter from the Mayor of London confirming overall support for the proposals is included at Appendix A:

Table 11 – The Mayor’s six tests

Test	Commissioner response
Patient and public engagement – Proposals must show credible, widespread and ongoing patient and public engagement including with marginalised groups.	16-week consultation which received over 4,600 responses, including specific work with groups representing people with protected characteristics. This is described in chapter 5.
Clinical Support – Proposals must demonstrate improved clinical outcomes, widespread clinical engagement and support, including from frontline staff.	There has been consistent clinical representation on the Consultation Programme Board, and Moorfields governance and user groups. 219 members of staff responded to the consultation, of which 85% were supportive of the proposals.
Impact on health inequality – The impact of any proposed changes to health	The impact of the proposals on health inequalities is described in sections 6.3 and

¹⁵ Sustainability and transformation plans in London, an independent analysis of the October 2016 STPs (completed in March 2017)

services in London must not widen health inequalities. Plans must set out how they will narrow the gap in health equality across the capital.	6.4, along with plans to mitigate any concerns as described in Appendix E and G.
Impact on social care – Proposals must consider the full financial impact any new models of healthcare, including social care, would have on local authority services, particularly in the broader context of the funding challenges councils are already facing.	New models of care (described in section 4.2) are based around collaboration across the system. Commissioners will continue to ensure that any future changes have a positive financial impact on the health and social care system.
Hospital capacity – Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently reviewed to ensure all factors have been considered. Any plans to close beds must be an absolute last resort, and must meet at least one of the NHS’ ‘common sense’ conditions.	Ophthalmology services are primarily ambulatory, with the vast majority of patients being seen as outpatients or day cases (for surgery). Unlike other clinical specialties, in the majority of cases pre- and post-operative management and aftercare for patients with eye conditions are low risk and uneventful. Most patients undergo surgery under local anaesthesia, meaning post-operative complications (often associated with more complex, longer general anaesthesia) requiring an overnight bed stay are rare. As such, the City Road site only has 6 inpatient beds that are used for observation and extended recovery when required. Patients with complex needs requiring overnight care are cared for at neighbouring Trusts who partner with Moorfields. The activity at neighbouring Trusts is outside of the scope of this consultation, and no changes are planned.
Sufficient investment – Proper funding must be identified and available to deliver all aspects of the STP plans.	Funding has been identified, as set out in chapter 6.

8.3 Independent assurance of methodology

Commissioners appointed The Consultation Institute (TCI) to undertake an independent six stage review of the consultation methodology in order to:

- Obtain an expert view on the consultation plans, so that these could be altered before the start of the consultation to maximise its reach.
- Obtain an independent evaluation of the effectiveness of the consultation, providing assurance that the feedback is a fair representation of ophthalmology service users, affected staff and the public.
- Maintain independent oversight of the decision-making process, to ensure that the consultation feedback was analysed and responded to in a fair and transparent way.
- Ensure that no vulnerable groups were excluded from the consultation.

At each stage, TCI have examined documentation and consultation materials, spoken to key members of the consultation team and other stakeholders, and provided independent feedback

and recommendations. The reports have been used to inform planning of the process. The Gateway 5 report reviews the consultation methodology, following a review on 5 October 2019.

Gateway 5 report

The post-consultation review observed that it has been a positive process for commissioners and Moorfields and, judging by some feedback comments, for many patient representative groups and sight loss charities as well. Benefits of the consultation include:

- Strengthened relationships with the main sight loss charities, including plans for new and continuing partnership work.
- Tangible engagement with patient representatives, with a mature core group of advisors on Oriel, over 400 people who are keen to be involved in continuing developments and an outline plan for co-production.
- New connections with communities across London and further afield, such as: patient reference groups, community forums, action groups and patient participation networks.
- Closer relationships between commissioners and Moorfields, including a recognition that this does not end with conclusion of consultation.

TCI noted frequent comments in survey responses, face-to-face discussions and in individual feedback that are affirmative about the consultation process. Several groups, including RNIB, MoorPride, Transpire, OcuMeUK, New College Worcester and MENCAP, have said how impressed they were with the efforts to include minority groups. No explicit criticism of the consultation process has been identified.

The review was positive about the fact that commissioners listened to feedback from individuals and made changes to the consultation process as a result. The review also examined the plan for analysing feedback, interpreting feedback, decision-making and dissemination of consultation outcome. They confirmed that this meets their expectations of good practice.

The final (Gateway 6) has been completed, and a letter is expected which confirms whether the consultation has been undertaken in line with good or best practice.

Alignment with statutory and legal requirements

When developing proposals for public consultation, commissioners considered section 242 of the NHS Act 2006, section 13Q of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012. Under these, NHS Trusts and CCGs have a legal duty to make arrangements for individuals to whom the services are being or may be provided, to be involved throughout the process.

The principle of sections 242 and 142Z of the consolidated NHS Act 2006 is that, by law, NHS commissioners and Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services. While section 242 has far-reaching implications, it is at heart about embedding good decision-making practice by ensuring that service users' points of view are taken into account when planning or changing services.

In order to meet legislative requirements, public involvement has remained an integral part of service change process. Engagement was started early and has continued throughout the process using a broad range of engagement activities.

The public consultation has adhered to the Gunning principles, which are:

- Consultation must take place when the proposal is still at a formative stage.
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response.
- The product of consultation must be conscientiously taken into account.

The consultation was undertaken in line with the NHS England guidance *Planning, assuring and delivering service change for patients (2018)*¹⁶. Which states that service change (including changes in location) should be undertaken only when a public consultation has been undertaken, which is:

- Aligned to the local Sustainability and Transformation Partnership (STP) plans.
- Assured by NHS England prior to consultation.
- Led by service commissioners.
- Involves full and consistent engagement with stakeholders including (but not limited to) the public, patients, clinicians, staff, neighbouring STPs and Local Authorities under regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations.
- Shown to have met the Secretary of State's four tests for service reconfiguration (see section 11.1).
- Undertaken in line with section 242 of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012 (as set out above).

¹⁶ <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

PART D – DECISION-MAKING AND RECOMMENDATIONS

9. Decision-making and recommendations

9.1 Moorfields response to consultation findings

Moorfields' response to the public consultation findings are summarised throughout section 6, and detailed in Appendix H.

9.2 Commissioner decision making process

Following the close of the public consultation, the findings were analysed by consultation advisors, Participate Ltd. Their Consultation Findings Report was published in draft for comment on 23 October 2019, and the public was given two weeks to provide comments prior to completion of the final report.

This provided an opportunity for stakeholders to input into the interpretation of the findings and key issues to influence decision-making. These included:

- Publication of the Consultation Findings Report on the Oriel website with comments from stakeholders invited to ensure the report is an accurate summary of findings.
- Review of the options in the light of consultation feedback with patient and public representatives (described in section 7).
- Programme of discussions with commissioning leaders and governing bodies (set out in section 5.15).
- Consideration of all findings by the Oriel Advisory Group.

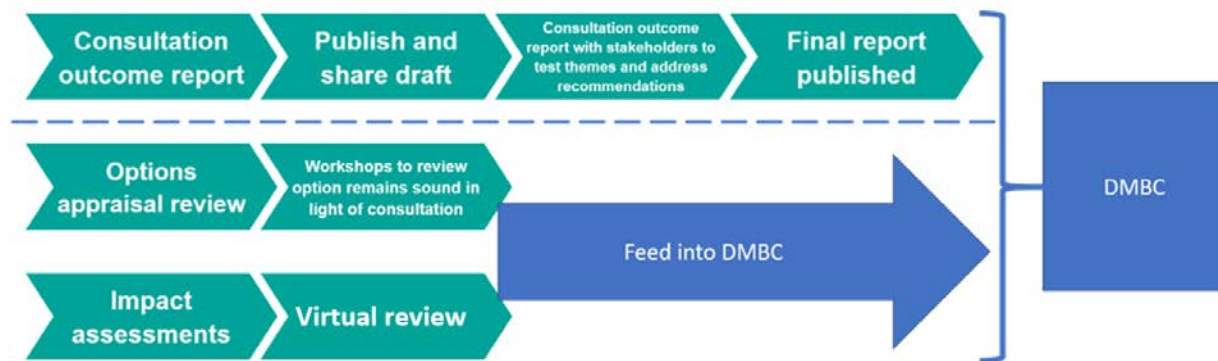
The findings from the consultation have been presented to a number of local authority scrutiny committees who have provided feedback. Final scrutiny was undertaken by NCL Joint Health Overview and Scrutiny Committee (JHOSC) at a meeting in public on 31 January 2020 (see Appendix K), prior to final decision-making of commissioners during the week commencing 10 February 2020.

The decision-making process and recommendations has been reviewed by The Consultation Institute (TCI). The final (Gateway 6) has been completed, and a letter is expected which confirms whether the consultation has been undertaken in line with good or best practice.

The feedback from the public consultation, system modelling and IIA have been used to develop a series of recommendations which are set out in section 1.11.

These recommendations are being presented to the Committees in Common and NHS England Specialised Commissioning for their approval.

Figure 18 - Decision-making methodology



9.3 Recommendations

The Committees in Common are requested to:

- c) **NOTE and COMMENT** on the Decision Making Business Case, which sets out the evidence for the case, including:
- The clinical case and evidence of support
 - The future models of care and evidence from system modelling
 - Feedback from engagement and consultation
 - Findings from the integrated health inequality and equality impact assessment (IIA)
 - The financial plan and affordability, which provides an assessment of value for money
 - The Secretary of State for Health and Social Care’s four tests for proposed service change and are considered to have been met:
 - ✓ Strong public and patient engagement
 - ✓ Consistency with current and prospective need for patient choice
 - ✓ A clear clinical evidence base
 - ✓ Support for proposals from clinical commissioners.
 - The Mayor of London has considered the first four of six tests, as set out in the decision making business case, and is broadly content. The final two tests will be considered by 12 February 2020.
 - NCL JHOSC considered the consultation outcome on 31 January 2020 and concluded that the engagement process with relevant local authorities, residents, patients and staff has been of sufficiently high quality and proposals are in the interests of healthcare for our residents and patients. This is on that the basis that they will improve patient experience, access to care, as well as the integration of healthcare, teaching and research while delivering the best possible value for money.
- d) **APPROVE** the proposal to relocate services from Moorfields Eye Hospital’s City Road site to St Pancras, and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

As part of formal support for the proposal, the Committee in Common is asked to approve the following recommendations that seek to address the feedback we have gained. These are included in the formal support letter and records of decision making, for Moorfields and commissioners to address as part of the development and design phase:

7. Accessibility

The consultation clearly highlights accessibility both within the new site, and for the last half mile to the St Pancras site. To ensure this is addressed, Moorfields Eye Hospital should develop and implement a robust accessibility plan, which is co-designed by the Trust in partnership with sight loss charities, Oriel Advisory Group, patients, transport providers, local authorities, commissioners and voluntary organisations. The accessibility plan should be incorporated into the building master plan, planning application and the development of the Oriel Full Business Case.

8. Working in partnership and programme governance

The Committee in Common would like to thank all statutory, non-statutory groups and members of the public who contributed to the consultation to provide such a wealth of information to inform the decision and future design of the proposed St Pancras site. They also commend the approach and valuable input of the Oriel Advisory Group and the network of other partners into the consultation process.

As such, the Committee recommends that the Oriel programme continues to actively involve the Oriel Advisory Group as well as the extensive range of stakeholders that have contributed to the consultation, in the development of the centre at the St Pancras site.

Given the St Pancras site development includes a range of stakeholders, the Committee recommends further consideration be given, with NHS England and Improvement, about the need for formal programme governance, which brings together the multiple stakeholders involved in the St Pancras site development, including NCL STP representation to ensure there is robust strategic oversight of the development as a whole.

Governance for the Oriel development of the new St Pancras site will be through the joint governance mechanisms agreed by the Trust and UCL. The Trust will report progress of the development into the proposed St Pancras site governance.

9. Service Improvement

Feedback during the consultation identified improvements in patient experience that can be commenced prior to the proposed move. It is recommended that Moorfields review the feedback received during the consultation and address areas of improvement before implementation of Oriel where possible.

10. New Models of Care

The ophthalmology demand and capacity modelling highlighted the potential benefits of working collaboratively to ensure a coherent approach to the development and implementation of new models of care that improves care for patients and provides care closer to home. To realise this potential, it is recommended that post decision making:

- Commissioners **establish a London Ophthalmology Collaborative** to progress system-wide service redesign of eye care services across London, which would support:
 - Collaboration between system partners including Moorfields and relevant commissioners to develop coherence and standardisation in the pathways experienced by ophthalmology patients.
 - Delivering the aspiration relating to follow up outpatient appointments as set out in the NHS long term plan, where clinically appropriate.
 - Managing activity growth assumptions as outlined in the Ophthalmology Systems Modelling report to support a sustainable model of high quality eye care.
 - Determining potential for future collaboration between Western Eye Hospital and Moorfields to ensure the most effective model of eye care services.

The Collaborative will build upon the modelling work undertaken for the DMBC, and delivery of the NHS Long Term Plan. The proposed new building will be designed flexibly to adapt to changing models of care as this develops. It should be noted the proposed relocation is not dependent on the work to establish a London Ophthalmology Collaborative.

11. Workforce and transition

To optimise the benefits of the new centre as referenced in both the PCBC and DMBC, it is recommended that Moorfields:

- Develop an **organisational development programme** to integrate clinical services, research and education, which enable optimal use of the new facilities and enable the Trust to realise the benefits of integrating research, education and innovation with clinical practice.
- Acknowledge and celebrate the history of the City Road site.

12. Reducing inequality

To ensure that the negative impacts identified in the Integrated Health Inequalities and Equalities Impact Assessment (IIA) are mitigated as far as possible and the potential positive impacts are harnessed, a plan should be developed in response to each of the recommendations arising from the IIA.

In addition, Moorfields should seek to ensure that there is comparable experience and outcomes between the new site at St Pancras and the Trust's existing network of sites.

Delivering the recommendations

The Moorfields response to the consultation (included at Appendix H) sets out how the Trust plan to implement the recommendations set out above, and in the IIA. It is recognised that accessibility to the site ('the last half mile') is a key concern. If proposals go ahead, Moorfields will build upon the co-production workshops on accessibility to lead a multi-agency partnership which will include, for example:

- Patient and public representatives
- Camden and Islington NHS Foundation Trust, who own the St Pancras Hospital site

- Camden Council
- Transport for London
- Network Rail, HS1 Limited and other rail companies
- London Vision, RNIB, Guide Dogs and other sight loss charities
- AECOM and partners, who are leading the design of the proposed new centre
- Moorfields Eye Hospital, UCL and Moorfields Eye Charity – the lead partners of Oriol

It should be noted that the partners cannot engage in meaningful discussions with agencies such as Transport for London before they have committed to the site.

If decision-makers recommend that proposals should proceed at DMBC stage, **accessibility plans will be scrutinised at various gateways** before project implementation:

- Town planning application – during which the London Borough of Camden will review accessibility plans in detail, and the public will have the opportunity to view and comment on plans.
- Full Business Case (FBC) – commissioners will be asked to provide formal support for the proposals as part of Moorfields' FBC in 2021. Once submitted, the FBC will be scrutinised by NHS regulators (NHS England and NHS Improvement, and the Department of Health and Social Care) before being put forward for Treasury and Ministerial approval.

PART E – DELIVERABILITY OF THE PREFERRED OPTION

10. Proposed Implementation plans

Proposed Implementation plans – chapter summary

This chapter provides an overview of how commissioners plan to oversee the further development of the proposals set out in this DMBC. If the proposal to proceed with Oriel is approved, implementation of the project will be led by Moorfields. Assurance of this will be provided by NHS England / Improvement and the Department of Health and Social Care (DHSC) through the business case process. Further consideration will be given as to how commissioners will maintain oversight of the St Pancras redevelopment programme.

Commissioners also plan to establish a London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London. Commissioners will pursue opportunities for reprovisioning activity, working in partnership with providers and commissioners across London to ensure services are delivered in the best possible way for patients, and deliver value for money.

It describes how commissioners and Moorfields will build upon the existing momentum and links with the community, to continue a two-way dialogue as proposals are developed. The Trust will continue to communicate with all stakeholders to inform them of progress, and following feedback on the importance of a smooth transition, particular focus will be given to communication as the date of the new centre opening approaches.

This section also sets out the risks to commissioners relating to the proposals described in this DMBC, and how these will be mitigated. Finally, it provides an overview of the programme milestones by which Moorfields plan to deliver the project.

10.1 Implementing the consultation recommendations

This DMBC, and the recommendations described in section 1.11, will be presented to the NHS England London Regional Executive (LRET) on 11 February 2020 and the Committees in Common of the 14 CCGs on 12 February 2020. The outcome of the decision by this will be communicated through the Oriel website and the media. This will be followed up with further communication to stakeholders (including staff, public, patients, health and wellbeing boards, overview and scrutiny committees and voluntary sector organisations) through the Oriel website, and a letter emailed to stakeholders.

Moorfields have already provided an initial response to the consultation, included in Appendix H. If commissioner approval is provided, Moorfields will continue to develop Oriel in line with the recommendations in section 1.11.

10.2 Proposed ongoing governance arrangements

If the LRET and Committees in Common agree that proposals should go ahead in line with the recommendations described in this DMBC, implementation of the project will be led by Moorfields and assured by NHS England / Improvement (NHSI/E) and DHSC through the business case process.

Pre-consultation and throughout the consultation process the Oriel Advisory Group, statutory and non-statutory groups, members of the public and the network of other partners have provided a wealth of information to inform the decision and future design of the new centre at the proposed St Pancras site.

The value of this partnership working is reflected in the post consultation governance structure for the commissioners and Moorfields Eye Hospital.

The recommendations (in section 1.11) propose two distinct aspects of commissioner governance post-consultation (noting that Moorfields will continue to maintain its own governance and assurance through NHSI/E and DHSC):

1. St Pancras development

Given the St Pancras site development includes a range of stakeholders, it is proposed that further consideration be given, with NHS England and Improvement, about the need for formal programme governance, which brings together the multiple stakeholders involved in the St Pancras site development, including NCL STP representation to ensure there is robust strategic oversight of the development as a whole.

Governance for the Oriel development of the new St Pancras site will be through the Trust governance mechanisms. The Trust will report progress of the development into the proposed St Pancras site governance.

It is recommended that that the Oriel programme continue to actively involve the Oriel Advisory Group as well as the extensive range of stakeholders that have contributed to the consultation, in the development of the centre at the St Pancras site

2. New Models of Care

The ophthalmology demand and capacity modelling highlighted the potential benefits of working collaboratively to ensure a coherent approach to the development and implementation of new models of care that improves care for patients and provides care closer to home. To realise this potential, the draft recommendations suggest that post-decision making:

- Commissioners **establish a London Ophthalmology Collaborative** to progress system-wide service redesign of eye care services across London, which would support:
 - Collaboration between CCGs and coherence in ophthalmology commissioning from Moorfields.
 - Delivering the aspiration relating to follow up outpatient appointments as set out in the NHS long term plan through new models of care that integrate primary, community and secondary care.

- Managing activity growth assumptions as outlined in the Ophthalmology Systems Modelling report, harnessing the full potential of research, innovation within clinical practice.
- Determine potential for future collaboration between Western Eye Hospital and Moorfields to ensure the most effective model of urgent ophthalmology care out of hours.

10.3 Continued engagement

Pre-consultation and consultation activities have extended and strengthened relationships with patient and community representatives, particularly people associated with the sight loss community.

For example, around 450 people have expressed a specific interest in staying involved with the Oriel programme, the Oriel Advisory Group of 17 members has agreed to continue working closely with the programme and leading sight loss charities have offered their expertise to the next stages of design and planning.

Initial scoping discussions

During the consultation period, the main themes from consultation were clear at the mid-point review and people were invited to explore these in more detail to determine the scope of continuing engagement.

The following themes were identified for further discussion with patients and representatives:

- Accessibility – getting to the proposed site
- Accessibility – getting around the proposed new centre
- Improving the patient experience
- Managing transition
- Innovation and research
- Options review – a task and finish group of patient and public representatives has already contributed to the options review.

Three co-production workshops have already taken place and several site visits to explore the scope for further work on accessibility. The findings from this exploratory work together with feedback from consultation will inform design briefs and an accessibility plan. Similarly, feedback from consultation will be extracted and presented to service leads for improving patient experience, innovation and research and managing transition.

Ongoing patient and public involvement

20 user groups have been set up to prepare design briefs covering all aspects of the proposed new centre. Patient and public representatives and independent experts will be involved with those user groups concerned with patient services, as well as Moorfields staff and clinical leads. Each relevant user group will have the benefit of a patient and public involvement champion from Oriel Advisory Group and the wider pool of interested representatives. With the support of the Oriel team, each champion will help to co-ordinate patient and public contributions to the work of the group, which may include task and finish groups, discussion events, surveys or other techniques as appropriate.

To support continuing involvement, commissioner and Moorfields communications leads will continue to publish regular updates on the Oriel programme via the Oriel website and regular channels, such as newsletters, patient participation group meetings and social media.

Long term commitment

The consultation partners were committed from the start to building a framework for sustainable involvement over the next five years and beyond from early discussions into future phases of planning and implementation.

The longer term programme of patient and public involvement would commence in January 2020 and continue throughout the development of the new centre to its opening and beyond. At every stage, we will work with patient and public representatives to advise on and test developments.

The team will continue to actively seek input from people with protected characteristics.

Continual learning

The consultation provided extremely valuable learning for commissioners and Moorfields in engagement, particularly with groups with protected characteristics. This will inform the approach to ongoing engagement on Oriel. The team are also committed to sharing this learning across North Central London (NCL) and beyond, to inform future public consultations.

10.4 Environmental sustainability

If proposals go ahead, environmental sustainability and reducing Carbon emissions will be a key part of the design process. The building will be designed to achieve an 'Excellent' rating against sustainable construction standards, and will incorporate initiatives to substantially reduce greenhouse gas emissions. The building will be as energy efficient as possible, which will reduce running costs incurred by Moorfields and UCL, as well as reducing the environmental impact of the building. Green energy sources will be considered, such as solar panels.

Where feasible, UK manufactured products will be specified on the project. Robust and long-lasting materials will be selected, to reduce waste. These will be sustainably sourced and / or made from recycled content where possible.

10.5 Risks

The key risks from a commissioner perspective are:

Table 12 - Top commissioner risks, stating likelihood, impact and mitigation

Risk	Likelihood	Impact	Mitigation
Risks associated with the consultation process			
Risk that the consultation is not	Low	High	Conducting a robust consultation: <ul style="list-style-type: none"> Pre-consultation engagement undertaken.

<p>adequate, or has not followed due process, which could result in a Judicial Review or Independent Panel Review.</p>			<ul style="list-style-type: none"> • An extensive 16 week consultation period to the offset any negative impact of running a consultation during the month of August. • Consultation Findings Report published in draft on 23 October 2019, giving the public 2 weeks to provide comments before finalising. • Overview and Scrutiny Committees engaged during development of the PCBC and DMBC. • Oversight of the process by consultation programme board, with membership from all key stakeholders including CCG and Specialised Commissioning commissioners, Moorfields Eye Hospital, patient representative, clinicians and NHS England (who are providing expert advice and assurance). <p>Independent assurance has been sought:</p> <ul style="list-style-type: none"> • Expert advice (TCI) commissioned to review the methodology throughout the consultation. Recommendations have been implemented • Legal advice has been commissioned to ensure compliance with our legal obligations
<p>Risks associated with delivery of the proposals</p>			
<p>Risk that Oriel is not delivered in line with the recommendations set out in this DMBC</p>	<p>Low</p>	<p>High</p>	<p>Recommendations will be central to the Moorfields business cases, which will be assured by NHSI/E and DHSC. Further consideration will be given to commissioner oversight over the St Pancras redevelopment.</p>
<p>Risk that business-as-usual activities, such as delivery of services through network sites, is negatively affected by focus on delivering Oriel</p>	<p>Low</p>	<p>High</p>	<p>Commissioners to continue to monitor performance as per existing contractual arrangements.</p>
<p>Risk that delivery of a new centre drives increased activity to the site, with a financial impact upon commissioners</p>	<p>Low</p>	<p>Low</p>	<p>The potential for this has been factored into the system modelling set out in section 0.</p>
<p>Risks associated with development of service models</p>			
<p>Risk that pathway changes are not co-ordinated across</p>	<p>Medium</p>	<p>Medium</p>	<p>London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London.</p>

London, limiting their benefit to patients			
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10.6 Programme milestones

The key project milestones for Oriel are shown in Table 13. These will be further refined if the proposal to proceed with the project is approved, and as plans are developed in more detail.

Table 13 – Oriel programme milestones

Milestone	Target date
DMBC presented to Committees in Common and NHSE LRET (NHS England London Regional Executive Team)	February 2020
Moorfields Outline Business Case (OBC) Trust Board approval, and submission to regulators for national approval	Spring 2020
Town planning application for Oriel	Autumn 2020
Moorfields Full Business Case (FBC) Trust Board approval, and submission to regulators for national approval	Spring 2021
Start of construction	2022
Services operational	2025/26

If the scheme is approved at the Committees in Common and NHSE LRET, Moorfields will proceed with developing detailed plans including designs for the building, and plans for how services will run within it. The invaluable feedback and insight gained throughout the public consultation process will inform this process, and both clinical and patient representatives will continue to shape Moorfields' plans, as described in section 10.3. Commissioners and Moorfields will also continue to build on the partnership approach established through the consultation. We will work together both in developing new pathways to ensure ophthalmic care is delivered in the best possible way, and in delivering Oriel in line with the recommendations described in section 9.

11. Financial and commercial impact of preferred option

Financial and commercial impact of preferred option – chapter summary

This chapter describes the impact of the preferred option on the financial position of the 14 CCGs and NHS England Specialised Commissioning. It confirms that the preferred option is not expected to have a material financial impact on commissioners, and that activity projections are in line with commissioner expectations and are therefore financially sustainable. It notes that commissioners have committed to pursue reprovisioning of activity and development of new pathways, as described in section 3.3, and confirms commissioners' acceptance of the following annual growth projections.

Figure 19 - Projected average annual activity growth (2018/19 to 2034/35)

Annual growth	Outpatients	Inpatient and day case	Urgent and emergency
Before reprovisioning	3.1%	2.6%	2.9%
With reprovisioning	2.3%	2.6%	1.9%

This chapter also sets out the capital and revenue modelling for Moorfields, confirming that the preferred option is financially sustainable for the Trust and that funding sources have been identified.

The activity and financial projections presented in this document have been prepared by commissioners with input from Moorfields. They have been agreed with all 14 CCGs, NHS England Specialist Commissioning and the Trust. They have been updated since the PCBC, following more detailed activity modelling and development of proposals. These updates represent a refinement – there have been no fundamental changes in parameters or assumptions since the PCBC.

Key supporting documents:

- **Appendix C – Commissioner finance directors' letter of support**

11.1 Commissioner financial impact

Activity growth assumptions

The assessment of commissioner affordability has been based on activity modelling undertaken by independent advisors, Edge Health, on behalf of commissioners. This activity modelling is detailed in section 0. Through detailed modelling of demographic growth, additional demand factors and potential for activity reduction through referral management, this exercise projects a growth in Outpatient activity (which makes up the majority of City Road activity) of 3.1% per year. This, along with inpatient and day case surgical activity growth, and urgent and emergency activity growth, is shown in Table 14.

The activity modelling also examined the potential for activity to be re-provisioned (i.e. provided in a different setting). This shows that some outpatient, urgent and emergency activity growth could be delivered in an alternative setting, and the impact of this on annual activity growth rates is shown in the table below. This shows the scale of the opportunity for future changes to the model of care, and commissioners plan to continue to work with system partners to achieve this. As this is activity provided from a different setting rather than avoided, it is assumed that the cost to commissioners may be reduced but will not be avoided. Commissioners and Moorfields will continue to work together to ensure patients are seen by the most appropriate clinician in the most appropriate location, to enable the delivery of high quality care in the most effective and efficient way.

Table 14 – Projected activity growth for the City Road catchment population

Annual growth	Outpatients	Inpatient and day case	Urgent and emergency
Before reprovisioning	3.1%	2.6%	2.9%
With reprovisioning	2.3%	2.6%	1.9%

Source: Edge Health report (September 2019) – included in Appendix D

A sensitivity analysis is included within the activity modelling, which shows a potential range of growth in outpatient activity between 2.5% and 3.8%. This is noted by commissioners, who regularly monitor activity growth, as part of their annual financial planning.

Financial impact on commissioners

All commissioning of Moorfields services provided at City Road is based on tariff – which is set nationally and is based on activity undertaken. The activity growth set out in Table 14 is not dependant on the site from which activity is delivered. The proposed move of services from City Road to St Pancras is therefore not expected to have a material financial impact on commissioners.

All capital costs, and revenue costs associated with the transition between sites when services move, will be funded by Moorfields and are covered within their Outline Business Case (OBC). There would therefore be no capital cost to commissioners as a result of implementing the preferred option.

A letter of support for the preferred option from the Finance Directors of all 14 CCGs and NHS England Specialised Commissioning is included at Appendix C. In this, all commissioners confirm that the activity projections are in line with their expectations.

11.2 Commercial implications of the preferred option for commissioners

As stated in section 11.1, the proposed relocation of services from the existing City Road site to the St Pancras Hospital site is not anticipated to have a material financial impact on commissioners. The proposals are not expected to influence contractual negotiations, which will take place independently of this DMBC.

One of the key drivers for Oriel is to integrate research, clinical and educational functions with a view to promoting a translational model of 'bench-to-bedside' research. This is expected to speed up the rate at which new screening, diagnostic and treatment techniques are developed, for the benefit of patients. Any commercial and financial implications of this would be negotiated on a case-by-basis. The planned flexible design for the new building would help to drive improvements to service delivery models, for the benefit of patients.

The contracting arrangements for commissioners will not directly change as a result of the proposed move. Commissioners will pursue opportunities to re-provision services into alternative settings where appropriate. CCGs commission activity based on tariff and activity levels, and the preferred option does not assume any change to activity over and above annual growth. NHS England Specialised Commissioning commission services via a block contract with prices based on tariff, which also is not expected to change as a result of Oriel.

11.3 Bridge of commissioner impact of Preferred Option, from PCBC to DMBC

The PCBC stated that commissioners considered the proposal to be affordable, on the basis of an assumed annual activity growth of 3%, which is consistent with historic growth levels at Moorfields. Since PCBC approval, detailed activity modelling has been undertaken (detailed in section 4.5) which has produced the growth assumptions set out in section 11.1. These growth projections do not represent a significant difference from the PCBC.

11.4 Moorfields financial impact

Capital implications

A capital cost estimate for the preferred option has been developed by the Trust's cost advisors. This is based on initial designs developed with clinical representatives. The breakdown of the Moorfields element of the cost estimate is shown below. Note that UCL have separate funding arrangements for their portion of the new building. This interdependency is managed through joint delivery boards and risk monitoring processes, to ensure that all funding streams remain deliverable. Further detailed design work will be undertaken if the decision is taken to proceed with the preferred option, which will enable these cost estimates to be refined. Contingency and mitigations for optimism bias have been included to allow for the current design stage.

Table 15 - Analysis of capital cost of preferred option

	Capital cost (£m)	Assumption
Land purchase	30	Based on an option agreement entered into by Camden and Islington NHS Foundation Trust (C&I) and Moorfields, which enables Moorfields to purchase up to two acres of land for a guaranteed price
Construction	179	Based on current architectural designs. These are in line with benchmark averages for similar projects, taking into account the specific circumstances of Oriel

Fees	23	Percentage allowance in line with industry standards
Non-works (IT, town planning, carbon offset)	11	Costs specific to the site and build associated with the project
Equipment	20	Based on a percentage allowance, which is supported by work undertaken by expert equipping advisors
Planning contingency	23	Based on industry standard for a project at this stage
Inflation	28	Based on the planned start-on-site date in 2022/23
Optimism bias	38	HM Treasury advises that public sector capital projects should include a level of optimism bias in the early stages. This figure will decrease as the project progresses, in line with HM Treasury guidance.
Total cost	352	

Following design development undertaken since the PCBC, the capital costs have been further clarified and are now estimated to be £352m (for the Moorfields share of the project). Funding streams have been identified for this variation, and Moorfields have confirmed that the project remains affordable.

The capital cost of these proposals is funded from a combination of sources:

- **Sales proceeds from the sale of the City Road site (jointly owned and occupied by Moorfields and Institute of Ophthalmology (IoO))** – the partners are working with advisors to maximise the value from this site. All of the proceeds from the sale would be invested in the new centre at the St Pancras Hospital site.
- **STP capital funding from the Department of Health and Social Care (DHSC)** – in December 2018, Moorfields was successful in its bid for DHSC capital funding to support these proposals, subject to consultation. The bid was assessed by NHS England against value for money and return on investment criteria.
- **Philanthropy** – Moorfields Eye Charity have committed to raise funds for part of the capital cost of this proposal.
- **Moorfields internal capital** – Moorfields has committed to invest part of its existing cash balances and future capital funding into these proposals.

All these funding sources will continue to be monitored by the joint Oriel Executive Board, alongside the detailed view of anticipated costs, to ensure the capital cost of Oriel remains affordable for all partners.

Revenue implications

Moorfields is refreshing its detailed financial model which sets out the projected year-by-year impact of the project on income, expenditure, cashflow and the organisation's balance sheet. At the time of the DMBC, Moorfields' financial projections including the impact of the project are shown in Table 16.

Table 16 - Summary financial projections

Statement of Comprehensive Net Income £m	2019/20 Forecast	2020/21 Projection	2021/22 Projection	2022/23 Projection	2023/24 Projection	2024/25 Projection	2025/26 Projection	2026/27 Projection	2027/28 Projection	2028/29 Projection
Gross employee benefits	(173.6)	(178.2)	(186.7)	(193.0)	(197.6)	(204.3)	(211.4)	(218.8)	(225.4)	(232.5)
Other operating costs	(56.8)	(58.4)	(60.9)	(63.2)	(65.3)	(67.8)	(70.3)	(73.0)	(75.7)	(78.5)
Revenue from patient care activities	187.5	190.6	197.1	203.1	209.2	217.5	226.2	235.2	244.6	254.3
Other operating revenue	55.8	58.7	61.1	63.5	66.1	70.6	104.1	89.2	84.4	81.5
Operating surplus/(deficit)	12.8	12.8	10.6	10.3	12.4	16.0	48.6	32.6	27.9	24.9
Other gains and losses	(11.3)	(10.9)	(8.9)	(7.4)	(7.8)	(7.3)	(10.8)	19.9	(11.9)	(8.1)
Finance costs	(1.1)	(1.0)	(1.0)	(0.9)	(0.9)	(2.0)	(3.1)	(2.5)	(0.6)	(0.6)
Surplus/(deficit) for the financial year	0.4	0.9	0.8	2.0	3.8	6.7	34.7	50.0	15.4	16.1
Dividends payable on public dividend capital (PDC)	(0.9)	(1.4)	(1.2)	(2.4)	(4.2)	(3.5)	(4.5)	(5.6)	(7.8)	(7.7)
Retained surplus/(deficit)	(0.6)	(0.5)	(0.5)	(0.4)	(0.4)	3.2	30.2	44.4	7.6	8.4
Control total basis surplus/(deficit)	-	-	-	-	-	0.8	(2.1)	96.9	1.1	9.4

The Control Total basis surplus/(deficit) is the measure of financial performance for which NHS Foundation Trusts are held to account. Moorfields is required to achieve a breakeven position up to 2023/24, and is projecting achievement of this as shown in the table. Moorfields is projecting a deficit on this control total basis in 2025/26 due only to one-off costs related to transitioning services to the new facility – these will not recur in future years.

Detailed financial modelling will be included in the Outline Business Case (OBC) for Oriel (subject to approval by commissioners to proceed with the proposals) and assured by NHS regulators. This will include a review of the financial risks, sensitivity analysis and mitigating actions.

Moorfields have confirmed that at the time of DMBC, the modelling demonstrates that the project is affordable from both a capital and revenue perspective.

11.5 Bridge of impact of Preferred Option on Moorfields, from PCBC to DMBC

The financial projections set out in section 11.4 have been updated since the PCBC, to reflect the additional detailed work undertaken by commissioners and Moorfields to develop the proposals further, thereby providing assurance that they remain deliverable.

The figures in the DMBC reflect the updated financial modelling based on the detailed activity modelling completed since PCBC, which has been agreed by all commissioners.

These figures also reflect some other changes, most significantly:

- Changes to national pricing and planning requirements.
- Changes to profiling of philanthropic funding, construction costs and build related assumptions.

This is summarised in Table 17.

Table 17 - PMBC finances compared to DMBC

Surplus bridge - PCBC to DMBC	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
PCBC - retained surplus/(deficit)	5.0	6.3	7.2	6.0	4.7	2.5	(11.0)	75.2	(7.8)	1.0
Changes to activity, national pricing and planning requirements	(5.6)	(6.9)	(7.7)	(6.4)	(5.1)	(2.0)	7.9	11.4	15.0	16.8
Changes to profiling of philanthropic funding, and project costs and assumptions	0.0	0.0	0.0	0.0	0.0	2.8	33.2	(42.2)	0.4	(9.4)
DMBC - retained surplus/(deficit)	(0.6)	(0.5)	(0.5)	(0.4)	(0.4)	3.2	30.2	44.4	7.6	8.4

11.6 Conclusions

Financial modelling of the preferred option demonstrates that the capital investment and associated revenue implications are affordable to both commissioners and Moorfields. The proposals to relocate services are not expected to have a material impact on commissioner finances. Opportunities to re-provision services in an alternative setting have been identified, and commissioners will work with providers from across the health and care system towards realising these. The financial assumptions that underpin the financial case are considered realistic and achievable.

Similarly, the proposals are not expected to influence contractual negotiations, which will take place independently of this DMBC. Development of a translational model of 'bench-to-bedside' research is expected to speed up the rate at which new screening, diagnostic and treatment techniques are developed, for the benefit of patients. Any commercial and financial implications of this would be negotiated on a case-by-basis.

Glossary (list of abbreviations)

A&E	Accident and Emergency department
AMD	Age-related Macular Degeneration
BAME	Black and Minority Ethnic
CCGs	Clinical Commissioning Groups
CEO	Chief Executive Officer
C&I	Camden and Islington NHS Foundation Trust
CIP	Cost improvement programme
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
DMBC	Decision-making business case
EBITDA	Earnings before interest, tax, depreciation and amortization
FAQ	Frequently Asked Questions
FBC	Final Business Case
FY	Financial year
FYFV	Fiver Year Forward View
GIRFT	Getting It Right First Time
GP	General practitioner
(J)HOSC	(Joint) Health Overview and Scrutiny Committee
I&E	Income and expenditure
IIA	Integrated Impact Assessment
IoO	Institute of Ophthalmology
MEC	Moorfields Eye Charity
NCL	North central London
NEL	North east London
NHS	National Health Service
NHSE	NHS England
NHSE/I	NHS England / NHS Improvement – refers to the new joint organisation formed by these two bodies merging
NHSFT	NHS Foundation Trust
NHSI	NHS Improvement
NLP	North London Partners in Health and Care
NWL	North west London
OAG	Oriel Advisory Group
OBC	Outline business case
OGSCR	Oversight Group for Service Change and Reconfiguration
ONS	Office for National Statistics
per annum	Per annum (per year)
PCBC	Pre-Consultation Business Case
PPAG	Public and Patient Advisory Group
PPI	Patient and Public Involvement
RDCEC	Richard Desmond Children’s Eye Centre
RNIB	Royal National Institute for the Blind
SAFE framework	System assurance for eye health
SEL	South east London
SOC	Strategic outline case
STP	Sustainability and transformation partnership/plan
SWL	South west London
UCL	University College London
UCL IoO	University College London Institute of Ophthalmology

Appendix A

MAYOR OF LONDON

David Probert

Chief Executive
Moorfields Eye Hospital NHS Foundation Trust
162 City Road
London EC1V 2PD

Date: 19 SEP 2019



Thank you for your letter notifying me of the launch of the public consultation on the proposal to move Moorfields Eye Hospital's City Road services to a new site.

Although as Mayor I have no power to direct the delivery of health services, I have committed to use my influence and role as a political leader to champion and challenge the NHS on behalf of all Londoners. As part of this role, I have developed six tests to apply to all major health and care transformation and reconfiguration programmes. These tests are designed to help me challenge the NHS to demonstrate that major changes are in the best interest of Londoners. The tests cover:

- Health inequalities and prevention of ill health
- Hospital beds
- Financial investment and savings
- Social care impact
- Clinical support
- Patient and public engagement

I wrote to you earlier this year to let you know that I would be reviewing Moorfields' proposals against my six tests and that I would be in touch to share my feedback. This letter sets out my consideration of the first four tests. I hope to share my final position against all six tests following publication of Project Oriol's formal consultation report and final plans.

Overall, I am broadly content with the proposals. They set out a potentially exciting opportunity for Moorfields to continue to deliver world class eye care in a new, purpose-built facility. I hope that the opportunity to strengthen integration between Moorfields and the Institute of Ophthalmology will contribute to better care and outcomes for patients, strengthen innovation and help translate research into practice.

I would also like to draw your attention to a number of key points for your consideration as you further develop proposals. I appreciate that many of these may reflect ongoing work and future plans.

Health inequalities

I am pleased to see the potential impact of the proposals on health inequalities has been considered and remains an ongoing focus. It is critical that proposals do not widen any inequalities and where possible set out plans to reduce them. I am pleased that these will be included in the final equality impact assessment, which I believe is currently being completed.

MAYOR OF LONDON

Your proposals rightly acknowledge the importance of the 'last half-mile' of the patient journey, especially for older people and/or people with a disability. I welcome your commitment to ensuring that the services at Moorfields remain accessible to all who need to access them, and that you will be developing a full accessibility strategy. I hope this will provide further assurance that any potential disadvantages of the proposals for the most vulnerable patients have been well considered and will be fully mitigated to ensure that their access to services is not compromised in any way.

Financial investment and savings

I understand further work is underway to map out new pathways and models of care. I would hope that this modelling will demonstrate how these pathways and models will deliver the efficiency savings outlined in the proposal, whilst also meeting projected demand. Should these efficiency savings not be realised, I would want to understand the impact this could have on both service delivery and plans for the sale of the City Road site.

Adult social care

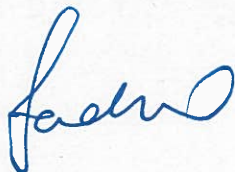
One of my priorities for any major service change is that the impact on social care is well considered and that any potential impact on local authorities is taken into account. I support the ambition of delivering integrated care closer to home; however, any plans must be supported with sufficient investment in social, community and primary care. As you continue to develop new models of care for the new facility, 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. I note the work you are doing with the North Central London STP and encourage you to take an increasingly active role in the development of STP plans, including working with them to prevent eye health deteriorating and to integrate eye health into wider public health action as recommended by the London Assembly's investigation published in 2017.

Finally, I would like to highlight the issue of the future use of the City Road site once Moorfields no longer needs it. I want surplus NHS land to be used for the benefit of Londoners and to have a positive impact on Londoners' health. My draft London Plan sets out my strategic approach to ensuring that London grows and develops in a way that is environmentally, economically and socially sustainable, and I expect any future developments on the City Road site to be in conformity with the London Plan.

Thank you for the opportunity to comment on the proposals. I will be publishing this letter, together with a background briefing prepared for me by my health team, on london.gov.uk in the next few days. I plan to share my final feedback against all six tests once I have reviewed the final consultation report and the revised proposals that will follow.

Yours sincerely,



Sadiq Khan
Mayor of London

Cc: Sarah Mansuralli, Chief Operating Officer, NHS Camden Clinical Commissioning Group
Project Oriel consultation team

Proposed move of Moorfields Eye Hospital’s City Road services

Appendix B – London Clinical Senate recommendations and action plan

Introduction

The clinical case for change and the proposals for Oriol were reviewed by the London Clinical Senate in November 2018. Following the Review Panel, the London Clinical Senate submitted a report on its findings to the CCGs in which it confirmed that it found **“that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.”**

The senate set out a series of recommendations. This report sets out the recommendations, and the evidence that these have been addressed in both the PCBC (where applicable) and DMBC.

London clinical senate recommendations and response in PCBC and DMBC

	Recommendation – that the PCBC...	Response in PCBC	Response in DMBC
1	Takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care	Described in PCBC section 3.6.	Addressed in chapter 4 of the DMBC, which describes the detailed demand modelling work undertaken by Edge Health on behalf of commissioners.
2	Contains more information on the Trust’s and Commissioners’ current models of care for eye health, the clinical challenges (other than those caused directly by the City Road buildings) and how these challenges are drivers for change.	Incorporated into PCBC sections 2,3,5,7 (answered in greater detail than recommended by the clinical senate)	<p>The case for change is described in detail in the PCBC.</p> <p>Current work underway at a system-wide level, as well as potential future models of care, are addressed in chapter 4 of the DMBC.</p> <p>The DMBC includes a draft recommendation that a London Ophthalmology Consortium is established to further develop models of care.</p>

	Recommendation – that the PCBC...	Response in PCBC	Response in DMBC
			Future models of care will be described in detail in the Moorfields OBC.
3	Contains a description of what the model for eye health care will be both at the new facility and in North Central London and how these clinical models will meet the expected increase in demand for Ophthalmology and Eye care services. This should include a commitment to inter-operability	Described in PCBC – section 3.6 page 52.	<p>A proposed model of care has been developed for the DMBC, and is set out in section 4.2. The purpose of this is an understanding that care requires seamless working throughout the system, from self-care through to tertiary and emergency care.</p> <p>The DMBC has been shaped by the Consultation Programme Board, which has representation from the 14 CCGs, NHSE Specialised Commissioning, patients, clinicians and Moorfields</p>
4	Has more information and descriptions of the risks or patient safety challenges faced by the Trust and Commissioners and how the move to the new facility will eliminate or mitigate those risks, particularly regarding paediatric surgery and anaesthetics	Described in PCBC section 2.	<p>See question 12 for a description of the recent review of paediatric services.</p> <p>The consultation identified the need to ensure a smooth transition from the existing to the new site, to minimise disruption. Any patient safety risks associated with the transition will be mitigated through a detailed commissioning and transition plan developed with staff and patients.</p>
5	Has more detail on the specifics of their digital and research and development strategies	Described in PCBC pg 11 STP digital road map and Section 5, specifically 5.3	<p>The PCBC describes in detail how Oriel will enable improved integration of research with clinical service delivery and education. Experience at Moorfields shows that the most successful research projects are usually those with involvement from researchers and clinicians.</p> <p>Further detail on the digital, research and development strategies will be provided in the Moorfields OBC.</p>

	Recommendation – that the PCBC...	Response in PCBC	Response in DMBC
6	Contains better modelling of the demand for Ophthalmic and eye health care including population health data and how the proposed models of care will meet that demand	New models of care modelling in OBC	Detailed activity modelling was undertaken by Edge Health in 2019 (see section 4.5 of the DMBC). The activity model and app has been handed over to commissioners and Moorfields.
7	Has more information on the likely workforce at the new facility and their co dependencies and how that workforce will ensure the proposal is clinically sustainable	Workforce modelling in OBC Workforce referenced in PCBC, throughout acknowledging work needs to be done alongside the development of the models of care - section 4 referenced the nursing 2018-22 strategy	Workforce modelling will be covered in detail in the Moorfields OBC
8	Commissioners and the Trust apply the lessons learnt from the building of the Richard Desmond Centre and other recent hospital developments	Evaluation of the building project for the Richard Desmond Eye Centre	A lessons learnt report has been completed and reviewed by the Consultation Programme Board. This has informed the breadth of engagement undertaken with staff and patients. The lessons captured will be used to inform the planning for Oriel, if proposals are approved by the Committees in Common.
9	Commissioners explore the feasibility of devolving of Optometry (General Optical Services) commissioning to NCL CCGs	commissioners will explore the opportunities and interest for the devolution of optometry commissioning within NCL CCGs as a way of increasing interoperability between hospital and primary care.	Email from NHSE/I London Region, Liz Wise, Director – Primary Care and Public Health Commissioning confirmed that the commissioning of optometry services lie with NHSE and not aware of any plans nationally to delegate that to CCGs. However suggested the joint work on optometry as the linked hospital services are commissioned by CCGs, and most of NHSE/I work is contractual and transactional (contract changes/payment for

	Recommendation – that the PCBC...	Response in PCBC	Response in DMBC
			NHS eye tests etc) with our medical directorate colleagues focusing on quality.
10	Consult more widely the proposed changes to Eye Health Care in North Central London and engaging with patients, carers and stake holders outside the Trust's membership ensure that participation in the consultation reflects the diversity of the patients and carers who use Moorfields or who may be affected by the move learn from how other recent service reconfigurations have conducted consultation and patient engagement	Revised engagement and consultation plan included in PCBC – section 7. The Consultation Institute (TCI) has reviewed the current consultation programme and an action plan to address areas of risk developed.	A 16-week consultation has been undertaken which captured feedback from over 4,600 people. The final TCI Gateway review will confirm whether the consultation has been undertaken in line with good or best practice.
11	Early engagement with patients, carers, TFL, Network Rail and Camden Council regarding access to the site. patient and carer access to the site is a key part of the consultation on the proposals	A patient access strategy will form a key input for the Outline Business Case (OBC) submission	Accessibility was highlighted as a key issue throughout the public consultation. In recognition of this, a co-production workshop was held as part of the consultation to obtain detailed feedback on this aspect of the proposals. A draft recommendation has been included in the DMBC to ensure that these concerns are addressed as the Moorfields design process progresses
12	More consideration given to the pathway for children's anaesthesia	Independent review of plans for future provision of children and young people's surgery at the proposed new site	A review team from the Evelina was appointed to review the current model for children and young people's surgery and anaesthesia at the Richard Desmond Children's Eye Centre (RDCEC). The review team visited Moorfields and met with a number of Moorfields colleagues. Following their visit, they compiled the report which stated that they are confident that Moorfields' current model of care for children and young people requiring

	Recommendation – that the PCBC...	Response in PCBC	Response in DMBC
			<p>elective day surgery provides safe and effective surgical services and largely complies with best practice. The inherent risks within the model of care are acknowledged and mitigated by pathways and protocols in place, as evidenced by incident data which suggests that problems are minor and infrequent. The review team found it somewhat difficult to confirm in full if replicating the existing model will work as well on the new Oriol site as neither the building's design nor key transfer pathways have been developed yet. However, the review team believe that Oriol is a good opportunity to review the service arrangements and made recommendations overall which will be incorporated into the future service models.</p>

Appendix C



Simon Goodwin
Chief Financial Officer
North Central London CCGs
River Park House
225 High Road
Wood Green
London N22 8HQ

Stuart Saw
Director of Financial Strategy
NHS England, London Region
Ground Floor
Wellington House
133-155 Waterloo Road
London, SE1 8UG

12 December 2019

Dear Stuart

Re: Quality assurance of the income growth financial modelling in the Decision Making Business Case for the public consultation on the proposal to relocate Moorfields Eye Hospital services from the City Road site to St Pancras Hospital

All commissioners directly involved with the Consultation have reviewed the income growth financial assumptions for the proposal to move Moorfields Eye Hospital from the current City Road site to the St Pancras Hospital site. We confirm that the financial assumptions of Moorfields Eye Hospital align to those of the 14 CCGs listed below and NHS England Specialised Commissioning.

In providing its support to the DMBC 'the commissioners' are not able to provide any warranty or guarantee of either the income or activity assumed in the Trust's LTFM in relation to these services. This support letter therefore does not commit 'the commissioners' to commission in line with the Trust's future activity assumptions. The actual volumes commissioned will reflect the extent to which patients choose to receive services from the Trust as well as the Trust continuing to meet the conditions in the service specification guidelines.

The Decision Making Business Case (DMBC) assumes an underlying rate of activity growth of 3.1% per annum in Outpatient activity across all commissioners (14 CCGs and NHS England Specialised Commissioning) in the new proposed facility. Moorfields are not assuming any additional funding from CCGs based on the fact that the location and quality of the premises is changing.

The activity modelling also examined the potential for activity to be re-provisioned (i.e.

provided in a different setting). This shows that some outpatient, urgent and emergency activity growth could be delivered in an alternative setting, and the impact of this on annual activity growth rates is shown in the table below. This shows the scale of the opportunity for future changes to the model of care, and commissioners plan to continue to work with system partners to achieve this. As this is activity provided from a different setting rather than avoided, it is assumed that the cost to commissioners may be reduced but will not be avoided. Moorfields and commissioners will continue to work together to ensure patients are seen by the most appropriate clinician in the most appropriate location, while delivering value for money.

Table 1: Projected activity growth for the City Road catchment population

	Outpatient activity	Surgical activity	Urgent and Emergency activity
Projected annual activity growth across the City Road catchment	3.1%	2.6%	2.9%
Potential annual growth if activity is re-provisioned where possible	2.3%	2.6%	1.9%


Source: Edge Health report (September 2019)

The commissioners are listed below, along with their current contract value for the Moorfields City Road site.

CCGs taking part in the public consultation (with contract values at City Road >£2m)			
Sector	CCG Code	Commissioner	Contract value at City Road site (2018/19 planned contract values) (£m)
National	n/a	NHS ENGLAND SPECIALISED COMMISSIONING	13.6
NEL	07T	NHS CITY AND HACKNEY CCG	5.7
NCL	08H	NHS ISLINGTON CCG	4.1
NEL	08V	NHS TOWER HAMLETS CCG	3.8
NEL	08M	NHS NEWHAM CCG	3.8
NCL	07M	NHS BARNET CCG	3.8
NCL	07X	NHS ENFIELD CCG	3.5
NEL	08N	NHS REDBRIDGE CCG	3.1
EN Herts	06K	NHS EAST AND NORTH HERTFORDSHIRE CCG	3.1
NCL	08D	NHS HARINGEY CCG	2.9
Herts Valleys	06N	NHS HERTS VALLEYS CCG	2.8
NCL	07R	NHS CAMDEN CCG	2.7
NEL	08W	NHS WALTHAM FOREST CCG	2.4
North West London	07W	NHS EALING CCG	2.3
NEL	08F	NHS HAVERING CCG	2.0

We have reviewed the activity growth assumptions and are assured that the underlying assumptions behind this are consistent with our own projections.

Yours sincerely



Simon Goodwin
Chief Financial Officer
North Central London CCGs

On behalf of:

Henry Black, Chief Financial Officer, North East London CCGs
Alan Pond, Chief Financial Officer, East and North Hertfordshire CCG
Paul Brown, Chief Financial Officer, Ealing CCG
Elke Taylor, Acting Chief Financial Officer, Herts Valley CCG
Scott Bowden, NHSE Specialist Commissioning

cc: Sarah Mansuralli, Moorfields Consultation Programme SRO and Chief
Operating Officer Camden CCG
Denise Tyrrell, Programme Director, NCL CCGs
Sunil Thakker, Directors of Finance, City and Hackney CCG
Ahmet Koray, Directors of Finance, Redbridge and Havering CCGs
Steve Collins, Directors of Finance, Newham, Tower Hamlets and
Waltham Forest CCGs

Appendix D



Ophthalmology system modelling

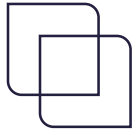
Analysis of present, projection of future, scenario modelling, and supporting engagement

A report by Edge Health for Specialised Commissioning, CCGs and Moorfields Eye Hospital
September 2019

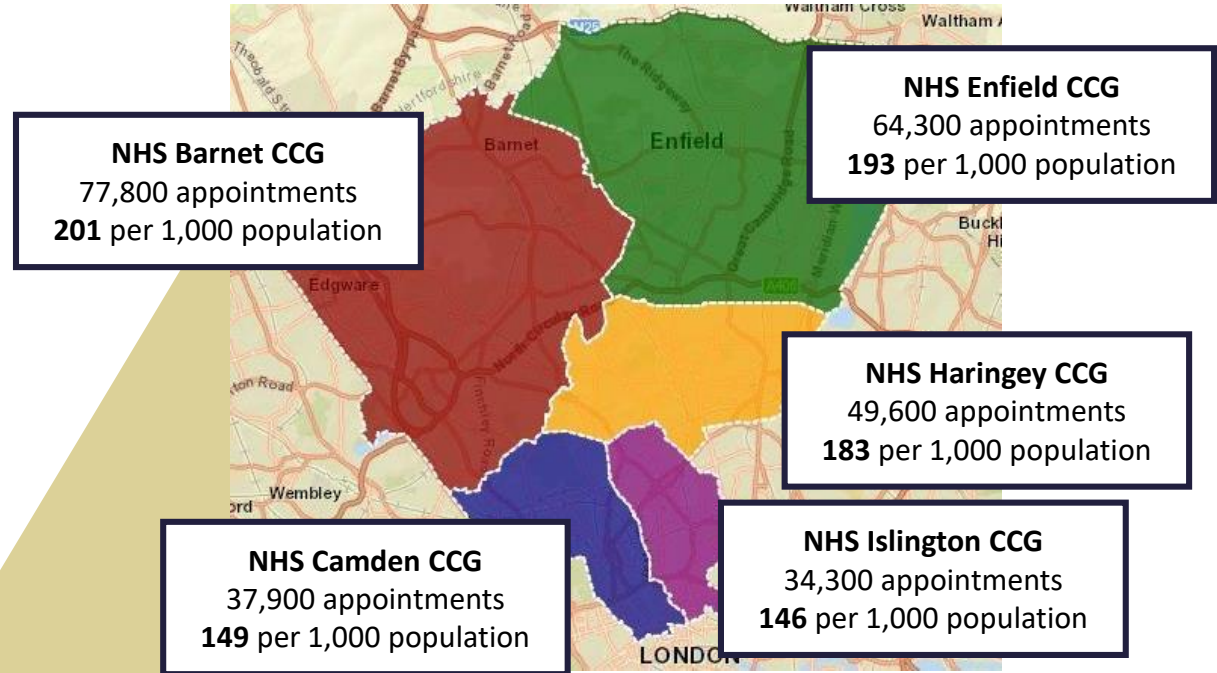
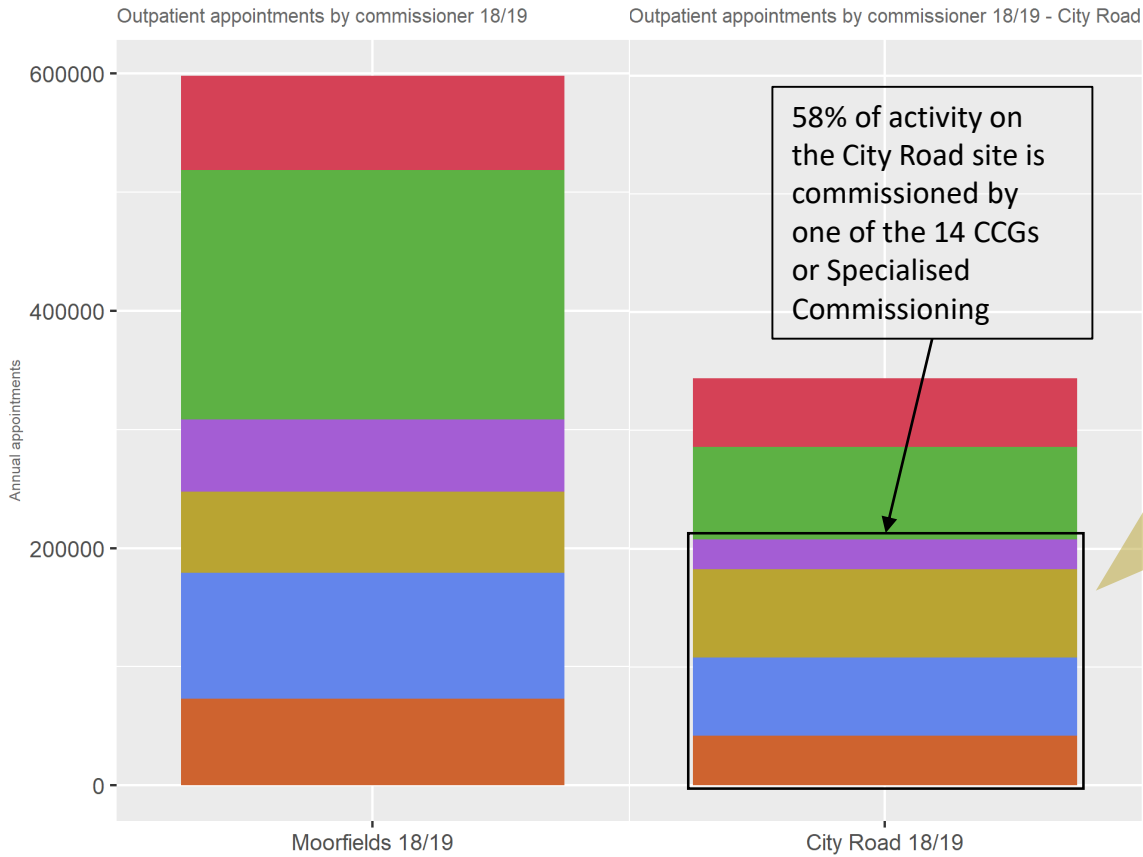


Agenda

- Ophthalmology activity in context
- Supporting engagement
- A developing Model of Care
- Modelling approach and summary outputs
- Scenarios and sensitivities
- Looking forward



Moorfields activity is spread over a number of commissioners

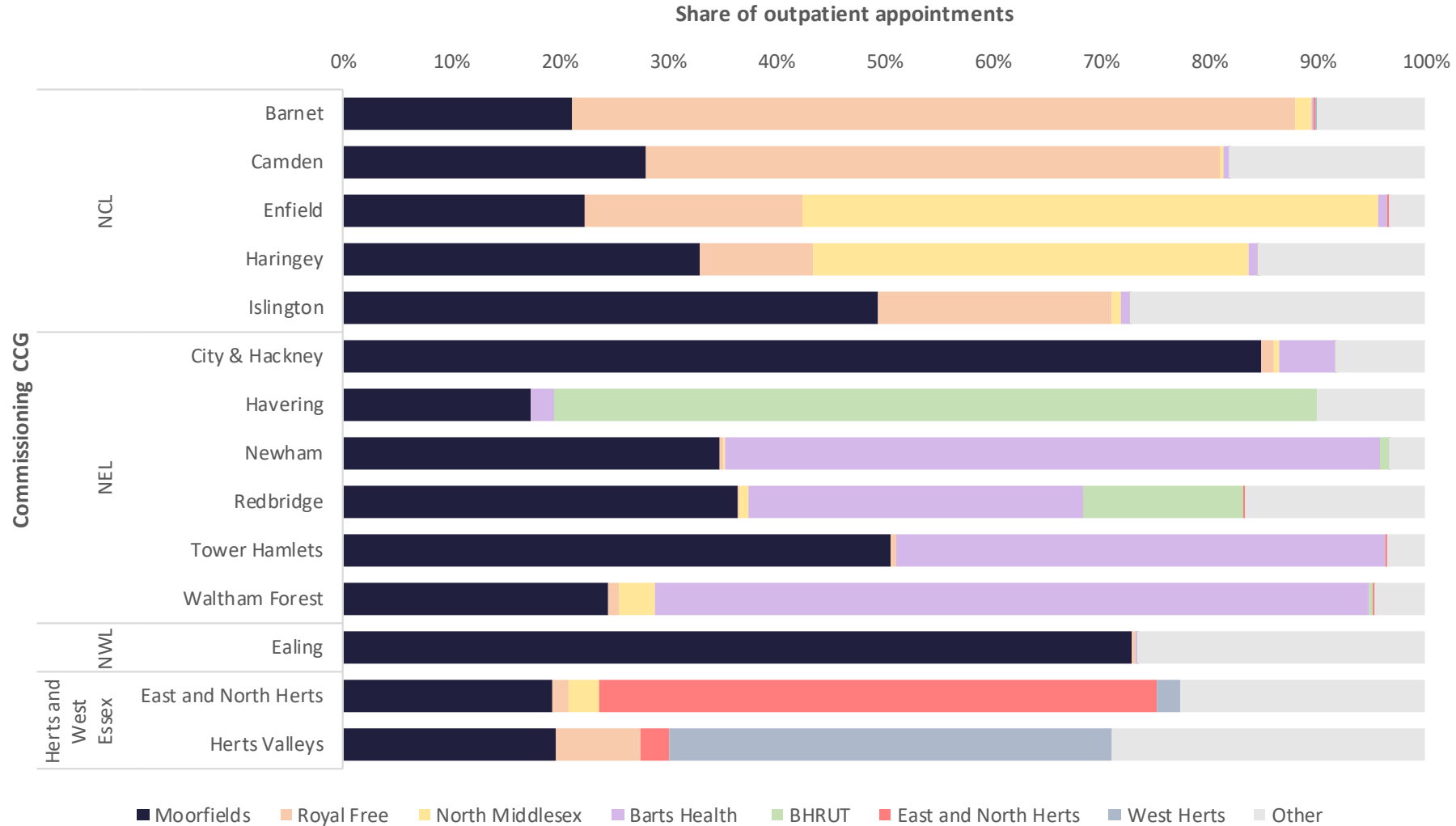


34,070 people are currently living with sight loss in NCL
+50% growth expected in the next 16 years





... and commissioners commission from other key providers





Alongside three well attended workshops, we engaged +40 people involved in the work



1:1 meetings

- 43 meetings – 1:1s or small groups
- All stakeholders – Spec Comm, CCGs, LOCSU, Moorfields, other stakeholders



Workshop 1 (July 10-11)

- Shared objectives, approach to work, and initial analysis
- Group shared initial feedback on purpose of work



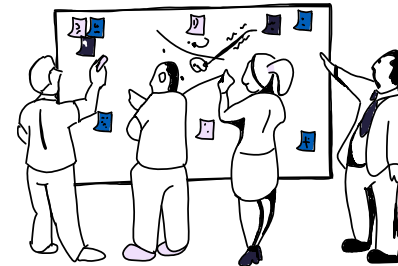
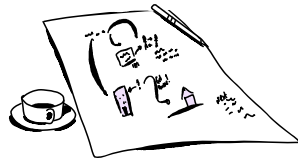
Workshop 2 (August 8)

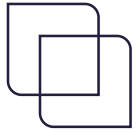
- Shared population health modelling and potential impact of changes over the next 10-20 years
- Group provided input to modelling assumptions for key pathways



Workshop 3 (August 28)

- Shared summary modelling outputs, which included impact of potential pathway changes
- Group identified challenges for delivery





Through the workshops and 1:1s, a person centred model of care was developed

Model of care

Self management/support	<ul style="list-style-type: none"> • Health education • Problem solving skills development • Self detection • Support to live well at home (e.g. with dry AMD) • Support for blind / partially sighted • Continued use of care plans
Screening	<ul style="list-style-type: none"> • Targeted early detection • Wearables
Primary/community care	<ul style="list-style-type: none"> • Direct referrals, standardised referrals forms • Development of community assets • Pre/post-op support • Remote access to advice and guidance • Decision aids
Diagnostics and referrals	<ul style="list-style-type: none"> • Diagnostic hubs • Risk stratification • Triage, including use of AI
Acute care	<ul style="list-style-type: none"> • Improved referrals • When community is no longer appropriate • Rapid access pathways • Patient treated in the right place at the right time
Doing things differently	<ul style="list-style-type: none"> • Follow ups: <ul style="list-style-type: none"> ○ Virtual clinics ○ Closer to home where possible and appropriate
Tertiary care	<ul style="list-style-type: none"> • Highly complex care • Delivered through tertiary providers
Discharge	<ul style="list-style-type: none"> • Shared care protocols • Shared decision making • Care plans and patient ownership of care plan
Emergency	<ul style="list-style-type: none"> • Care in the community where appropriate • 24/7 provision

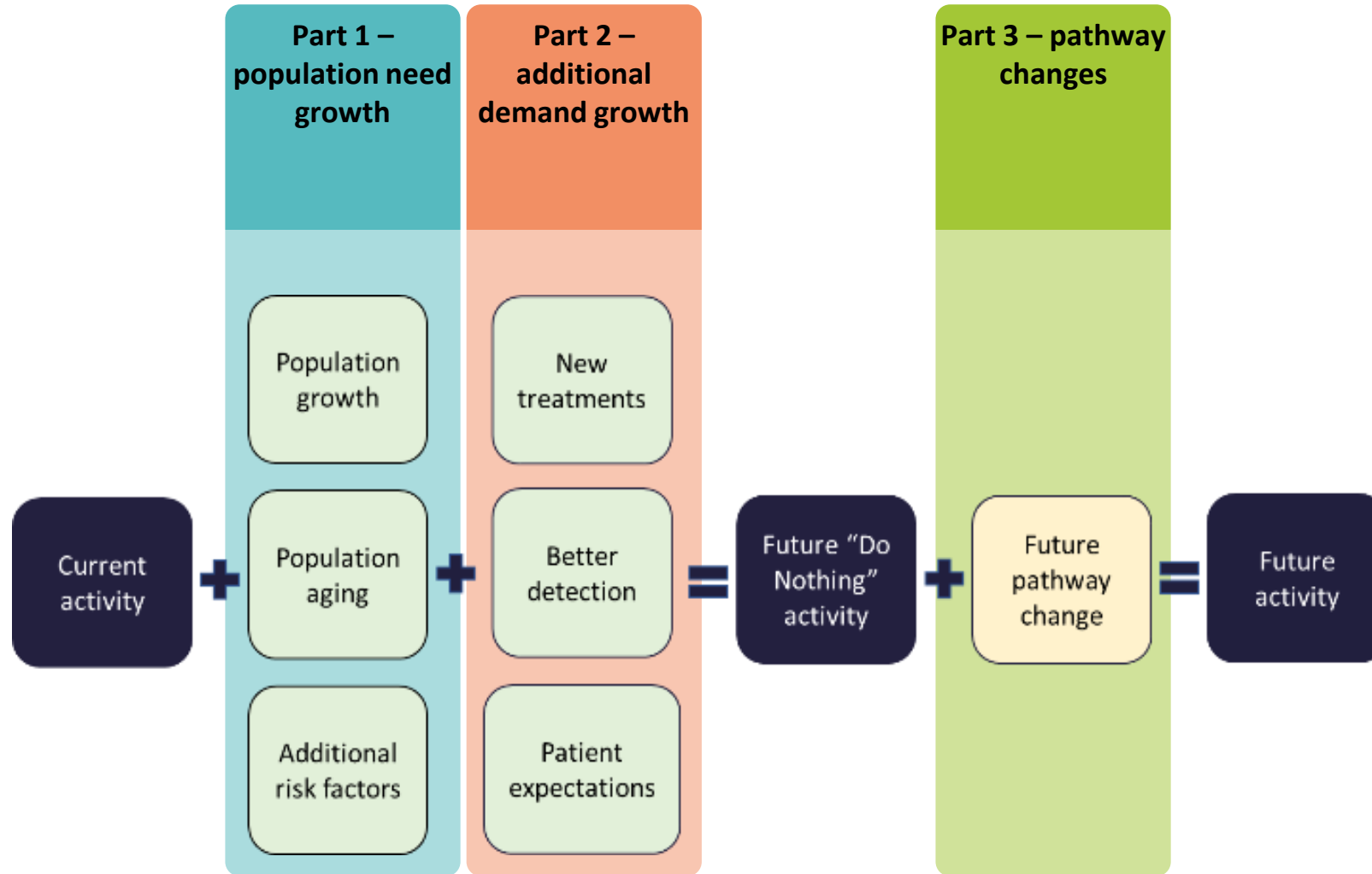
Person centred

Support by

Digital connectivity	<ul style="list-style-type: none"> • Secure cloud platforms • Primary (optoms, GPs), secondary
Digital infrastructure	<ul style="list-style-type: none"> • Servers, networks, and wider infrastructure
Linked data	<ul style="list-style-type: none"> • Linked data over time, providers, and treatment areas – not just eyes
Std. Op. model(s)	<ul style="list-style-type: none"> • Standard models for working across areas
Flowing feedback	<ul style="list-style-type: none"> • Feedback provided between system providers to improve and refine performance
Research and development	<ul style="list-style-type: none"> • Research and development to improve care • Patient centric approach • Support for organisations providing innovation
Analytics	<ul style="list-style-type: none"> • Development of AI to support improved diagnostics and triage
Community investment	<ul style="list-style-type: none"> • Supporting investment in new equipment (e.g. OCTs)
Accredited optometrists	<ul style="list-style-type: none"> • Accredited providers to ensure consistent service provision
Policy	<ul style="list-style-type: none"> • Inform development of policy to support deliver and improvement



... this sat behind the three part approach to the modelling work



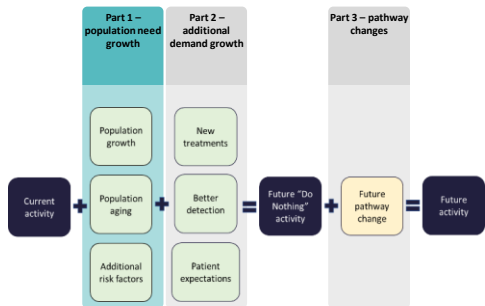
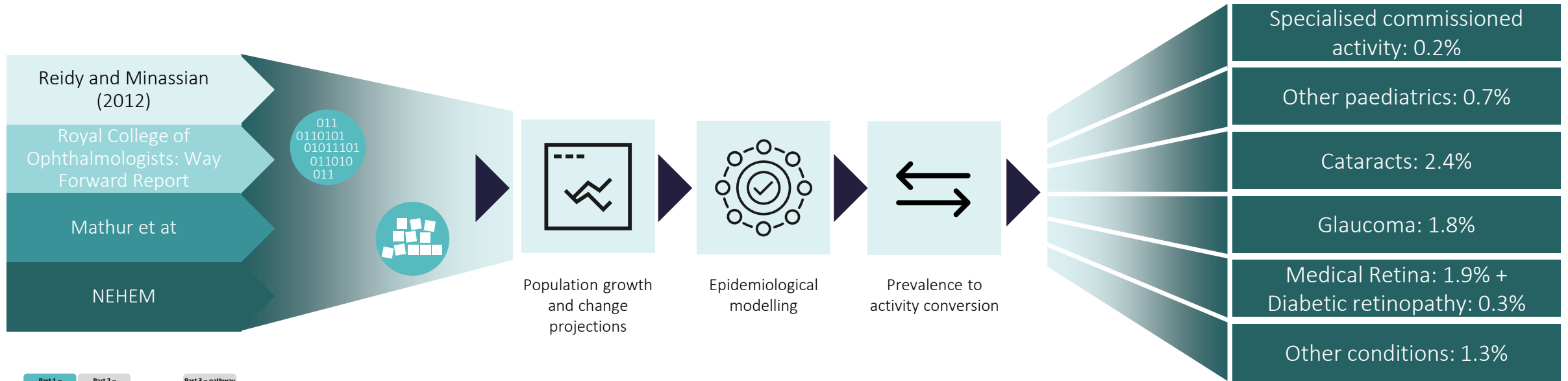


>> Part 1 – population need growth

i. Literature and data collection

ii. Projection and calculation

iii. Summary growth rates



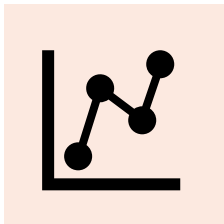
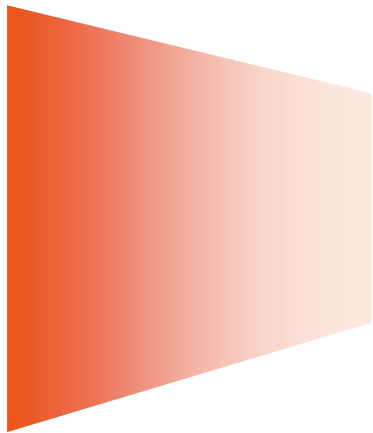


>> Part 2 – additional demand growth

i. Historic trend analysis

ii. Insight

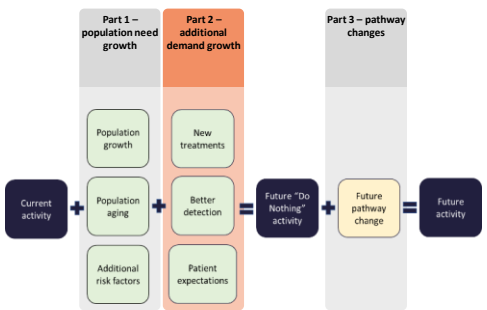
iii. Summary growth rates



Analysis of historic growth rates

- Historic paediatric activity in particular commissioned by Specialised Commissioning has grown substantially above the expected change in need
- Over the past 10 years growth in cataract appointments has been relatively flat, and no greater than what would be expected from need
- Glaucoma outpatient activity has steadily growth at >3% per year, this is about 40% higher than would be expected from need alone
- Due primarily to a rise in injections, medical retina outpatient activity has grown at more than twice the rate that would be expected from need
- Growth in “other” activity, including paediatrics, has consistently been larger than would be expected from demographics and need

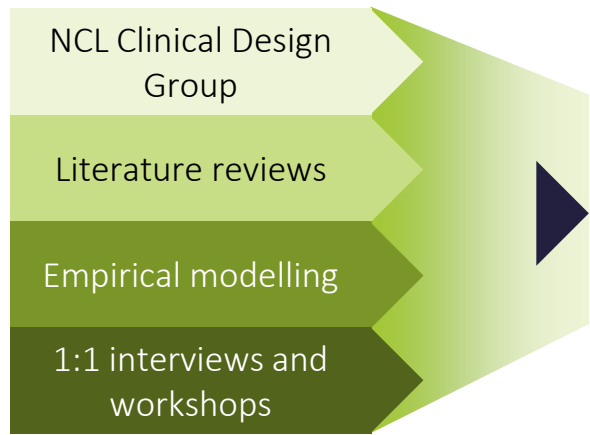
- Specialised commissioned activity: 1.3%
- Cataracts: 0%
- Glaucoma: 1.46%
- Medical Retina: 2.36%
- Other conditions, incl. paed: 1.48%



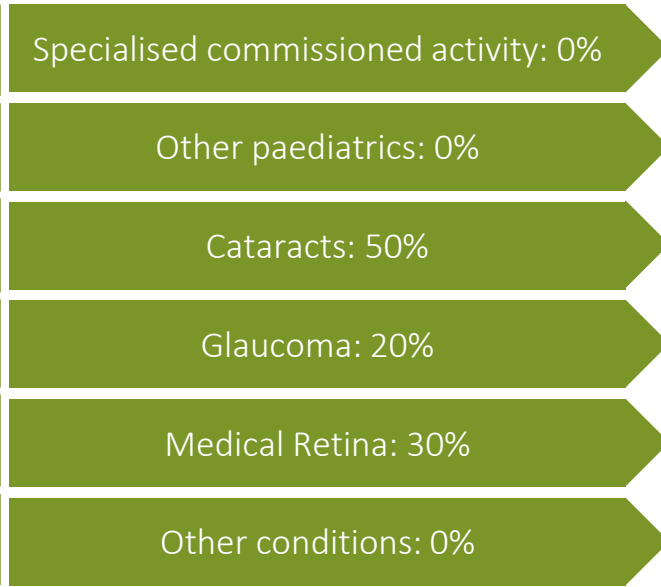


>> Part 3 – pathway changes

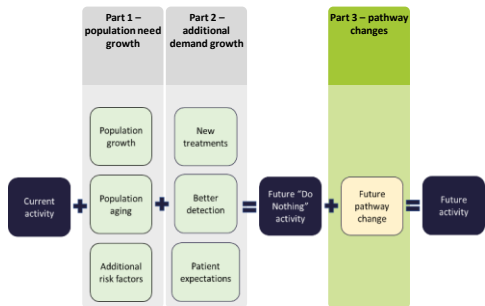
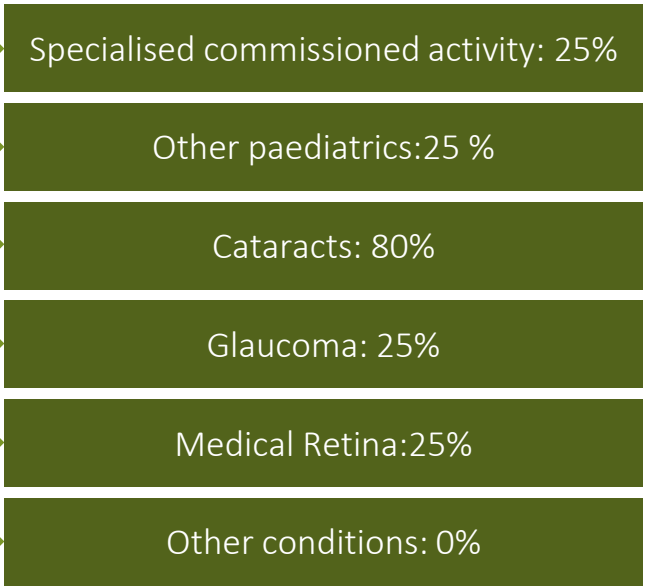
i. Collecting modelling assumptions



ii. Estimating FA impact



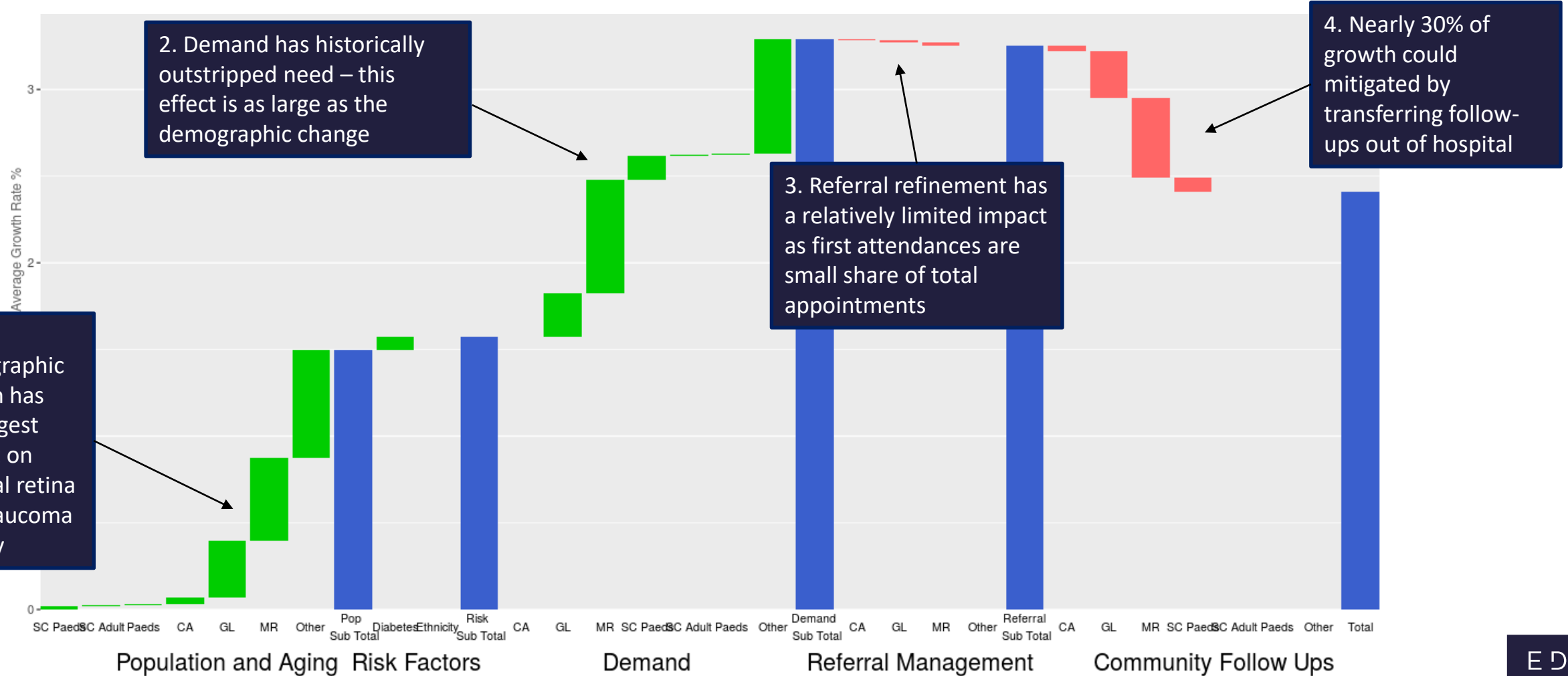
iii. Estimating FUp impact





... these build up into summary calculations

Annual growth in ophthalmology activity, City Road catchment area (2018/19 to 2034/35)





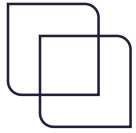
Summary high level growth calculations

Average growth in ophthalmology activity, City Road catchment area (2018/19 to 2034/35)

Annual growth	Outpatients	Inpatient and day case	Urgent and emergency
Before reprovioning	3.1%	2.6%	2.9%
With reprovioning	2.3%	2.6%	1.9%

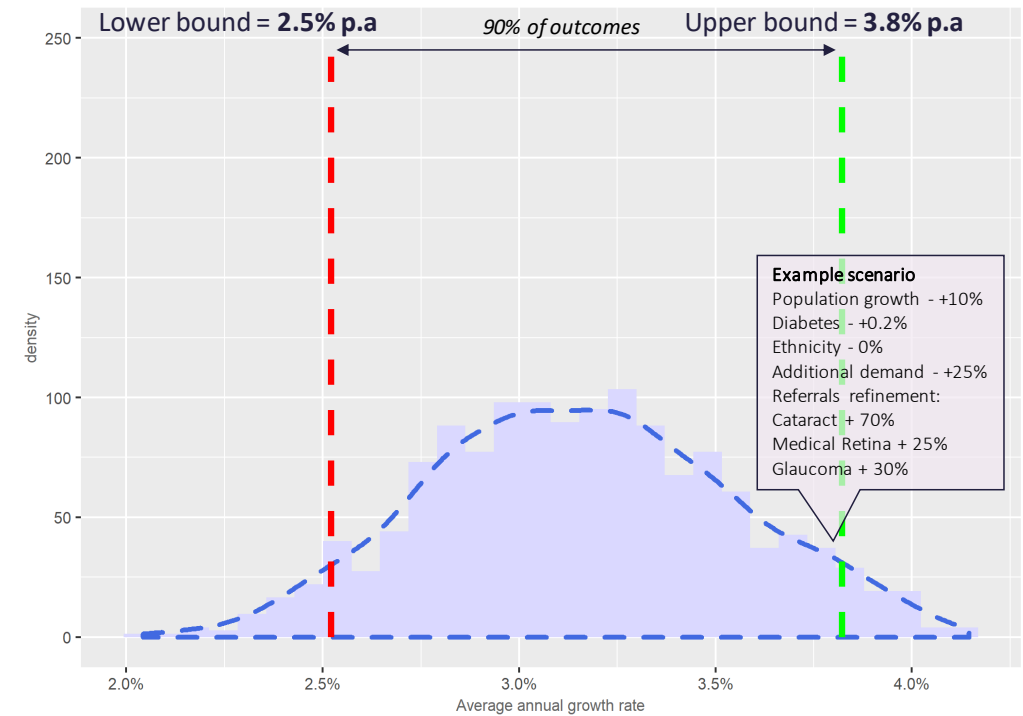
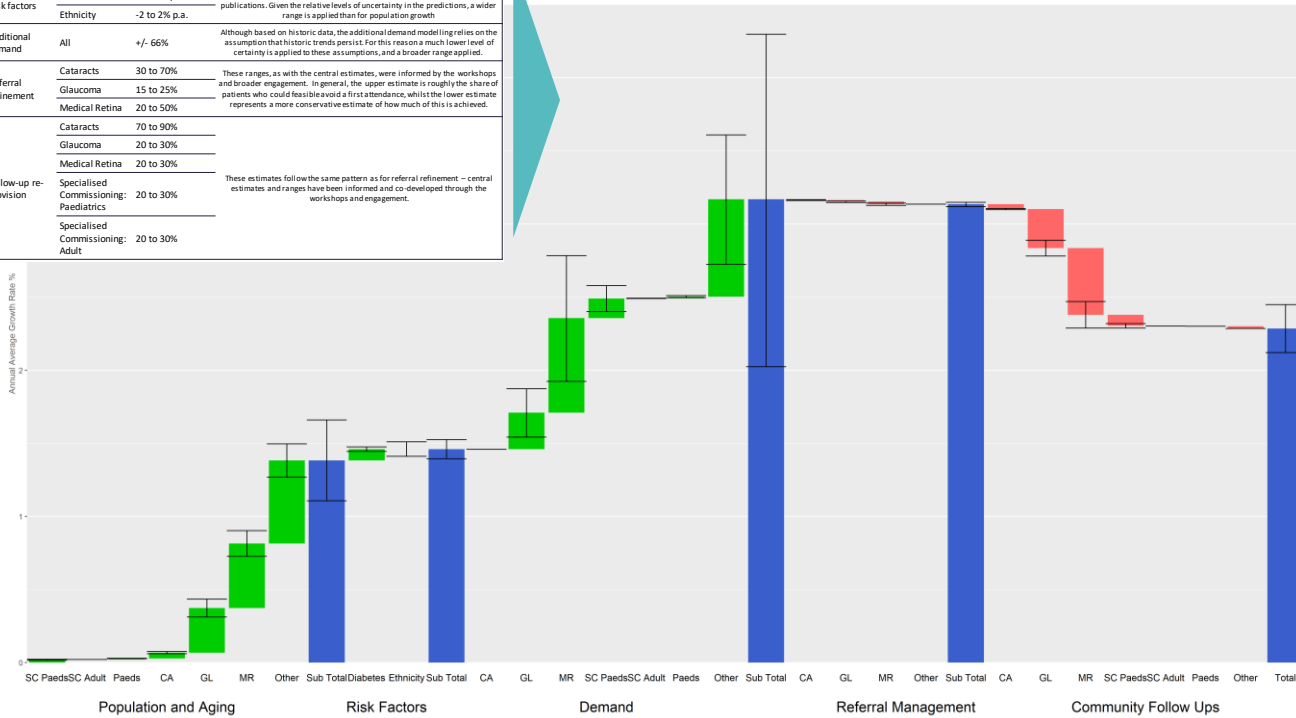


Endorsed by
Economic &
Finance Group



A range of 2.5%-3.8% has been estimated for OP activity with sensitivity and scenario modelling

Assumption	Sensitivity range	Notes
Population Growth	All +/- 20%	Modelling is based on detailed ONS modelling, and supported by review of GIA estimates. A relatively narrow band is therefore appropriate.
Risk factors	Diabetes 0 to 2% p.a.	Similarly, the assumptions in both these areas are based on detailed national publications. Given the relative levels of uncertainty in the predictions, a wider range is applied than for population growth.
	Ethnicity -2 to 2% p.a.	
Additional demand	All +/- 66%	Although based on historic data, the additional demand modelling relies on the assumption that historic trends persist. For this reason a much lower level of certainty is applied to these assumptions, and a broader range applied.
Referral refinement	Cataracts 30 to 70%	These ranges, as with the central estimates, were informed by the workshops and broader engagement. In general, the upper estimate is roughly the share of patients who could feasibly avoid a first attendance, whilst the lower estimate represents a more conservative estimate of how much of this is achieved.
	Glaucoma 15 to 25%	
	Medical Retina 20 to 50%	
Follow-up re-provision	Cataracts 70 to 90%	These estimates follow the same pattern as for referral refinement – central estimates and ranges have been informed and co-developed through the workshops and engagement.
	Glaucoma 20 to 30%	
	Medical Retina 20 to 30%	
	Specialised Commissioning: 20 to 30%	
Specialised Commissioning: Adult	Paediatrics	These estimates follow the same pattern as for referral refinement – central estimates and ranges have been informed and co-developed through the workshops and engagement.
	Adult	

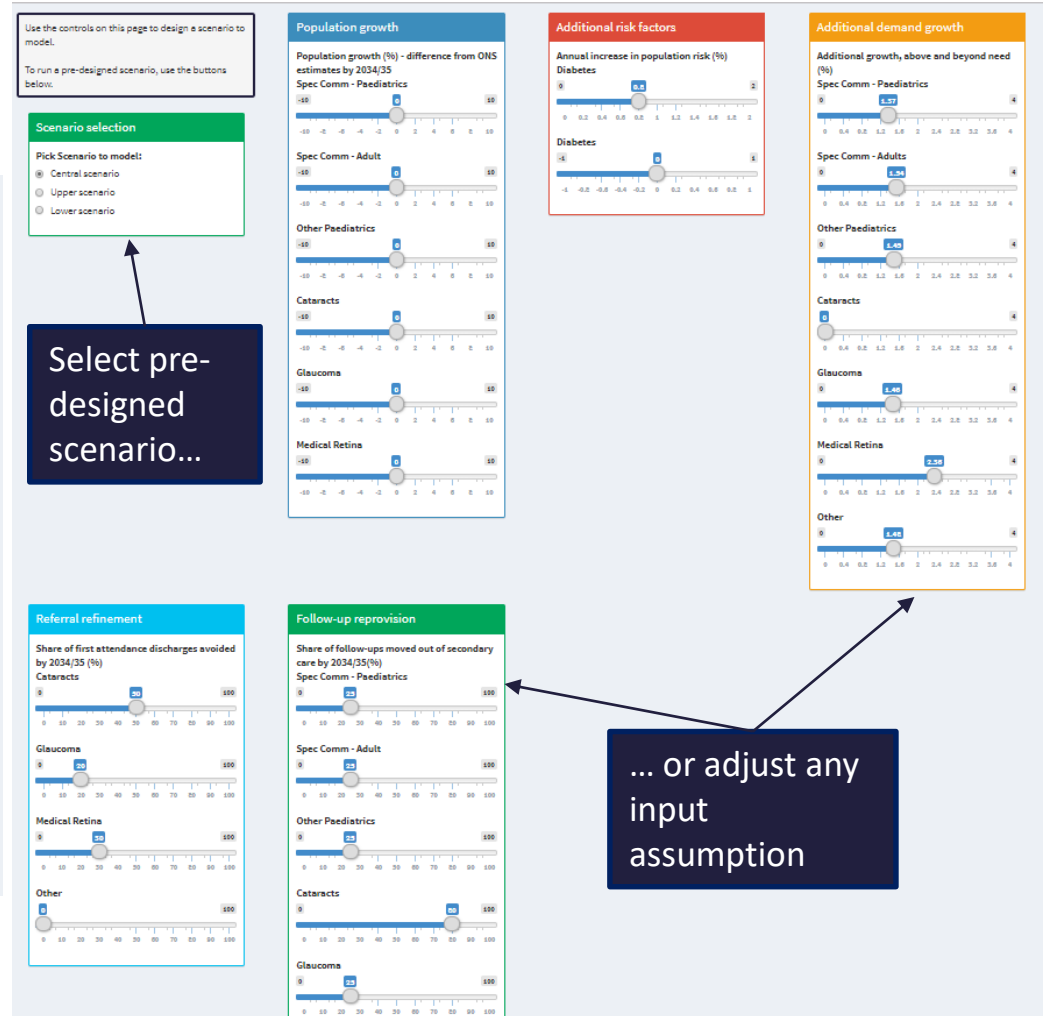
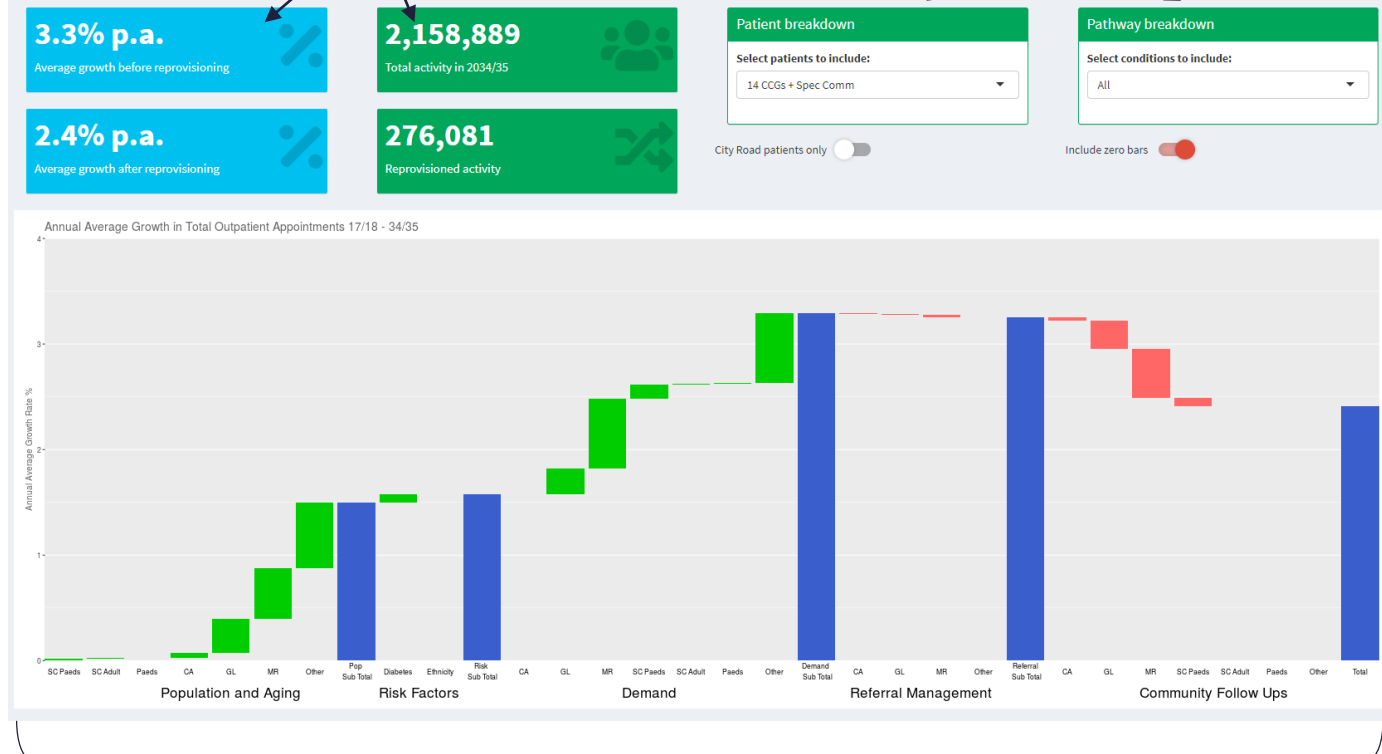




The App allows further disaggregation and testing

Headline growth and activity outputs

Ability to break down by geography and condition



Select pre-designed scenario...

... or adjust any input assumption

Link to app

Understand key drivers of growth





Looking ahead, some key points came out of the work

Pathway development work has focused on improvements to referrals into hospital eye services, but the largest volume of activity is follow-up. There should be investment in new approaches for dealing with this activity.

The NHS Long-Term plan committed to reducing face-to-face outpatient appointments by up to a third. Substantial progress can be made towards this in ophthalmology, but system working and investment is required.

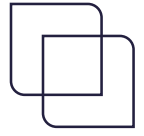
Having established system working to support the delivery of this work, which has enabled good progress to be made with aligned stakeholders, it is important to build on this momentum to support other system goals.

Eye care across NC London is fragmented. Some CCGs commission services while others do not, so the hospital becomes the last resort. Commissioners should consider greater coordination.

Historic changes in activity go beyond just population need. Largely this is due to new eye-saving developments, but there are other drivers that need better understanding to support planning.

The Model of Care is a starting point. Further work is needed to identify how this can be delivered – not just in NC London, but across a wider area to provide patients with consistent and predictable care.

Shifting activity into primary care and the community requires further assessment – what capacity and capability exists, and what would need to be done to develop and enable this capacity to deliver.



Thanks

Proposed move of Moorfields Eye Hospital's City Road services

Appendix E – Consultation with people with protected characteristics and rare conditions (December 2018 – October 2019)

Published 13 January 2020

Introduction

An independent evaluation of all feedback from a consultation on the proposed move of Moorfields' City Road services, which took place between 24 May and 16 September 2019, is published and available from www.oriel-london.org.uk/consultation-documents/.

This supplementary report summarises the specific findings from consultation with people with protected characteristics and rare conditions, which took place over 43 meetings and conversations between December 2018 and October 2019.

For further information on the consultation and a more detailed integrated health inequalities and equality impact assessment (IIA), please visit www.oriel-london.org.uk

Background

We have taken two main routes to reach people and gather views that are relevant to our consideration of equalities concerning the proposed move:

1. Listening to diverse and mixed audiences who took part in the main consultation activities

Engagement activities between December 2018 and April 2019, followed by a consultation between 24 May and 16 September 2019 attracted over 1,700 responses in the first phase and around 4,600 contributions in the second. Both phases collected general views from surveys, meetings and discussions, including views on how the proposal might affect those with specific and complex needs.

2. Proactive consultation with targeted groups

In addition to the main engagement and consultation activities, we contacted some 65 organisations and groups who could help us to reach people with protected characteristics and rare conditions. From

this we collected feedback from 43 meetings and conversations.

Appendix 1 provides a table of the groups we have listened to and the characteristics they cover.

Reaching the target groups

As a guide for our search for target groups, we used the nine main characteristics protected by the Equality Act 2010, which are:

- Disability
- Age
- Gender reassignment
- Sexual orientation
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Marriage and civil partnership

We gathered feedback from children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities, sensory impairment, people from LGBTQ+ and BAME groups, including people with these characteristics and sight loss.

We listened to representatives of people who may be disadvantaged by low income, homelessness and social isolation.

Some people were representative of national networks, while others spoke as individuals and local representatives who would travel to Moorfields Eye Hospital from across London and other areas, such as Buckinghamshire, Cornwall, Essex, Hertfordshire, Kent, Manchester, Norfolk, Suffolk, and Worcestershire.

Given the demographic data for patients who use services at City Road, we prioritised groups based in east London that represent people living in deprived areas and communities with a high proportion of people from Black, Asian and minority ethnic backgrounds.

To inform specialised commissioning, we contacted groups and networks of people with eye cancer and other rare conditions. Feedback from the following provided insights into the experiences of people with complex needs and rare conditions:

- Sense (Deaf blind)
- Action on Hearing Loss (Deaf community, some users with multiple sensory loss)
- Hearing Loss (Deaf blind in Cornwall)
- Esme's Umbrella (Charles Bonnet Syndrome)
- OcuMelUK (Ocular melanoma, form of eye cancer)
- Seeability (physical disabilities, learning disabilities, autism with sight loss.)

- Visually Impaired Children Taking Action (VICTA) (children with sight loss and other conditions)

Most of the people and groups that we have consulted represent issues relevant to several protected characteristics. The table in appendix 1 indicates the range of characteristics covered by each group. The protected characteristic of “disability” covers sensory impairment, physical disabilities, learning disabilities and mental health problems.

How we consulted

Aims of engagement with people with protected characteristics

- To identify potential issues of equality associated with our proposed service change.
- To further inform the integrated health inequalities and equality impact assessment (IIA) and highlight potential issues for the consideration of decision-makers.

As a minimum, we aimed to listen to feedback from 20-25 meetings with people with protected characteristics. In the event, we heard from 43 meetings and conversations.

Several groups, including RNIB, MoorPride, Transpire, OcuMeUK, New College Worcester and MENCAP, said how impressed they were with the efforts to include minority groups and were keen to be involved in continuing work. We fully expect to build on these relationships so that future developments will benefit from this specialist knowledge.

Method to reach people with protected characteristics

In addition to the main channels of feedback to the consultation (survey, written feedback, meetings and discussions), we met people face-to-face in targeted small groups and one-to-one meetings. Some people chose to visit us at Moorfields, but for most discussions, members of the consultation team travelled to networking events and regular meeting places to gain full appreciation of the needs of the target group. In some cases, the discussion was over the phone.

We asked people about:

- Any current inequalities that people experience when accessing health services in general, and at Moorfields Eye Hospital’s City Road services.
- Views on the proposed new centre and the preferred location at St Pancras.
- How the proposal might improve or create further inequalities, and ideas for addressing these issues.

Notes from every conversation are filed and logged in a confidential engagement log, in line with the General Data Protection Regulation. These detailed notes are shared in confidence with programme board members for consideration alongside this report, as part of the final decision-making process on the proposed move. Ideas for improving services will be extracted from the notes and shared with operational and design teams for future planning purposes.

Findings to date

Overview of the risk of inequality for people with protected characteristics

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

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

A recurring theme in feedback is that, despite the Moorfields reputation for clinical excellence, patients frequently experience stress and anxiety associated with a visit to the hospital. For people with protected characteristics, there is a risk that this may be compounded by communications barriers, physical access difficulties and a perceived lack of awareness among staff concerning sight loss and other characteristics.

It is within Moorfields' objectives to match exceptional clinical outcomes with an excellent experience for all patients. From our audience point of view, the frequent suggestion during consultation was that the proposed new centre is our opportunity to be the national exemplar of inclusivity and accessibility for people with sight loss.

Addressing a range of issues

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

Across the groups and interests, we heard about many particular issues. While details may differ, there were clear, common themes in relation to equality of access, which are described below.

It is likely that current services are already aware of and taking measures to address these issues, but it is important, as part of the consultation process, to review the proposed future service in this context of equalities.

Common themes from feedback

Please note: Detailed notes from each discussion with people with protected characteristics are shared with lead decision-makers and operational teams.

Make it possible for people to be independent – an overarching principle

The importance of independence for people accessing care was a major theme, suggesting that this should be a driving principle of design and service planning.

When services are difficult to access, people need more support from carers and staff, which is not always the best answer. With the right applications of design, information and technology, people can choose to do things for themselves.

Quote from feedback:

“I am 50 years old. I shouldn’t always have to ask my mother to take me to my appointment.”

It was suggested that people who are well informed and able to understand their care are better able to work with their clinicians and take responsibility for self-care. Where patients are confident and easily able to navigate services for themselves, this contributes to efficiency as well as a good patient experience.

Reducing anxiety, offering control

Anxiety is one of the most common challenges we have heard about from people with protected characteristics. Patients’ anxiety affects patient experience and potentially the efficiency and effectiveness of clinical services. For example, people talk about patients not being able to hear or take in what is being said during their consultation. In some situations, patients may not turn up for appointments and carers may be reluctant to take them, if they perceive it to be a bad experience.

For some people with protected characteristics, their anxiety may be exacerbated by the journey to their appointment. They may even face harassment or other negative experiences on public transport. Even before they arrive for their appointment, they may be feeling vulnerable and under pressure.

Quote from feedback:

“People in a state of anxiety, fear, nervousness and isolation expect and anticipate rudeness. They expect systems and technology not to work and this becomes self-fulfilling.”

Entering a place of care may be a critical moment that sets the tone for the care pathway, calming or otherwise. The following are examples of suggestions that we have heard during the consultation:

- Provide as much information as possible and in accessible formats before an appointment to explain what to expect. For example, some services are

gaining benefits from providing virtual tours of their facility for people who can access the internet.

- Make the main entrance welcoming and friendly, with immediate clarity about where to go. Considering St Pancras as the preferred location for the proposed new centre, some suggested a “meet and greet” at King’s Cross and St Pancras to signpost, guide or possibly transport people to the proposed new centre.
- Reception staff (not necessarily confined to a desk) should be highly skilled in helping people and making them feel reassured.
- Both design and people should be able to ensure a smooth transfer from front door to clinic.
- Provide clear information at every stage of the process, so that patients know what is going to happen next and when.

Quote from feedback:

“The proposal is very exciting. A new start is always an opportunity for new practices.”

Suggestions for action:

- The Trust should continually improve and develop patient information in multi formats, with advice and in partnership with patient representatives.
- Consultation feedback should inform developments in patient liaison and support, staff training and design of the proposed new centre.

Buildings should be easy to navigate

Many respondents suggested that by meeting the needs of people with complex disabilities and conditions, we would improve the experience for all patients.

Examples of principles for wayfinding:

- Consistency of design style and layout, making it easy to learn patterns e.g. toilets with the same layout, consistent signage.
- Straight lines are easier to navigate, curved or circular pathways are more difficult and disorientating for people with sight loss and in some cases autism.
- Consistent and even lighting throughout all common areas.
- Colour coding to designate different clinics and areas.
- Contrasting colours to delineate walls, ceilings, floors and doorways.

- Information in multiple formats.
- People to help with navigation.

Quote from feedback:

“A new build is a great opportunity to work with new technology. We would expect nothing less; but personal contact will always be important to be fully inclusive.”

Suggestions for action:

Co-production between design teams and patient representatives should be embedded within the development of the proposed new centre.

Good communication

Most of the people we listened to described similar communications barriers when interacting with health services e.g.:

- Not having enough time to explain things or not enough time to understand things.
- Staff not listening or unable to understand the situation.
- Staff ignoring the patient and talking only to carers or interpreters.
- Having to repeat explanations about important issues and aspects of a condition every time a new member of staff involved; or important things being missed through inconsistency.

It may not be possible to be aware of or plan for every possible need, but patients have expertise that can help to close the gaps. All staff who are in contact with patients and public should have awareness training, including advanced skills in listening to people.

Quote from feedback:

“What would help the most? Longer appointments with more time and simpler explanations. ”

The voluntary sector has considerable knowledge and expertise to help public sector organisations with policies and plans for improving communications for people with protected characteristics. Sense, for example has undertaken several studies and produced guidelines on equal access to healthcare. RNIB and Guide Dogs provide visual awareness training for all patient-facing staff. Charities for rare syndromes are able to offer a body of knowledge to support clinical practice.

Suggestions for action:

Moorfields Eye Hospital is already improving awareness and communications with support from voluntary sector partners and this should be explicit in the development of the proposed new centre.

There are already support services in place and longer appointment times for those who need it. We should review the availability and communications about support.

Understanding “hidden disability”

Some people with sensory impairment talked about “hidden disabilities” where even clinicians seem unaware of the extent of their needs.

It is also common for people to feel ashamed of their differences or to deny or hide problems that may be significant in getting good clinical outcomes.

These scenarios require awareness and skill to build trust. There are examples of discrete forms of communication to help staff to understand the particular needs of the person they are meeting, including safe words for people who need discrete help.

Privacy may be important in clinical areas, such as consultation rooms; and in basic services, such as toilets and adult changing facilities.

Quote from feedback:

“I have helped older people for whom English is not their first language who were waiting for a long time without a drink or a visit to the toilet, because they were worried about missing their appointment.”

Suggestions for action:

- Improving awareness and communications with people with protected characteristics should be included in an accessibility plan as part of the development of the proposed new centre.
- Consultation feedback should inform continuing improvements in patient experience.

Managing transition for existing patients

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

Comments stressed the importance of timely and effective communications in accessible formats to help manage transition.

Feedback from people with learning disabilities suggests that people with this and other protected characteristics find it difficult to cope with change. They need time, information and other support. It was suggested, for example, that there could be

open day type visits to the proposed new centre, before and after opening. This would offer time to “learn” the new service, without the anxiety of attending for an appointment.

Suggestions for action:

- A comprehensive communications campaign should be part of the plan for change, should the proposed move go ahead.

Issues specific to the proposed move of services

Potential positive impacts on equalities for people with protected characteristics

In general, people are supportive towards a proposed new centre for Moorfields Eye Hospital. Many envisage an opportunity to improve accessibility and services for people with protected characteristics.

The main examples of potential gains are:

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

Potential negative impacts on equalities for people with protected characteristics

- Use of technology versus personal interaction

People with protected characteristics have spoken about the need for flexibility and a range of communications to meet different needs and abilities. Many acknowledge the potential advantages of new technology, which could improve access for some people, but that there is a risk of excluding some minority groups for whom technology could prove a barrier. Even those who are keen supporters of new technology place a high value on personal support being available to meet the diverse needs of patients and carers, particularly children, frail older people, people with multiple disabilities and people who do not have English as their first language.

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

- Journey times

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

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

- Getting to the hospital from transport hubs

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

- Large and complex stations with several exits
- Road crossings
- Cycle lanes
- Cluttered or uneven pavements
- Vulnerability to street crime and harassment

- Equality of access across the health and care system

During the consultation, people frequently raised the broader strategic issue of developing care closer to where people live. By maximising the benefits of technology and improving access to care in more local settings, there is the potential to improve health inequalities.

Some suggested that the proposed investment in a new centre could have a negative impact on resources available to maintain and develop network clinics and other community-based services. This will be addressed in decision-making documents.

Appendix 1: Table of groups and protected characteristics

Please note that the characteristics highlighted in the table below represent the more prominent concerns of the listed groups.

Organisation providing contact	Age	Disability (inc. sensory loss, LD, mental health)	Gender reassignment	Sexual orientation	Pregnancy and maternity	Race	Religion or belief	Homeless	Poverty	Marriage / partnership
Action on Hearing Loss	x	x								
Age UK (Milton Keynes)	x									
BeMoor						x	x			
Beyond Sight Loss		x				x	x		x	
The Big Issue (North)								x	x	
Blind Mums Connect		x			x					
Bucks Vision		x								
Cardboard Citizens								x	x	
City and Hackney Older People's Reference Group (Age UK)	x	x								
Esme's Umbrella (Charles Bonnet Syndrome)		x								
Faiths Forum for London							x			
Guide Dogs		x								

Hackney Informed Voices Enterprise (HIVE) (Learning disabilities)		x				
Hearing Loss (Cornwall)		x				
International Glaucoma Association		x				
LGBT Foundation			x		x	
MENCAP		x				
MoorAbility		x				
MoorPride			x		x	
National Federation of the Blind		x				
Newham Co- production Forum (multiagency)	x	x			x	x
Newham Older People's Reference Group (Age UK)	x	x			x	x
New College Worcester (young people)	x	x				
OcuMelUK (eye cancer)		x				
Organisation for Blind Africans and Caribbean (OBAC)		x			x	x

Richard Desmond									
Children's Eye Centre	x	x				x			x
RNIB		x							
Royal Society for Blind Children	x	x							
Seeability (physical disabilities, learning disabilities and autism)		x							
Sense (Deafblind)		x							
Standing Together (Domestic abuse)									x
Stonewall (LGBT)			x	x					
Tower Hamlets Older People's Forum (Age UK)	x	x					x	x	x
Tower Hamlets Commissioning Panel						x	x	x	
Transpire (south Essex transgender network)			x	x					
Visually Impaired in Camden	x	x							
Visually Impaired Children Taking Action (VICTA)	x	x							
We are Ageing Well in Camden	x	x							

Proposed move of Moorfields Eye Hospital's City Road services

Appendix F – Local Authority and Health Oversight and Scrutiny Engagement Summary

1. Introduction

- 1.1. The statutory stakeholder workstream for the Moorfields consultation programme has supported the proactive and reactive public affairs with politicians, local authorities as well as scrutiny committees and Healthwatch, public/patient engagement functions, etc.
- 1.2. This report consolidates the methodology and detail of engagement, extent of scrutiny and responses resulting from the pre-consultation and consultation engagement with local authorities and their Health Oversight and Scrutiny Committees (HOSCs).
- 1.3. The Consultation Findings Report 24 May – 16 September 2019 provides an overview of the responses from the local authorities and HOSCs.

2. Methodology for local authorities and HOSCs scrutiny and engagement

- 2.1. Statutory stakeholder communication and engagement with CCGs and their corresponding local authorities has been an important part of the pre-consultation and consultation processes. Different levels of engagement have been undertaken for the different audiences dependent on their relevant CCG's spend and patient numbers at the Moorfields City Road site.
- 2.2. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS commissioners to consult local authorities on proposed substantial variations to health services; requiring each CCG to notify its local authority partners when it has such proposals under consideration.
- 2.3. Patients attend the City Road site from most of the CCG/STP regions in England. This required a pragmatic approach to ensuring that the 173 local authorities and HOSCs have had the opportunity to engage with the consultation on the proposed move.
- 2.4. Following legal advice on 15 March 2019, the Moorfields Consultation Programme Board agreed on a 'JHOSC plus' approach where we utilised the existing North Central London JHOSC structure and invite attendees from other local authorities to attend to hear details on the proposals. In addition, we agreed to communicate updates on the consultation proposal regularly to HOSCs through their CCGs/STPs and attend meetings of other HOSCs, responding to their requests on a case by case basis.
- 2.5. All CCGs work with their local councils and health overview and scrutiny. To respect these protocols we contacted each CCG and STP area lead, requesting that they liaise with their local authority chief executive and HOSC chair, inviting them to engage in the Moorfields Consultation process.

- 2.6. Involving local authorities in the programme of engagement provided them with the option either to be kept informed of proceedings, or to be represented formally in meetings.
- 2.7. The CCGs/STPs were asked:
 - To determine if a formal item on the proposed relocation was required at their local scrutiny committee.
 - The extent to which their area would wish to participate in the public consultation to inform the relocation proposal.
 - To provide ongoing communication about the proposal and consultation.
- 2.8. Where requested the programme team has liaised with HOSCs directly, keeping the CCGs/STPs copied into all of the communications.
- 2.9. Reaching the HOSCs has required comprehensive and varied engagement ranging from one-to-one meetings with HOSC chairs, attendance at HOSC and JHOSC scrutiny meetings and written briefings and communications.
- 2.10. The North Central London JHOSC is undertaking scrutiny of the consultation findings and process on 31 January 2020.

3. Summary of activity and feedback from the HOSCs

- 3.1. This has been a complex consultation exercise covering the United Kingdom. The number of responses that have been received from HOSCs from across England demonstrates that they have been informed about the proposed move and many have been actively engaged.
- 3.2. Since March 2019 we have sent nine written briefings to over 173 local authorities and HOSCs via their CCGs/STPs or directly with two further briefings planned in February and March 2020 (Appendix F1).
- 3.3. The consultation programme team has personally attended seven JHOSC and HOSC meetings covering all 14 CCGs who commission over £2m of activity per annum from City Road, between January 2019 and December 2019. This includes NCL JHOSC (5 OSCs), Inner North East London and Outer North East London JHOSC (7 OSCs), Ealing HOSC and Hertfordshire County Council - Health Scrutiny Committee meeting plus the Hillingdon Council - External Services Select Committee meeting (Appendix F1).
- 3.4. In addition, two formal papers have been sent to Suffolk Health Scrutiny Committee, Dorset Council - Health Scrutiny Committee meeting, and a paper is planned for Kent Health Oversight and Scrutiny Committee in January 2020.
- 3.5. Five OSCs have requested that NCL JHOSC act on their behalf. These include Cambridgeshire County Council & LGSS, Southend-on-Sea Borough Council, Peterborough City Council, Essex County Council, Dorset Council (Appendix F2).
- 3.6. Several Councils responded that they do not wish to have active scrutiny engagement however wish to have ongoing written updates. These include Sunderland LA scrutiny, North West London JOOSC, Suffolk County Council, Norfolk Health Overview and Scrutiny Committee (Appendix F2).

- 3.7. The feedback from the HOSC /JHOSC meetings has been covered in the Consultation Finding Report 24 May – 16 September 2019, section 8. In summary, the responses from the HOSCs have been generally supportive. They all highlight the need to address the accessibility and working with other agencies.
- 3.8. Seven HOSCs and local authorities explicitly support the proposal include Ealing OSC, Central Bedfordshire Members of Social Care Health and Housing Overview and Scrutiny Committee, Hertfordshire County Council - Health Scrutiny Committee, Suffolk Health Scrutiny Committee, London Borough of Camden, Islington Council, External Services and Select Committee at London Borough of Hillingdon.
- 3.9. Following requests at JHOSC meetings a Councillor from North Central London JHOSC visited the City Road site in 2019 and Inner North East London JHOSC and Outer North East London JHOSC Councillors visited in January 2020.

4. North Central London JHOSC scrutiny meeting

- 4.1. The planned North Central London JHOSC meeting on 29 November 2019 was rescheduled to 31 January 2020 due to the general election period. Programme plans have been adapted accordingly to work towards the new meeting date, and the final Consultation Findings Report with recommendations will be presented at that meeting.
- 4.2. We are working closely with the NCL JHOSC to cover:
 - Attendance by other JHOSCs/HOSCs – NCL JHOSC welcomed representative councillors from other HOSCs and JHOSCs at its meeting on 31 January 2020 in a non-voting capacity.
- 4.3. The presenters to the NCL JHOSC included clinicians, Camden CCG on behalf of the CCGs, Specialised Commissioning and Moorfields representatives and the Chair of the Oriel Advisory Group, a patient/public representative group supporting the consultation and development of the proposal.

5. Conclusion

- 5.1. The consultation for the Moorfields proposal has been complex and has required an innovative approach to engaging local authorities and Health Oversight and Scrutiny Committees.
- 5.2. Our approach was informed by legal advice. The Moorfields Consultation Programme Board agreed on a 'JHOSC plus' approach utilising the existing North Central London JHOSC structure and inviting attendees from other local authorities to attend to hear details on the proposals.
- 5.3. In addition, we communicated updates on the consultation proposal regularly to the HOSCs via their CCGs/STPs and attended meetings of other HOSCs, responding to their requests on a case by case basis.
- 5.4. Throughout the pre-consultation and consultation period there has been comprehensive engagement with local authorities and HOSCs, through their CCGs and STPs. This is evidenced by the number of responses from HOSCs across England.

Appendix F1: HOSC and JHOSC actual and planned engagement activity

Date	HOSC and JHOSC Communication mechanism or method	Activity update
18/01/19	North Central London Joint Health Overview and Scrutiny Committee meeting	Attended meeting and presented pre-engagement update.
13/02/19	Ealing Overview and Scrutiny Committee	Attended meeting and presented pre-engagement update.
25/02/19	Letter for attention of CCG Chief Operating Officer / Managing Director, STP regarding re LA engagement	CCGs and STPs responded to the letter indicating their preferred method of engagement.
29/03/19	All Local authorities (via CCGs/ STPs where requested or directly) to set up action on scrutiny arrangements	A letter providing information on the Moorfields proposed move and requesting information on how the LA/HOSC wish to be engaged.
29/04/19	North Central London Joint Health Overview and Scrutiny Committee meeting	Provided representatives with sight of the pre-consultation business case, a report of pre-consultation communications and engagement activity, and communications and engagement plan.
22/05/19	All statutory stakeholders letter	Notification of consultation launch (sent locally by local CCG communications leads and nationally by the programme and consultation team).
12/06/19	Hillingdon Council - External Services Select Committee meeting	Attended and presented update on consultation progress. Generally supportive.
20/06/19	South West London JHOSC briefing	Briefing sent as requested by STP for sharing with the JHOSC.
26/06/19	Dorset Council - Health Scrutiny Committee meeting	Written briefing on consultation progress provided.
11/07/19	Hertfordshire County Council - Health Scrutiny Committee meeting	Attended and presented update on consultation progress.
11/07/19	Suffolk Health Scrutiny Committee briefing	Written Briefing published in the Information Bulletin for the

		Committee Meeting on the proposed move of Moorfields Eye Hospital's City Road services.
09/08/19	All statutory stakeholders letter	Consultation update outlining the feedback to the consultation, next steps and requesting a response.
06/09/19	All statutory stakeholders letter	Reminder sent regarding consultation close date.
17/09/19	All strategic stakeholders letter	Consultation closure letter to Stakeholders.
19/09/19	Inner North East London JHOSC meeting	Update on consultation.
23/10/19	All statutory stakeholders letter	Request for feedback on draft summary of consultation findings plus Consultation Findings Report published on website for 2 weeks.
24/10/19	Pre-meet with Joint Inner North East London and Outer North East London JHOSC Councillors	Informal pre-meet prior to the JHOSC on 6 November 2019 with Councillors to discuss the Moorfields proposal.
06/11/19	Joint Inner North East London and Outer North East London JHOSC meeting	Paper presented by Commissioners and Moorfields Trust representatives.
21/11/19	All statutory stakeholders letter	Notification sent regarding change of scrutiny and decision making and programme delivery dates due to the General Election period.
19/12/19	All LA / HOSCs via their CCGs/STPs or directly letter	Informing of dates for NCL JHOSC and CiC decision making.
Next steps		
29/01/20	Kent Health Oversight and Scrutiny Committee briefing	Update on consultation findings – paper only.
31/01/20	North Central London Joint Health Overview and Scrutiny Committee meeting	For scrutiny and response to consultation
Post decision making plan		
February 2020	All statutory stakeholders letter	Informing of CiC decision making
March 2020	All statutory stakeholders letter	Update post decision making
04/03/20	Hertfordshire County Council - Health Scrutiny Committee meeting	To attend

Appendix F2: HOSC and JHOSC summary of responses

Organisation	Date	Comment / Response
Oxfordshire CCG	27/02/19	Given patient flows, the change would not be material to Oxfordshire CCG, however, information should be provided to any of Oxfordshire patients as part of the process.
SEL STP	08/03/19	<p>Only a small proportion of SEL patients use Moorfields Eye Hospital services. For those who do, the proposed site near St Pancras is potentially easier to reach and therefore SEL does not anticipate that the relocation will cause a problem for the population in boroughs.</p> <p>The CCG Managing Directors will inform their Local Authority Overview and Scrutiny Committee Chairs and will pass on further information as appropriate, but SEL do not consider there will be any need for further local consultation or additional support required from Camden CCG.</p>
NHS Nene and Corby CCGs	11/03/19	Cllrs are willing to attend joint/area scrutiny committees if that is an option.
Sunderland CCG	19/03/19	Happy not be involved in any joint scrutiny arrangements given the very small number of patients referred from Sunderland to Moorfields and the distance.
NWL JOSC	01/03/19	NWL JHOSC agreed that the consultation not be included on the JHOSC agenda at this time.
Dudley CCG and Walsall CCG	29/03/19	Do not believe the proposals constitute a material change for patients in either Dudley CCG or Walsall CCG.
East & North Hertfordshire CCG	01/04/19	Generally supportive of move to offer 21st century facilities. Main line of interest likely to be about the model going forward and the continued importance of outreach.
Cambridgeshire County Council & LGSS	03/04/19	Cambridgeshire County Council (CCC), Health Committee within its Health Scrutiny remit are content with the existing Joint HOSC North Central London to act on our behalf.
Suffolk County Council	04/04/19	Do not anticipate that active scrutiny engagement with the consultation will be necessary but look forward to reviewing the Moorfields proposal when it is issued, and raising awareness locally about how people can engage with the consultation.
Southend-on-Sea Borough Council	06/04/19	<p>As the proposal is not contentious, Southend is happy for the existing Joint HOSC for NCL to manage the scrutiny process on behalf of Southend.</p> <p>Requires regular updates / briefing on the proposals, together with information on the arrangements for public consultation and how local people can respond if they so</p>

Organisation	Date	Comment / Response
		wish and how respective local Healthwatch bodies will be involved.
Peterborough City Council	08/04/19	The Committee will not be sending a representative to attend a Joint Health Overview and Scrutiny session in and are content to allow the North Central London Joint Overview and Scrutiny Committee to act as lead and manage the process on our behalf.
Essex County Council	09/04/19	Essex HOSC defer to the scrutiny to be undertaken by the proposed London JHOSC.
Norfolk Council	09/04/19	Norfolk Health Overview and Scrutiny Committee does not expect to join a joint health scrutiny committee for the purpose of receiving consultation about the proposals relating to Moorfields Eye Hospital but would like a short written briefing on the proposals, the arrangements for public consultation and how local people can respond if they so wish.
Bedford Borough's	09/04/19	Request further information including any impact on the current satellite clinics that are provided within Bedfordshire used by patients in this area.
Dorset Council	10/04/19	Dorset's Health Scrutiny Committee is happy for the North Central London Joint Overview and Scrutiny Committee to manage a scrutiny process on our behalf.
Hillingdon Council - External Services Select Committee	12/06/19	Minutes of Committee Meeting – discussion on the Moorfields proposal noted.
Hertfordshire County Council	11/07/19	Minutes of Committee meeting - Committee was invited to respond to the consultation, noted the report and advised and made suggestions for further action to ensure a meaningful consultation process, members agreed the move was positive as it would be more consistent and would bring clinical expertise together.
Suffolk County Council	21/07/19	Noted.
Ealing OSC	12/08/19	Ealing OSC are happy and don't need any further discussion on Oriel.
Central Bedfordshire Members of Social Care Health and Housing Overview and	16/08/19	Supportive. In response to the proposal to move the services from Moorfield's City Road premises and build a new Eye centre with partners, the Members of Social Care Health and Housing Overview and Scrutiny Committee discussed the matter at its meeting and wished to support the proposals outlined and welcomed this positive move.

Organisation	Date	Comment / Response
Scrutiny Committee		Look forward to receiving further updates regarding the project that will be shared with the Committee.
Hillingdon Council	20/08/19	Official Response. Support the proposed move to St Pancras provided it will not replace any of the services provided from the Trust's other 30 locations. A detailed response can be viewed in Consultation Findings Report for further detail (section 8)
South East London CCGs	16/09/19	Remain comfortable with the proposals.
Islington Council	17/09/19	Email response from Council leader. Expressing their appreciation and understanding on the clinical case for change and the rationale for the move specifically with the limitations of the current site in terms of clinical redevelopment. Expressed interest to continuing to work constructively with the trust with respect to the re-development of the City Road site. Refer to Consultation Findings Report for further detail (section 8).
Camden Council	08/10/19	Written response expressing strong support for the relocation of Moorfields from its Old Street site to the St Pancras Hospital site. Please refer to Consultation Findings Report for further detail (section 8).
St Pancras and Somers Town Ward	18/9/19	Email from Councillor informing that the Councillor is in favour of the Moorfields Eye Hospital moving to the site of the St Pancras Hospital.
Inner North East London JHOSC	19/09/19	The general message: <ul style="list-style-type: none"> • Discussion about the proposal (see JHOSC minutes).
Inner North East London and Outer North East London JHOSC	06/11/19	<ul style="list-style-type: none"> • Discussion about the proposal (see JHOSC minutes). • Request to visit Moorfields Old Street site – undertaken in January 2020.



Appendix G - Integrated Health Inequalities and Equality Impact Assessment

Published: 13 January 2020

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- The programme team supporting the consultation programme
- Consultation programme board
- Commissioner and provider contacts

Executive summary

Context:

MSE Strategy Unit and Partners were engaged as an independent expert provider by NHS Camden Clinical Commissioning Group (CCG), on behalf of all CCGs that plan and buy Moorfields' services for residents, in partnership with NHS England Specialised Commissioning, which plans and buys specialist services for the whole of England and Moorfields Eye Hospital in July 2019 to undertake an independent Integrated Health Inequalities and Equality Impact Assessment of the proposed relocation of Moorfields' City Road services to a new purpose-built centre at a section of land at the current site of St Pancras Hospital.

Purpose

Through the Integrated Health Inequalities and Equality Impact Assessment (IIA) the commissioners wanted to ensure that any decisions made by them would support advancing equality and ensure fairness by removing barriers, engaging patients and community and delivering high quality care. This would also help meet their responsibilities under the Equality Act and demonstrate due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010.

Process

Evidence review, data analysis and feedback from the consultation process, including opinion surveys, panel discussions and focus groups, were considered by the Strategy Unit team to summarise both positive and negative impacts of the proposed relocation for people with protected characteristics, outlined by the Equality Act 2010, impact on other health inequalities and the general health impact.

Summary of Impact

The nature of care that users access at Moorfields Eye Hospital's City Road site means that they are more likely than in other healthcare settings to have one or more of the protected characteristics that this assessment is seeking to identify and help mitigate. Also, as a centre of specialist care, users of services at the City Road site often have a long and trusted relationship with the teams located there. These themes were pronounced in the consultation feedback both in the survey and in focus groups.

The IIA specifically focused on the impact of the proposed relocation. The analysis showed a number of protected characteristics, health inequalities and health impacts were not negatively impacted by this proposed relocation. A summary of the key impacts are;

- Most stakeholder feedback obtained as part of the consultation supported the proposal to relocate, believing that this relocation would support the integration of eye care with research and education. Specifically supporting the opportunity for closer working with organisations such as the Francis Crick Institute, RNIB and UCL.

- Respondents to the consultation felt that the new centre would benefit both patients 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.
- The analysis did not show disproportionate impact due to relocation on patients currently covered by specialised commissioning.
- Elderly patients (due to age and comorbidities) and patients with sensory or physical disabilities are the ones most likely to be negatively impacted by the proposed relocation. This is because changes to their journey, namely concerns about the busy nature of the King's Cross area and reliability of transport to and from the new centre, can cause stress and anxiety for these groups.
- The proposed relocation to a new centre has the potential to improve staff morale as a result of modern professional environments.

Evidence based Recommendations for next steps

The main themes to be considered in action plans are:

1. Consideration for disability access and support within the design of the new building for both patients and staff that is lacking in the current site. Ensure that sufficient wheelchair access and drop off points are available across the proposed new centre is important, as well as ensuring that technology designed to support disabilities such as visual impairments and hearing impairments are explained, promoted and meet the needs of patients.
2. Improved signage and use of digital technology and other means to improve the overall patient, carer and staff experience, considering that translations of signage and information into other languages may be required.
3. Feedback emphasised the importance to retain any care that is currently being provided closer to patients home e.g. satellite clinics.
4. It is advised to work with the local authorities and TfL to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. The additional walk required to the new site will need to be considered to ensure patients feel supported to navigate the unfamiliar and busy environment between the station and the proposed new site. Identifying patient champions to support the design of accessible routes is key.
5. It is important staff and volunteers receive equality and diversity training and are trained to support lesbian, gay, bisexual, transgender, queer (LGBTQ+) patients to ensure there are no barriers to effective care for patients when navigating services.

6. Parents will need clear communication regarding navigation, specifically around any changes they may experience to their access to the Ronald McDonald House charity service located in the Richard Desmond Children's Eye Centre on the Moorfields site for families to stay during their children's care.
7. Consider the impact of anxiety and stress that may be felt by patients and staff as a result of the move. Ensure that support is clear and accessible to patients and staff, with clear process explaining how to access mental health and well-being support if needed.
8. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport. Currently patients are unable to travel with carers when using this transport, this may be a barrier for some patients at present.
9. Clinical environments should be fully accessible and be the quality standard for people with sight loss, dementia and learning disabilities. For instance, organisations like Alzheimer's UK who could be approached, if not already part of the consultation and engagement activity.

An overarching principle of the feedback (as reported in the Consultation report) is to make it possible for people to be independent. Commissioners and Moorfields Eye Hospital are developing an action plan to mitigate the potential negative impacts of the relocation which will support this principle.

The Oriel team set up work streams during the consultation to start addressing some of the early themes from the engagement with a wide range of patients, carers, staff and general public. The consultation feedback has highlighted the opportunity for the proposed new centre to be the national exemplar of inclusivity and accessibility. Suggestions from members of the public, including patients and stakeholders has also focused on overall service improvement which is not part of the impact assessment but will be/is being considered as part of the overall work.

Integrated Impact Assessment (IIA) – background information

1.1. Context – Oriel and Proposed options

The public consultation has been led by NHS Camden CCG, on behalf of the 109 CCGs who commission services from Moorfields' City Road site, working in partnership with the 14 CCGs who commission over £2m activity per annum, and NHS England Specialised Commissioning.

The consultation document and DMBC set out proposals to bring together eye care services from Moorfields' main City Road hospital site and the UCL Institute of Ophthalmology (IoO) in a new purpose-built centre. This proposal is called 'Oriel'.

If approved, this would enable integrated delivery of world-leading eye care for patients, education for students, as well as research for the benefit of the whole population and wider health care system.

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

1. Improved patient care and better patient access to ophthalmic clinical care and research.
2. Provision of a facility enabling maximum integration between the partners in the delivery of excellent research, education and clinical care.
3. Location close to other UCL faculties, the Francis Crick Institute and the health science cluster, MedCity, to facilitate collaboration.
4. Creation of more research and education programmes.

The detailed process, including the advantages and disadvantages, can be found on the [Oriel website](#).

Subject to consultation, the preferred option for Oriel (as documented in various public documents) is to purchase a section of land that has become available at the St Pancras Hospital site, build a new centre, designed to bring together eye care, research and education and to provide the highest quality of care and accessibility for patients, carers, staff, innovators and students.

1.2 Why Integrated Impact assessment (IIA)?

An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.

The assessment was achieved by undertaking and combining three different methods reflecting best practice guidance and the commissioners' preferred approach to equality impact assessment as summarised in figure 1.

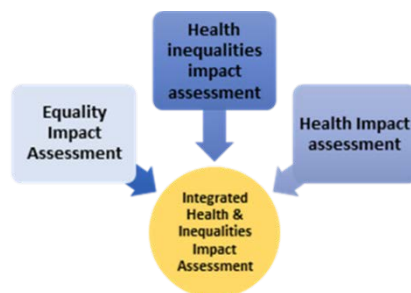


Figure 1: Integrated health and inequalities impact assessment methodology

In relation to equality, these responsibilities include assessing and considering the potential impact which the proposed service relocation could have on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients, communities and the workforce. With reference to health and health inequalities, the responsibilities include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

1.3 What does the IIA include?

The Commissioners, commissioned MSE Strategy Unit and Partners in July 2019 to:

- Undertake and complete a full Integrated Health Inequalities and Equality Impact Assessment (IIA) as part of the consultation process of the proposed relocation of Moorfields Eye Hospital services from the City Road site to St Pancras site.
- Provide recommendations based on the evidence review conducted as part of the IIA to inform an action plan developed and owned by Commissioners and Moorfields Eye Hospital.
- Ensure the report contains evidence that decision-making arrangements will pay due regard to equalities and inequalities issues and the Brown principles¹.

The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

This IIA is made up of 3 phases defined below;

Phase 1 - A rapid scoping report to identify potentially impacted groups to inform pre-engagement activities.

¹ R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96.

Phase 2 - A desktop review of “best practice evidence” to identify and develop relevant health outcomes and understand priorities and challenges for key groups.

Phase 3 - A revised and final IIA updated to reflect the results of the public consultation.

Phases 1 and 2 of the Integrated Health Inequalities and Equality Impact Assessment were undertaken by an independent organisation and is published on the consultation website www.oriel-london.org.uk.

This document addresses phase three.

Applicable Standards and Principles

Key legal principles and guidance recognised and referenced as part of this document are:

Equality

- s.149 - Public Sector Equality Duty (PSED) of the Equality Act 2010.
- Equality and Human Rights Commission’s paper (2012).
- Brown Principles².
- The Public Services (Social Value) Act 2012.
- The Autism Act 2009.
- The Children’s Act 2004.
- Section 13G/section.14T of the NHS Act 2006*.

Health and health Inequalities

- Amendments to the National Health Service Act.
- The Health and Social Care Act 2012.
- NHS Five Year Forward View and NHS Long Term Plan.
- The NHS Constitution.
- The Mayor of London's Health Inequalities Strategy.
- Guidance for NHS commissioners on equality and health inequalities legal duties.

Consultation

- The Gunning and Moseley Principles³.
- FREDA Principles of Human rights⁴.

² R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96.

³ <https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf>

⁴ https://www.cambridge.org/core/services/aop-cambridge-core/content/view/0459124A5DF648BE941396FC4F61E1D6/S175832090000490Xa.pdf/freda_a_human_right_sbased_approach_to_healthcare.pdf

1.4 The IIA Scope

The following was agreed with the commissioners as scope of this IIA:

1. Patients covered –
 - a. The current and future patients from within the CCG areas who commission Moorfields Eye Hospital City Road services (Focusing on 14 CCGs as explained below).
 - b. Patients from London, South East and Midlands & East covered under NHS England commissioned specialised services.
2. Population/communities covered-
 - a. CCG areas that commission current Moorfields' City Road Services.
 - b. NHS England commissioned specialised services with focus on population of London, Midlands and East and South East Regions as recommended by the commissioners.
3. Workforce – The current workforce at Moorfields Eye Hospital City Road.

Services provided at Moorfields Eye Hospital City Road site are commissioned by 109 NHS Clinical Commissioning Groups (CCGs) and by NHS England Specialised Commissioning across 188 CCG areas (see Appendix 1). Of the 109 CCGs, 14 in London and Hertfordshire hold contracts with a material value (defined as >£2m per annum) with Moorfields for activity at the City Road site.

These 14 CCGs, which comprise Barnet, Camden, City & Hackney, Ealing, Enfield, Haringey, Waltham Forest, Havering, Islington, Newham, Redbridge, Tower Hamlets, East & North Herts and Herts Valley, have undertaken a consultation process on the proposal to change the location of Moorfields Eye Hospital operations from the City Road site.

1.5 The IIA Methodology

The IIA process includes an evidence review, data analysis, linking with outputs from consultation process and stakeholder engagement to identify impacts and then identifying and agreeing mitigation and enhancement actions. Each aspect had specific focus areas as listed below:

- An **evidence review** of eye conditions and other health issues and the risk factors for these and impaired vision ensures all population groups with the potential to be impacted are considered.
- **Descriptive analysis** of the current patient population and health landscape within UK. This includes specific emphasis on areas covered by CCGs and NHS England commissioned specialist services relevant to Moorfields Eye

Hospital. This analysis has been used to establish an understanding of the scale of impact. This ensured the response to the impact is proportional to its scale.

- **Comparative analysis** to assess whether different groups of the patient population/staff population, namely those that fall under protected characteristics, are disproportionately impacted by the proposed relocation. This was done within the context of equality and diversity, health inequalities and population health impact. For each category of assessment, themes were used to assess impact following a description of the effect using evidence/data, whether it was positive or negative and would be difficult to remedy or be irreversible.
- **Assessing future demand** for the service and potential impact upon different groups of the patient and workforce population in the context of equality and diversity, health inequalities and population health impact.
- **Iterative process** combining information gathered from the consultation process which included opinion surveys, panel discussions and focus groups. Impact mitigation and enhancement actions were derived using the above steps as well as engagement with various stakeholders.

Each impact was prioritised based on:

1. **Probability** of the impact occurring (using a decision matrix combining scale and duration)
2. **Scale** of those impacted
3. **Duration** of the impact e.g. short, medium or long term

1.6 The IIA assumptions and limitations

- As patients from all over the UK attend Moorfields' City Road campus, it would be difficult to assess the impact upon all of the population; thus the main population health analysis was undertaken based on the Moorfields Eye Hospital catchment area consisting of 14 CCGs.
- Patients can present with numerous eye conditions, all of which cannot be comprehensively assessed within the context of an integrated impact assessment; thus certain conditions may have been aggregated and placed into smaller categories depending on the nature of the condition.
- Population growth projections are based on ONS 2011 Census and current scenarios thus by default the analysis will assume that current trends will remain constant. The ophthalmology system modelling done by other partners such as Edge Health were used, where needed, rather than create new models.

- The overall impact of travel has been assessed considering both staff and patients together rather than separating workforce.

Note: Please refer to annex 1.1 – 1.6 for further details regarding the context and IIA process

1.7 How to read the IIA

Each section of the IIA is structured in the below format. A summary of the impacts and evidence based recommendations to increase the likelihood of positive impacts being realised or to mitigate potential negative impacts is outlined below. This will then be followed by the Commissioner's and Moorfields Eye Hospital's Action plan which is a developing action plan informed by the recommendations.

2. Equality Impact assessment: the impact on groups with protected characteristics

Equality impact assessment identifies and assesses impacts on a range of affected groups with characteristics protected under the Equality Act 2010, namely: age; gender, disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race and ethnicity; religion and belief; and sexual orientation.

The aim of an Equality Impact Assessment (EIA) is to establish the differential impact of a policy, like service relocation in the case of Moorfields Eye Hospital, on these groups and to consider potential measures which could reduce any negative impacts, especially in relation to health outcomes and the experiences of patients, communities and the workforce. It also seeks to identify opportunities to better promote equality and good relations.

Protected characteristics considered in the analysis as per Equality Act 2010:

1. **Age:** any age group, for example this includes older people; middle years; early years; children and young people.
2. **Gender:** men; women.
3. **Gender reassignment.**
4. **Disability:** includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
5. **Marriage and civil partnership:** people who are married, unmarried or in a civil partnership.
6. **Pregnancy and maternity:** women before and after childbirth; breastfeeding.
7. **Race and ethnicity:** people from different ethnic groups.
8. **Religion and belief:** people with different religions or beliefs, or none.
9. **Sexual orientation:** lesbian; gay; bisexual; transgender; queer; heterosexual.

Other categories considered in the analysis were:

10. **People seeking asylum.**
11. **As part of ethnicity we were asked to looked Gypsy, Roma and traveller communities in detail**

(Detailed definitions included in Annex 2)

2.1 Data Analysis:

The detailed analysis undertaken for this section can be found in Annex 2.1 to 2.12.

Out of the eleven characteristics listed above, the proposal - to move from City Road site to St Pancras, had positive and/or negative impact on patients with following protected characteristics:

Age, gender, race and ethnicity, disability, pregnancy and maternity

This impact assessment also analysed other protected characteristics including religion/belief, sexual orientation, gender reassignment, people seeking asylum in detail. There was limited or no evidence to suggest that the current proposed relocation of the service from City Road to St Pancras would have any disproportionate impact on these groups of people.

2.2 Summary of impacts on people with protected characteristics and supporting action plan

Impacts of the proposed relocation of Moorfields Eye Hospital on people with protected characteristics can be summarised as below:

Positive impacts

- The current buildings that services operate from are largely old Victorian buildings or smaller buildings where accessibility was not considered in the original design. A new building would comply with modern standards for disabled access and other disabilities such as sensory needs. This would have a positive impact on the needs of people with disabilities.
- The proposed new centre will have improved provision for patient care and experience. The proposed new centre will have facilities that are more user friendly, will promote better accessibility, with enhanced opportunities for signposting and site accessibility for the elderly, people with disabilities as well as the general user population. A specific example would be for those who are pregnant or have children. Parents with babies and young children will require facilities for baby changing and breast feeding support. There will be opportunities in the new building to provide better facilities and support for parents with young children. The draft report for consultation with people with protected characteristics and rare conditions, also cites access to services within the proposed new centre as a positive impact.
- The new centre will help to integrate eye care with research and education. This will help to bring research more into the mainstream of care. Patients with protected characteristics who have a higher risk of poor eye health will

most likely benefit from involvement in and the results of this integration with research and education.

- Compared with the current access to the City Road site, there are benefits in the new journey such as step-free access at the King's Cross St Pancras interchange and a better quality pedestrian environment in the area. The proposed new centre will also have more options for different transport methods compared to the single tube line station of the Old Street site.
- The proposed new centre will also be an opportunity to improve access to the proposed drop off area by private motor vehicles for those relying on this mode of transport.

Recommendations based on evidence review

1. A significantly large proportion of the population with disabilities also have sight related issues. In order to increase the likelihood of positive impacts being realised it is important to ensure the patients/staff and carer populations with disabilities are aware of the positive impacts that the new building will have on accessibility. Input from affected groups can be sought through co-design of new facilities. This could be done by gathering feedback by holding focus groups, panel discussions and events with various subsets of the population and use patients with disabilities, staff and carer representatives to champion the positive impact of the proposed relocation.
2. Ensuring that sufficient wheelchair access and drop off points are available across the proposed new centre is important, as well as ensuring that technology designed to support disabilities such as visual impairments are explained, promoted and meet the needs of patients.
3. In the public consultation, 62% of respondents over 50 years age felt that the new centre is needed to create more space for patients and improve their experience when receiving care. To increase the likelihood of this message being spread and positive impact realised, champions from this group need to be identified and engaged. They could be part of the co-production sessions and overall communication programme for the new proposal.
4. A high proportion of respondents felt that the new centre is needed to integrate eye care with research and education. Champions from protected characteristic groups could be identified and engaged to support a wider engagement and communication on how this proposed relocation will help deliver better integrated eye care with research and education.

Negative impacts (in priority order)

- Relocation of the services to a new centre could make patient/staff journeys in accessing the service more complicated for some as the walking distance to the St Pancras site is on average 3 mins 35 seconds further from the nearest main transport hub (depending on method of public transport). This is an average time and this could take longer for a patient with a visual impairment or disability.

- Increased walking distance will impact on patients for a number of reasons such as time spent travelling, anxiety and stress of a different (or potentially longer) journey, difficulty navigating the new unfamiliar route for those who may have a disability.
- The route itself will have a significant impact on those with disabilities who will need to navigate a new and unfamiliar route, particularly if the route is longer or busier.
- 24% of respondents over the age of 50 who participated in the public consultation survey, were concerned that moving from City Road to St Pancras would mean walking further. Some respondents to the public consultation survey felt that there will be insufficient parking spaces at the St Pancras site. However the parking situation at the proposed new centre will not be dissimilar to the current parking situation at Old Street site. The proposed relocation has also prompted concerns about access to disabled parking bays especially for wheelchair users
- The Consultation report identified LGBTQ+ patients can sometimes feel more vulnerable and anxious in a hospital environment.

Recommendations based on evidence review

1. More work could be done, where needed, to better understand the negative impacts more fully with those groups affected and wider stakeholders. This should add to the work already being done with patients with protected characteristics.
2. In doing this it is important to emphasise that although walking may be more challenging for some, for some staff and patients living outside of London the journey to the proposed new centre may be less complicated due to better transport connections to Greater London and mainline routes nationwide into St. Pancras, thus reducing the overall journey.
3. It is advised to work with the local authorities and TfL to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. The additional walk required to the new site will need to be considered to ensure patients feel supported to navigate the unfamiliar and busy environment between the station and the proposed new site. Identifying patient champions to support the design of accessible routes is key.
4. It is also advised, to liaise with planning teams to assess the provision for disabled parking spaces at the St Pancras site and if there is a need for bays or drop off points.
5. It is important staff and volunteers receive equality and diversity training and are trained to support lesbian, gay, bisexual, transgender, queer (LGBTQ+) patients to ensure there are no barriers to effective care for patients when navigating services.

Other Recommendations in light of consultation responses

Following consultation with people with protected characteristics and rare conditions a draft report has been produced that summarises the outcome of 38 targeted meetings and conversations with people with protected characteristics. The below list of suggested actions is from those conversations, not all are specific to the proposed relocation.

1. Moorfields Eye Hospital should continually improve and develop patient information in multi formats, with advice and in partnership with patient representatives.
2. Consultation feedback should inform developments in patient liaison and support, staff training such as in sight loss awareness and design of the proposed new centre.
3. Co-production between design teams and patient representatives should be embedded within the development of the proposed new centre.
4. Moorfields Eye Hospital is already improving awareness and communications with support from voluntary sector partners and this should be explicit in the development of the proposed new centre.
5. There are already support services in place and longer appointment times for those who need it. We should review the availability and communications about support.
6. Improving awareness and communications with people with protected characteristics should be included in an accessibility plan as part of the development of the proposed new centre.
7. Consultation feedback should inform continuing improvements in patient experience.
8. A comprehensive communications campaign should be part of the plan for change, should the proposed relocation go ahead.
9. Staff should receive equality and diversity training to understand the range of gender identities of service users so they can address patients correctly as the gender they identify as.
10. The design of the proposed new centre should consider the needs of all LGBT+ people including those who are non-binary.

3. Health Inequalities Impact Assessment

The Health inequalities impact assessment identifies and assesses health inequalities and the impact of the proposed changes for the local community. The aims of a health inequalities impact assessment include identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

The World Health Organisation (WHO) defines health inequities or health inequalities as ‘avoidable inequalities in health between groups of people within countries and between countries.’ Such inequities arise from inequalities within and between societies. According to the WHO, ‘social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.’

Unlike the protected characteristics listed in the Equality Act 2010, there is no list of groups enshrined in the National Health Service Act 2006 in relation to the duties on reducing health inequalities. However, research has identified that a range of groups and communities are at greater risk of poorer access to health care and poorer health outcomes⁵. Groups other than protected characteristics who face health inequalities:

- Looked after and accommodated children and young people.
- Carers: paid/unpaid; family members.
- Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs.
- Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders.
- People with addictions and substance misuse problems.
- People who have low incomes.
- People living in deprived areas.
- People living in remote, rural and island locations.
- People with enduring mental ill health.
- People in other groups who face health inequalities.

A detailed analysis and assessment of the above areas of health inequality impacts is presented in annex 3.1 – 3.7. Please note that analysis for people with low income has been included in deprivation analysis.

3.1 Summary of impacts of health inequalities

There have been very few impacts identified across health inequalities directly linked to the proposed relocation to St. Pancras that haven’t already been identified under the Equalities Impact Assessment.

Positive impacts

- It is difficult to ascertain whether the relocation of Moorfields’ City Road services will disproportionately impact those that are carers. Some patients may attend Moorfields with a carer. Carers travelling with patients may benefit from the proposed new centre having new and more comfortable facilities and waiting

⁵ <https://www.england.nhs.uk/wp-content/uploads/2019/01/ehia-long-term-plan.pdf>

areas and improved wheelchair accessibility. For carers and patients travelling by car there may be benefit from the proposed new centre having clearly signposted pick up and drop off areas.

Recommendations based on evidence review

1. Based on the consultation survey, 90% of respondents who are carers stated that clear information about how to get to the proposed new centre is important to them; therefore potential negative impacts of complicated travel journeys and longer travel times need mitigating not only for patients but for carers and parents as well. Parents will need clear communication regarding navigation, specifically around any changes they may experience to their access to the Ronald McDonald House charity service located in the Richard Desmond Children's Eye Centre of Moorfields for families to stay during their children's care.
2. In order to enhance the positive impact it is important to ensure that the improved design and technology aspects of the proposed new centre are communicated widely to all subsets of the population including carers. This includes digital systems and interior aids for navigation.

Negative impacts (in priority order)

- It is difficult to quantify the impact the proposed relocation will have on patients with mental health conditions. Analysis of the relocation has, however, identified the risk of increased anxiety and stress for both patients and staff. This has been identified in navigating to and around the site, however, this is not limited to navigation and could also be as a result of using new assistive technology, new processes on entering the new centre and so on.
- Research into mental health conditions, life expectancy inequality, concurrent eye conditions and blindness focus on the correlation with over 65s. Therefore impacts experienced by these groups are likely to mirror those experienced by over 65's which has been identified through assessing the impact of age. These impacts were largely concerned about the journey being more complicated and there will be an increased walking distance to the proposed new centre. The assumption can be made that the relocation will have some impact both negative and positive on journey times depending on where the patient resides.
- Deprivation is a key risk factor for ill health, including eye conditions. In the Moorfields Eye Hospital catchment area, Tower Hamlets is in the top 10% of boroughs that are most income deprived in England, and five others in this area are in the top 20% most income deprived. Therefore, some boroughs within the catchment area may experience a negative impact if travel costs increase, particularly those in the 20% most deprived areas (see Annex for detail).

Recommendations based on evidence review

1. Consider the impact of anxiety and stress that may be felt by patients and staff as a result of the move. Ensure that support is clear and accessible to patients and staff, with clear process explaining how to access mental health and well-being support if needed.
2. When planning actions to mitigate any potential negative impacts on patients coming from deprived areas, the focus should be on the deprived communities highlighted in the data analysis.
3. Recommendations related to travel and parking features in the EQIA summary also apply to the impacts noted here. However some of the messaging relating to this impact need consideration and co-production with people experiencing health inequalities (See section 2).
4. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport. Currently patients are unable to travel with carers when using this transport, this may be a barrier for some patients at present.

3.2 Link to Mayor of London's Health Inequalities strategy

Background:

The Mayor of London's Health Inequalities Strategy⁶ was also considered as part of this analysis. The five key areas under this are:

Healthy Children – helping every London child to have a healthy start in life by supporting parents and carers, early years settings and schools.

Healthy Minds – supporting Londoners to feel comfortable talking about mental health, reducing stigma and encouraging people across the city to work together to reduce suicide.

Healthy Places – working towards London having healthier streets and the best air quality of any major global city, ensuring all Londoners can access to good-quality green space, tackling income inequality and poverty, creating healthy workplaces, improving housing availability, quality and affordability, and addressing homelessness and rough sleeping.

Healthy Communities – making sure all Londoners have the opportunity to participate in community life, empowering people to improve their own and their communities' health and wellbeing.

Healthy Living – helping Londoners to be physically active, making sure they have access to healthy food, and reducing the use of or harms caused by tobacco, illicit drugs, alcohol and gambling.

⁶ https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

A scoping exercise was undertaken to identify areas of the Mayor's Inequalities Strategy that would also be considered in the IIA. The scoping table is in Appendix 2. Most of the recommendations addressing themes in the Mayor's inequalities strategy are outside the scope of relocation and hence do not appear in the IIA, for example, ensuring Londoners have access to green space. Some themes, such as healthy workplaces, may be relevant to service design at the proposed new centre. They are included in the appendix to ensure they are available for the teams when they need it.

4. Health Impact Assessment

The Health impact assessment identifies and assesses health outcomes, service impacts and workforce impact of the proposed changes for the local community. The aims of a health impact assessment include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

Health Impact Assessments emerged as the recommended tool for maximising the health of the population through embedding health in all policies with the publication of the Gothenburg consensus. The framework, which was produced by the World Health Organization [WHO] European Centre for Health Policy, was underpinned by four core values: sustainable development, equity, democracy and the ethical use of evidence⁷.

Based on an initial scoping exercise and evidence review we identified the main aspects within the context of health and the wider determinants of health that potentially have the greatest impact on eye health. These are:

1. Prevalence of blindness and eye conditions.
2. Dementia
3. Learning Disabilities⁸
4. Smoking prevalence
5. Comorbidities and conditions that require more follow ups.
6. Impact to those living in remote, rural or island locations.

The detailed analysis and assessment of the above areas of health inequality impacts is presented in annex 4.1 – 4.5.

⁷ <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-13>

⁸ <https://www.seeability.org/Handlers/Download.ashx?IDMF=511dbb2c-08fb-40e8-b568-a2ed38a4ea13>

4.1 Summary of impacts of the health assessment

There have been very few impacts identified across health directly linked to the proposed relocation to St. Pancras that haven't already been identified as part of protected characteristics or health inequalities section.

Positive impacts (in priority order)

- The proposed new centre will have improved provision for interior design and signage to help patients to navigate the building. It will also have improved digital technology to guide patients through their appointment process; both aspects were deemed as very important for those registered as blind or partially blind based on survey responses and meetings held as part of the consultation process.
- There is a correlation between comorbidities affecting eye health, such as diabetes and BAME communities; thus an assumption can be made that this population will be similarly impacted by the relocation. BAME communities felt a new centre was needed to integrate care and felt the relocation was positive because of this (see section 2.2 relating to Race and Ethnicity).
- The improved interior design of the proposed new centre will not only benefit patients but staff as well. Based on the consultation, 85% of staff respondents think a new centre is needed. This will provide opportunity to improve staff areas and support to them.

Recommendations based on evidence review

1. In order to enhance the positive impact it is important to ensure that the improved design and technology aspects of the proposed new centre are co-produced and then communicated widely to all subsets of the population.
2. There have been very few impacts identified across health directly linked to the proposed relocation to St. Pancras that haven't already been identified as part of protected characteristics or health inequalities section.

Negative impacts (in priority order)

- Based on the data analysis, the majority of the population who have blindness and common eye conditions such as age-related macular degeneration (AMD) and glaucoma are aged over 65 and the majority of the population experiencing falls or dementia are also aged over 65; thus, the same assumption can be made that this population will be similarly impacted by the proposed relocation as discussed under protected characteristics (see section 4.1 Age).
- It is difficult to ascertain whether the relocation of the services will disproportionately impact those that are overweight and obese given the current

information available. However, In 2017/18, 56% of adults (over the age of 18) in London were classified as overweight or obese (Centre for London). Potential negative impacts could include longer walking distances (specifically for those who are overweight/obese or have obesity attributable chronic diseases which can hinder mobility) to the proposed new centre.

- It is difficult to identify the proportion of those living in remote, rural or island locations. Impacts are likely to mirror those featured within the EQIA for age and ethnicity around concerns of travel, perception of travel becoming more complicated or further walking to the proposed new centre. The impact for those living in remote locations may not change or may even become easier as St. Pancras is better connected to locations outside of London. (see section 42.12 Age)

Recommendations based on evidence review

1. Recommendations related to travel and parking features in the EQIA summary also apply to the impacts noted here. See 42.1
2. As part of the new design of the proposed new centre and services, consideration should be given to ease of navigation and making the proposed new centre a healthy environment for people with sight problems, those with dementia and other affected population subgroups.
3. It is difficult to ascertain whether the relocation of Moorfields Eye Hospital will disproportionately impact those that present with dementia. The majority of the population presenting with dementia are aged over 65; thus, the assumption can be made that this population will be similarly impacted by the proposed relocation as those over 65 (see section 4.1 Age). Clinical environments can be made more dementia friendly, considering elements in design and construction. A lot of evidence is already published around this as well as organisations like Alzheimer's UK who could be approached, if not already part of the consultation and engagement activity.

5. Specialised commissioning

Specialised services support people with a range of rare and complex conditions. Specialised services are not available in every hospital because they must be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills training and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally and regionally by NHS England. Specialised services are commissioned by NHS England (London) for the region in which Moorfields Eye Hospital is located. They

often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions.

Annex 5 describes the estimated future growth and prevalence of eye conditions treated within specialised ophthalmology services. There is likely to be a small predicted growth increase in specialised services activity (estimated at an average annual growth rate for outpatients of 1.6%⁹) during the period of the proposed relocation but this is not expected to be impacted by the proposed relocation itself. Some patients currently receiving ocular oncology treatment are cared for at Bart's Hospital and this service will not move to the proposed new centre.

5.1 Summary of impacts to specialised commissioning

Summary of Impact

Based on analysis, specialised commissioning is not foreseen to change as a result of the proposed relocation. Specialised commissioning is block contracted and services are expected to continue as currently provided.

Based on the data, a large proportion of specialised activity is related to paediatrics. As per the current plan, the proposed new centre will accommodate a 24/7 A&E in the new building co-located with all other services. This means patients will have a better experience as they can more easily navigate their way from A&E into Ophthalmology and other supporting services. It will also mean children will have a more suitable and consistent environment designed for them which is co-located and available 24 hours a day. At present, children attending A&E out of hours will attend a dedicated section of the adult A&E at the City Road site.

6. Next steps

The Oriel team will work with its partners and various identified stakeholders to develop the action plans identified in this impact assessment further.

⁹ Edge Health. Future Ophthalmology activity in North London and the surrounding area. September 2019

Appendix 1:

All CCGs that commission services from Moorfields Eye Hospital

London Region	Midlands & East of England Region	South of England Region	North of England Region
Barking and Dagenham	NHS Basildon and Brentwood	NHS Ashford CCG	NHS Airedale, Wharfedale and Craven CCG
Barnet	NHS Bedfordshire	NHS Aylesbury Vale CCG	NHS Barnsley CCG
Bexley	NHS Birmingham Crosscity	NHS Bath and North East Somerset CCG	NHS Bassetlaw CCG
Brent	NHS Birmingham S. & Central	NHS Bracknell and Ascot CCG	NHS Blackburn with Darwen CCG
Bromley	NHS Cambs & Peterborough	NHS Brighton and Hove CCG	NHS Bolton CCG
Camden	NHS Cannock Chase	NHS Bristol CCG	NHS Bradford Districts CCG
Central London (Westminster)	NHS Castle Point & Rochford	NHS Canterbury and Coastal CCG	NHS Darlington CCG
City and Hackney	NHS Corby	NHS Chiltern CCG	NHS Doncaster CCG
Croydon	NHS Coventry and Rugby	NHS Coastal West Sussex CCG	NHS Durham Dales, Easington and Sedgfield CCG
Ealing	NHS Dudley	NHS Crawley CCG	NHS East Lancashire CCG
Enfield	NHS East & North Hertfordshire	NHS Dartford, Gravesham and Swanley CCG	NHS East Riding of Yorkshire CCG
Greenwich	E. Leicestershire & Rutland	NHS Dorset CCG	NHS Eastern Cheshire CCG
Hammersmith & Fulham	NHS Erewash	NHS East Surrey CCG	NHS Fylde and Wyre CCG
Haringey	Great Yarmouth and Waveney	NHS Eastbourne, Hailsham and Seaford CCG	NHS Greater Huddersfield CCG

Harrow	NHS Herefordshire	NHS Fareham and Gosport CCG	NHS Greater Preston CCG
Havering	NHS Herts Valleys	NHS Gloucestershire CCG	NHS Halton CCG
Hillingdon	NHS Ipswich & East Suffolk	NHS Guildford and Waverley CCG	NHS Hambleton, Richmondshire and Whitby CCG
London Region	Midlands & East of England Region	South of England Region	North of England Region
Hounslow	NHS Leicester City	NHS Hastings and Rother CCG	NHS Harrogate and Rural District CCG
Islington	NHS Lincolnshire East	NHS High Weald Lewes Havens CCG	NHS Hartlepool and Stockton-on-Tees CCG
Kingston	NHS Lincolnshire West	NHS Horsham and Mid Sussex CCG	NHS Heywood, Middleton and Rochdale CCG
Lambeth	NHS Luton	NHS Isle of Wight CCG	NHS Hull CCG
Lewisham	NHS Mansfield and Ashfield	NHS Kernow CCG	NHS Knowsley CCG
Merton	NHS Mid Essex	NHS Medway CCG	NHS Leeds North CCG
Newham	NHS Milton Keynes CCG	NHS Newbury and District CCG	NHS Leeds West CCG
Redbridge	NHS Nene	NHS North and West Reading CCG	NHS Liverpool CCG
Richmond	NHS Newark & Sherwood	NHS North East Hampshire and Farnham CCG	NHS Manchester CCG
Southwark	NHS North Derbyshire	NHS North Hampshire CCG	NHS Morecambe Bay CCG
Sutton	NHS North East Essex	NHS North Somerset CCG	NHS Newcastle Gateshead CCG
Tower Hamlets	NHS North Norfolk	NHS North West Surrey CCG	NHS North Cumbria CCG
Waltham Forest	NHS North Staffordshire	NHS N, E, and Western Devon CCG	NHS North Durham CCG
Wandsworth	NHS Norwich	NHS Oxfordshire CCG	NHS North East Lincolnshire CCG
West London	NHS Nottingham City	NHS Portsmouth CCG	NHS North Kirklees CCG
	Nottingham North and East	NHS Slough CCG	NHS North Lincolnshire CCG

	Redditch and Bromsgrove	NHS Somerset CCG	NHS North Tyneside CCG
	NHS Rushcliffe	NHS South Devon and Torbay CCG	NHS Northumberland CCG
	Sandwell and West Birmingham	NHS South Eastern Hampshire CCG	NHS Rotherham CCG
London Region	Midlands & East of England Region	South of England Region	North of England Region
	NHS Shropshire	NHS South Gloucestershire CCG	NHS Salford CCG
	NHS Solihull	NHS South Kent Coast CCG	NHS Scarborough and Ryedale CCG
	SE Staffordshire & Seisdon	NHS South Reading CCG	NHS Sheffield CCG
	NHS South Lincolnshire	NHS Southampton CCG	NHS South Sefton CCG
	NHS South Norfolk	NHS Surrey Downs CCG	NHS South Tees CCG
	NHS South Warwickshire	NHS Surrey Heath CCG	NHS St Helens CCG
	NHS South West Lincolnshire	NHS Swale CCG	NHS Sunderland CCG
	NHS South Worcestershire	NHS Swindon CCG	NHS Trafford CCG
	NHS Southend	NHS Thanet CCG	NHS Vale of York CCG
	NHS Southern Derbyshire CCG	NHS West Hampshire CCG	NHS Wakefield CCG
	NHS Stafford and Surrounds	NHS West Kent CCG	NHS Warrington CCG
	NHS Stoke on Trent	NHS Wiltshire CCG	NHS West Cheshire CCG
	NHS Telford and Wrekin CCG	NHS Windsor, Ascot and Maidenhead CCG	NHS Wigan Borough CCG
	NHS Thurrock	NHS Wokingham CCG	
	NHS Walsall		
	NHS Warwickshire North		
	NHS West Essex		
	NHS West Leicestershire		

	NHS West Norfolk		
	NHS West Suffolk		
	NHS Wolverhampton		

Appendix 2: Link to Mayor's Strategy

5 Key Areas	Objectives set out in the Mayor's report	Recommendations from the Mayor's report	In Scope for IIA?
<p>Healthy Children</p>	<p>This strategy sets out four objectives to help achieve the Mayor's aim, that every London child has a healthy start in life:</p> <ol style="list-style-type: none"> 1. Parents and carers are supported to give all London's children the best possible start in life. 2. Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable. 3. Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity. 4. All of London's children and young people have 	<p>The Mayor's strategy lists Priorities to be led by external partners:</p> <ul style="list-style-type: none"> • Government should back the London Child Obesity Taskforce by taking bold action to protect children from marketing of high fat and high sugar foods and developing a route map to progress action on reformulation of food to reduce fat, sugar and salt context, and portion size. • Government should act to address the insufficient and inequitable levels of funding for child mental and emotional health in schools. Further, government should accelerate the proposed improvements⁴² to school-based mental and emotional health provision so London children's needs are met as soon as possible, rather than a phased roll out up to 2025. • The NHS and local authorities should ensure there is fair access to child and adolescent mental health services across the capital, working with schools, youth services and youth offending teams. • Employers should routinely provide flexible and family-friendly working, using the standards set out in the London Healthy Workplace Charter and the forthcoming Good Work Standard. • The NHS and local authorities should work together to improve links between midwifery, health visiting and children's services to support vulnerable parents and opportunities for positive parenting in the early years. • The NHS and local authorities should improve postnatal and perinatal mental health care services, and support for breast 	<p>The IIA will analyse the impact of proposed relocation on accommodated and looked after children and paid & unpaid carers. Nothing else is in scope for the IIA. However, the service redesign and HR-OD team for the proposed new centre can look at ways through which the priorities under this section can be addressed</p>

	<p>the support they need to grow into healthy, resilient adults.</p>	<p>feeding and smoking cessation, all of which can have a significant impact on the life chances and wellbeing of mothers, babies and families.</p> <ul style="list-style-type: none"> • The NHS should ensure that GPs and health and care professionals are aware of ‘social prescribing’ (see Healthy Communities) pathways to support, including through relevant Mayoral and borough initiatives relating to early years. • Partners should come together to address inequalities in child oral health in London, building on proposals for the development of a programme for 0-4 year olds focused on promoting the importance of registering children with dentists and regular visits. 	
<p>Healthy Minds</p>	<p>This strategy sets out five objectives to achieve the Mayor’s aim that all Londoners share in a city with the best mental health in the world</p> <ol style="list-style-type: none"> 1. Mental health becomes everybody’s business. Londoners act to maintain their mental wellbeing, and support their families, communities and colleagues to do the same. 2. Londoners’ mental health and physical health are equally valued and supported. 	<p>What the Mayor will do to support change</p> <ul style="list-style-type: none"> • Use the London Health Board to champion mental health, including through challenging the NHS to achieve parity between physical and mental health care. • Use Thrive LDN to address stigma and discrimination associated with poor mental health through a number of projects and programmes. • Support people with mental health problems to return to and remain in work by creating healthier workplaces (i.e. through the London Healthy Workplace Charter and the forthcoming Good Work Standard) and through his support for the devolution of the work and health programme. • Work with the NHS, local authorities and London’s police forces to ensure that Londoners have access to urgent treatment and care when required, including implementation of the section 136 pathway into a health based place of safety. • Work with boroughs to support the localisation of Thrive LDN – with the aim of rolling it out in every London borough, delivering 	<p>The IIA will look at impact of proposed relocation for those with enduring mental health problems, however, workplace objectives, reducing stigma and encouraging people across the city to work together to reduce suicide is not in scope of IIA but may be covered in other work streams</p>

	<p>3. No Londoners experience stigma linked to mental ill health, with awareness and understanding of mental health increasing city-wide.</p> <p>4. London's workplaces support good mental health.</p> <p>5. Action is taken across London to prevent suicide, and all Londoners know where to get help when they need it.</p>	<p>benefits like mental health first aid training in the workplace and suicide prevention.</p> <p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> • The NHS and local authorities to roll-out their innovative new digital mental health and wellbeing service, Good Thinking – aiming to prevent common mental health problems • The NHS should deliver improvements in access to evidence based services for first episode of psychosis and for psychological therapies (including through digital solutions), particularly services for young people • The NHS should work to increase screening uptake, early detection and access to evidence based physical care assessments and interventions for people with severe mental illness, to address physical ill health and premature mortality 	
<p>Healthy Places</p>	<p>1. London's air quality improves, and fewer Londoners are exposed to harmful pollution – especially in priority areas like school.</p> <p>2. The planning system is used to create healthier neighbourhoods, and the Healthy Streets Approach is adopted.</p>	<p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> • The government should make more funding available to invest in affordable housing for Londoners. • The NHS, local authorities, planning authorities, businesses and land owners should do everything possible to reduce toxic emissions from buildings, estates and vehicle fleets in London. • Employers across London should improve workforce health, for example through the adoption of the London Healthy Workplace Charter and the forthcoming Good Work Standard, and pay the London Living Wage for staff. They should focus in particular on those who are at higher risk of poor health outcomes, for example in lower paid roles. This should include the NHS, who should ensure all hospitals provide healthy settings for staff, as 	<p>Not in scope</p>
	<p>3. London is a greener city where all Londoners have access to good quality</p>		<p>Not in scope</p>

	green and other public spaces.		
	4. The impact of poverty and income inequality on health is reduced.	<p>well as for patients and carers, such as the food environment, air quality, and smoking on estates.</p> <ul style="list-style-type: none"> • Further, the NHS should work to enhance the role that their larger settings play as ‘anchor institutions’ in localities – addressing health inequalities in the place beyond the setting itself, by supporting healthy local environments and economic growth, e.g. by supporting local populations in training and jobs. • Government should revisit the evidence on free school meals and consider whether there is scope to extend the reach of the policy, as part of a strategy to tackle child obesity and child poverty. • The Mayor calls for an end to vulnerable people being discharged to the street and sleeping rough following a hospital inpatient stay. 	Yes, through analysis of the impact for those living in deprivation.
	5. More working Londoners have health-promoting, well paid and secure jobs.		Not in scope
	6. Housing availability, quality and affordability improves.		Not in scope
	7. Homelessness and rough sleeping in London are addressed.		Yes, through analysis of the impact for homeless people and those who experience homelessness/ temporary accommodation.
Healthy Communities	This strategy sets out five objectives to help achieve the Mayor’s aim that all London’s diverse communities are healthy and thriving:	<p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> • Government should address the discriminatory impacts of the hostile environment, including inappropriate use of NHS data sharing with the Home Office and NHS overseas visitor charges regulations. 	Not in scope

	<ol style="list-style-type: none"> 1. There are more opportunities for all Londoners to take part in community life. 2. Londoners are empowered to improve their own and their communities' health and wellbeing. 3. Social prescribing becomes a routine part of community support across London. 4. People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them. 5. London's communities feel safe, and are united against all forms of hatred. 	<ul style="list-style-type: none"> • Explore how more local facilities, like leisure centres, libraries and schools could be used as shared resources with the community, in order to support community groups to address community health and wellbeing. • The NHS should explore how to engage with communities and citizens more effectively, involving them directly in decisions about the future of health and care services and involving patients and the public in commissioning processes and decisions. • Partners, through the London TB Control Board, should work to ensure that progress in TB control is maintained, including action on arrangements for hospital discharge and accommodation for those with no recourse to public funds, on treatment and on screening for latent TB infection. 	
<p>Healthy Living</p>	<ol style="list-style-type: none"> 1. All Londoners achieve at least the minimum level of daily activity needed to maintain good health. 2. All Londoners have access to healthy food. 	<p>Priorities to be led by external partners</p> <ul style="list-style-type: none"> • Local authorities and businesses should consider adopting the Public Health England guidance on catering standards for employers. • The NHS should ensure that health and social care staff access MECC training, and build on London's MECC framework and tools to support healthy living. • The NHS should embed MECC approaches in its work, to improve staff health and wellbeing 	<p>Not in scope</p>

3. Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling.

- Local authorities, NHS, and the voluntary and community sectors, should share learning and good practice on how to address alcohol and drug related harm for our most vulnerable citizens, and monitor and raise the profile of gambling related harm.

The impact of the proposed relocation on population with substance misuse and smoking will be included in the report, however, the impact gambling is out of scope.

Proposed move of Moorfields Eye Hospital's City Road services

Appendix H – Moorfields' response to consultation

What's in this report

This report sets out the response from Moorfields Eye Hospital NHS Foundation Trust to the feedback from a consultation that took place between May and September 2019 on the proposal, known as Oriel, to move City Road services to a new purpose-built centre. Subject to the outcome of consultation and planning approvals, the new centre will be developed over the next five to six years on the site of St Pancras Hospital in Camden, bringing together eye care, research and education.

Our report describes the impact that people have had on this proposal, what we have learned from our discussions and what we are planning to do as a result. Appendix H1 provides a framework for action.

The report responds to the findings summarised in three main documents that are listed below and published on our Oriel website at the following links:

1. Consultation Findings Report <https://oriel-london.org.uk/consultation-documents/>
2. Integrated Health Inequalities and Equality Impact Assessment <https://oriel-london.org.uk/consultation-documents/>
3. Consultation with People with Protected Characteristics and Rare Conditions <https://oriel-london.org.uk/consultation-documents/>

For full details on the proposed move, informed by consultation feedback, please see:

4. Decision-making Business Case

Our thanks to all who took part in the consultation

Firstly, we thank everyone who took part in the consultation. We sincerely appreciate and value the thousands of responses we have received through the consultation survey and 99 meetings and events that took place.

The consultation has been an extremely positive process. We made a commitment at the start to manage a meaningful, best practice consultation and people have helped us to achieve that by giving their time, expertise and enthusiasm.

In addition to the wealth of information gathered from the consultation feedback, we have expanded and strengthened some important relationships for our longer term aims to improve eye care, including the following:

- An Oriel Advisory Group representing diverse patient, public and staff interests
- New links with sight loss charities and plans for continuing partnership work
- Over 450 people who have stated a keen interest in being involved with continuing developments and co-production
- New connections with communities across London and further afield, such as: patient reference groups, community forums, action groups, advocates and patient participation networks.
- Closer relationships between the Trust and NHS commissioners, with a view to continuing work towards a shared strategic vision for improving eye care, research and education.

As we move into the next design and planning stages, we intend to build on these relational outcomes of consultation, as well as enabling the benefits of patient, public and staff views to inform design and planning of the proposed new centre.

General summary of influences on decision-making

1. Overall support and preferred location

The responses from all channels of feedback (survey, discussion sessions, meetings and conversations) show overall confidence in the proposed move of City Road services to a new centre at St Pancras.

This confirms our proposed move and St Pancras as the preferred location. The proposal is presented in a detailed decision-making business case for commissioners' consideration and approval in February 2020.

The evidence of support is highlighted by the consistent pattern of responses, which remained steady from mid-July to the end of the consultation in September. Throughout this time, for example, the survey results showed 73% of the 1,511 survey respondents agree that a new centre is needed, around 8% of respondents say they do not think a new centre is needed, and 73% agree or agree strongly and 11% disagree or disagree strongly that the proposed new centre should be located at the St Pancras site.

Our consultation document and summary materials explained the options that had been considered for the location of a new centre, and this was discussed in consultation meetings and events. People were invited to suggest alternative solutions, which they did in answer to this question within the feedback survey and also at discussion events. An options review following the consultation, which involved input from a patient and public working group and independent land and property experts, concluded that the St Pancras site remained the preferred option.

We note the main reasons behind this support, which are summarised below. These main themes show what people expect of the proposed change and we will use this as a broad measure for successful delivery.

Acknowledging the main reasons why people support the proposal we are committed to achieving:

- **A centre of excellence for the future**
- **Modern facilities that will be easier to navigate than the current services at City Road**
- **Flexibility to meet future demand**
- **Better research and collaboration between Moorfields, UCL and other partners in the St Pancras Knowledge Quarter, with more patients having access to clinical trials**
- **Better transport links and accessibility**
- **Better environment and opportunities for staff**
- **Better facilities for patients and visitors**
- **Smoother appointments process and shorter waiting times**

For further evidence of consultation feedback, see the Consultation Findings Report <https://oriel-london.org.uk/consultation-documents/>

2. Transport and accessibility to the proposed site – the last half mile

We note from the Consultation Findings Report that transport and accessibility to the proposed new centre is one of the top themes of issues raised in consultation.

Moorfields will take the lead responsibility for mitigating the challenges regarding accessible routes to the centre. We will lead a multi-agency partnership to develop and implement an Accessibility Plan, to address both the last half-mile and navigation around the building, as part of a Full Business Case, and the design and planning application for the new site.

The partnership will involve, for example:

- Camden and Islington NHS Foundation Trust, who own the St Pancras Hospital site
- Camden Council
- Transport for London
- Network Rail, HS1 Limited and other rail companies
- London Vision, RNIB, Guide Dogs and other sight loss charities
- Patient and public representatives
- AECOM and partners, who are leading the design of the proposed new centre
- Moorfields Eye Hospital, UCL and Moorfields Eye Charity – the lead partners of Oriel

The first priority, informed by feedback from consultation, is to consider public transport options serving the new neighbourhood and how this potentially

provides access to the proposed eye care centre. The Oriel partners will then consider the practical ways of responding to any unmet needs, with a shuttle service, for example, which was a popular theme during consultation.

The Accessibility Plan will be developed between January and September 2020, as part of the master plan for the new site. This will cover both the last half mile, and accessibility around the new building. The potential costs of implementation will be included in the Full Business Case for approval in 2021.

See Appendix H1 for further details.

3. Accessibility around the proposed site

Behind the supportive comments and discussions on the proposed move of City Road services there was optimism that a new purpose-built centre would make better use of space and offer significant improvements in accessibility.

We heard from patients and mobility experts a range of views and ideas on how design features and new facilities could support navigation and enhance the patient and visitor experience.

We have already collated this feedback (directly from survey responses and meetings notes) for the design brief which will continue to develop during January to July 2020. Led by our design team, there are 20 working groups covering all areas of the proposed new centre. These 20 groups are led mainly by clinical and service leads, supported by the Oriel executive team and our team of architects. Most of the groups have staff, patient representatives and external experts as part of their membership.

The Accessibility Plan we have committed to will provide a framework of design principles informed by feedback from consultation, national design standards and expert advice. This will address both the last half mile, and internal navigation around the new building.

See Appendix H1 for further details.

4. Improving patient experience

Feedback from patients and carers is very positive about clinical care, but often includes concerns about the quality of patients' experience when visiting the hospital at City Road.

We are very aware of the value and importance of the human aspects of providing care, such as good communications, empathy from all staff who work with patients and an ability to understand and accommodate the diverse needs of our patients with protected characteristics.

It is disappointing to hear during the consultation anecdotal reports of people having a poor experience at City Road, suggesting that the values we hold as a trust may not always be applied in practice.

While proud of our outstanding clinical and research achievements, we take concerns about patient experience very seriously and have commissioned a major programme of customer service training and improvement during 2020, which will be informed by consultation feedback.

Looking to the future, the proposed new centre at St Pancras offers many opportunities to improve patient experience and support.

As most people expect, the new centre will provide a more efficient and more comfortable environment for both patients and staff.

There will be a better layout of clinical areas to ensure an efficient patient journey to the services they need, without having to spend hours in uncomfortable waiting areas. As many have suggested during the consultation, we will include space for an information and support hub, to help people to find their way to their appointment, to return home safely, to understand more about their condition and to get the support they need, such as rehabilitation, counselling or mental health services.

We will adopt the strong message from consultation feedback that the proposed new centre should be a place of inspiration for everyone who goes there, whether for work or for treatment, showing what is possible and how to make it happen.

See Appendix H1 for further details.

5. Ensuring a smooth transition

It is clear from the consultation findings that comments and views which opposed the proposed move were generally driven by a fear of change. Many Moorfields patients have a lifelong relationship with the service and are anxious about losing their familiarity with City Road. For people with sight loss and other protected characteristics, change can be difficult to cope with. It requires a process of learning and adaptation.

Involving patients and staff, Moorfields will devise and implement a comprehensive Transition Plan as part of the Full Business Case and future preparations for the move.

Responding to feedback from consultation, this will include:

- Continuing communications to raise awareness and keep people updated
- Testing and trialling patient journeys before the move, including with people with protected characteristics

- Providing a detailed guide and information on the new centre, including the use of digital information, such as virtual reality tours
- Maintaining staff support and organisational development to plan for the move and future new service models.

Improving equalities

The consultation gave us an opportunity to reflect on issues of equality – whether the proposed change created potential disadvantages for any particular group, whether the proposed change would contribute to improving health inequalities in our population and how we meet the needs of people with protected characteristics now and in the future.

As part of the consultation process, we commissioned an independent provider, Mid and South Essex University Hospitals Group, to undertake an Integrated Health Inequalities and Equality Impact Assessment (IIA). The first stage of the assessment was completed prior to consultation. This helped to identify the way in which groups and areas were potentially affected by the proposed move and we made sure of their involvement in the consultation. Alongside our general reach out to patients, public and staff, we proactively consulted over 40 different groups and representatives of people with protected characteristics.

From all of this work there emerged an overriding principle for our services and support to patients to make it possible for people to be independent. This requires continuing education, awareness and flexibility to respond to the diverse needs of patients and their families.

Applying this principle, we accept all of the nine recommendations in the Integrated Health Inequalities and Equality Impact Assessment (IIA), which are listed as below.

Main recommendations from the IIA

1. Consideration for disability access and support within the design of the new building for both patients and staff
2. Improved signage and use of digital technology and other means to improve the overall patient, carer and staff experience, considering that translations of signage and information into other languages may be required.
3. Commitment to retain care across a network of services closer to where people live.
4. Work with local authorities and Transport for London to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate.

5. Staff and volunteers to receive equality and diversity training and to ensure no barriers to effective care for patients when navigating services.
6. Clear communication for parents including any changes to access to the Ronald McDonald House charity service for families to stay during their children's care.
7. Consideration of the impact of anxiety and stress that may be felt by patients and staff as a result of the move.
8. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport.
9. Clinical environments should be fully accessible and meet quality standards for people with sight loss, dementia and learning disabilities.

All the above recommendations are addressed in the action framework at Appendix H1.

For further information, see our report on Feedback from People with Protected Characteristics and the Integrated Health Inequalities and Equality impact Assessment (<https://oriel-london.org.uk/consultation-documents/>).

Conclusions

From both survey responses and views expressed in discussions, there is strong support for the proposed move to St Pancras. Some of these views, as well as concerns, were heartfelt and passionate.

This mandate is both a strength and a challenge for the way ahead. People have entrusted us with the future of Moorfields. During the consultation, we observed a common ambition to maintain both Moorfields' and UCL's world-leading clinical reputation, while bringing patient experience and inclusivity up to the same high standards.

With the connections we have made during the consultation, we have a network of advisers and co-workers that brings diversity, expertise and commitment to the task. This will assure design, planning and successful programme delivery.

An expectation has been set by the promise of improvement and we will continue to account to our patients and public with year on year progress.

Appendix H1 – Framework for action

1. Realising the potential patient benefits of a new, purpose-designed centre

The current hospital at City Road is cramped, frequently overcrowded and the outdated accommodation limits flexibility for people with diverse needs. A newly-designed centre has the potential to address a wide range of needs and improve patient and carer experience. Learning from the consultation, Moorfields will involve patients, representatives and external experts in design and testing of the new centre and its services from business case to construction and beyond.

The design process is supported by an engagement plan for patients, public and staff to be overseen by the Oriel Advisory Group of representatives. Alongside a programme of wider communications and consultation on designs, the engagement plan includes representatives and external experts as members of and advisers to the 20 design working groups covering all areas of the proposed new centre. The design briefs for the 20 workstreams have already incorporated feedback from consultation, taken directly from survey responses, notes of meetings and reports from four co-production workshops, which explored the main themes from consultation feedback.

Engagement in design will be part of the development of a Full Business Case and Planning Application in 2020/21, which will be monitored and assured by the Oriel Executive, NHS regulators and Camden Council.

Issue	Action	Timescale	Exec. lead
<p>Opportunity to improve wayfinding within the new centre.</p> <p>(Addressing IIA recommendations 1 and 2)</p>	<ul style="list-style-type: none"> • Moorfields will lead a multi-agency workstream to develop an Accessibility Plan that will ensure the necessary design and development to improve wayfinding both within the new centre and externally. • The Accessibility Plan will be adapted with each progressive stage of the Full Business Case and Local Authority Planning Application. • The Accessibility Plan links to an IT workstream, which will include the development of technology assisted navigation and patient support. 	<ul style="list-style-type: none"> • Jan – Sept 2020 • 2020 – 2022 • 2020 – 2026 	<p>Director of Strategy</p>

	<ul style="list-style-type: none"> • The workstream will involve an advisory group of experts from the design team, local authorities, transport authorities, voluntary sector and the eye care sector. This group will oversee the ongoing trialling and roll-out of new signage and systems • As with all workstreams in the centre design programme, there will be ongoing checks and consultation with patients, representatives and staff, coordinated by an Oriel Advisory Group, with patient and staff representatives, as part of the governance arrangements. • The current Oriel Advisory Group, which was set up to advise on consultation, will review its membership and terms of reference to take on a new role in design and implementation. 	<ul style="list-style-type: none"> • 2020 – 2026 	
<p>Opportunity to improve disability access within the new centre</p> <p>(Addressing IIA recommendations 1, 2 and 9)</p>	<ul style="list-style-type: none"> • Design briefs for each area (20) to include key points raised in consultation • Working groups (20) set up to advise design and development of each area to consult patients, people with sight loss and external experts • Design team to demonstrate compliance with national standards, inc. wheelchair access, interior design standards for people with sight loss, people with dementia and people with learning disabilities • Better facilities for assistance dogs • Ongoing involvement of patient and carer representatives and the voluntary sector in design and model testing 	<ul style="list-style-type: none"> • Complete • Jan – May 2020 • Jul – Oct 2020 and ongoing • 2020 – 2026 	<p>Director of Strategy / Director of Estates</p>

2. Mitigating the challenges regarding accessible routes to the proposed new centre

The proposed new site has some potential advantages for access compared with the current site at City Road. Being close to three major rail stations (Kings Cross, Euston and St Pancras), there are more options in terms of national routes to the centre. King's Cross and St Pancras

have access to more London underground lines than the current nearest station at Old Street. These transport hubs are better developed compared with Old Street, with step-free access, for example, and better support for people who need assistance, built upon the expert advice of RNIB and Guide Dogs, which have offices in the King's Cross area.

However, feedback from consultation has highlighted a number of challenges in relation to the current journey from the nearest transport hubs. The current walking distance from transport hubs to the proposed site could take 20 mins or longer for some people. The pedestrian environment around St Pancras has a number of potential hazards for people with sight loss, and many people during consultation explained how the larger and more complex stations at King's Cross and St Pancras could cause anxiety and confusion making them difficult for some people to navigate.

The proposed centre for Moorfields and partners is part of the development of a new neighbourhood. We have an opportunity to work with organisations in the local area to create a choice of accessible routes and modes of transport. Our driving principle, which was a strong theme from consultation, is to support people to be independent.

The work will be part of the development of a Full Business Case and Planning Application in 2020/21, which will be monitored and assured by the Oriel Executive, NHS regulators and Camden Council.

Issue	Action	Timescale	Exec. lead
<p>Mitigation of challenges regarding accessible routes to the new centre</p> <p>(Addressing IIA recommendation 4)</p>	<ul style="list-style-type: none"> • Under the umbrella of the Accessibility Plan already mentioned, there is a design brief covering access to the proposed new centre. The design brief is currently based on feedback from consultation, as a starting point. • Moorfields will provide the necessary leadership for a multi-agency workstream to design and implement the Accessibility Plan to support mobility and wayfinding for “the last half mile” of the journey to the proposed new centre. • The work will involve expert partners and specialists, including Transport for London, Camden Council, rail and network operators, station management, eye care sector and patients, public and staff representatives. • The Accessibility Plan will set out the aims, actions and proposed delivery of the following elements over the next five years and ten years: 	<ul style="list-style-type: none"> • Initial design brief complete • 2020 - 2026 	<p>Director of Strategy / Director of Estates</p>

	<ul style="list-style-type: none"> - Choice of routes and modes of transport - Integrated wayfinding with public transport - Integrated mobility support with public transport - Appropriate mobility support (possibly a shuttle service, if needed) - Development of the pedestrian environment - Navigation technology - Easy access to the site (e.g. for motor vehicles and pedestrians) - Information and support for all patients, staff and visitors 	<ul style="list-style-type: none"> • Jan – Oct 2020 	
<p>Ensuring a safe, obstacle-free walking route</p> <p>(Addressing IIA recommendation 4)</p>	<ul style="list-style-type: none"> • Drawing from consultation feedback, the Accessibility Plan will include consideration of the following: <ul style="list-style-type: none"> - Tactile paving and other physical navigation aids, such as a “green line” or equivalent system - Signage and audio directions - Safer road crossings - Personal support, such as a “buddy” system or “meet and greet” that can operate not just within the centre, but by reaching out to people at transport hubs - Digital information e.g. virtual reality apps on website and smartphones - Technology support to mobility and navigation e.g. new apps in optometry and navigation 	<ul style="list-style-type: none"> • Jan – Oct 2020 	Director of Estates
<p>Ensuring integrated accessibility with public transport</p> <p>(Addressing IIA recommendation 4)</p>	<ul style="list-style-type: none"> • Drawing from consultation feedback, the Accessibility Plan should include consideration of the following: <ul style="list-style-type: none"> - Review of bus routes and underground services with a view to making adjustments to improve access - Development of additional services, if necessary, e.g. a Moorfields shuttle service - Review and connections with public transport assistance e.g. signage, audio directions, mobility assistance, customer support 	<ul style="list-style-type: none"> • Jan – Oct 2020 	Director of Estates

	<ul style="list-style-type: none"> - Accessible information for all visitors to include full details on accessing patient and public transport - Access awareness training for people with sight loss or learning disabilities 		
<p>Ensuring better access via motor vehicle for those who need it</p> <p>(Addressing IIA recommendations 4 and 8)</p>	<ul style="list-style-type: none"> • The design brief will include appropriate access to the centre for ambulance vehicles, patient transport and “drop off” and “pick up” areas. • Information for patients, staff and visitors to include details of local parking, available transport and eligibility criteria. 	<ul style="list-style-type: none"> • Initial design brief complete • 2025 - 2026 	Director of Estates

3. Continuing improvement in patient experience

In both written feedback and in face to face discussions, there was a strong theme about patient experience. While people generally regarded Moorfields as delivering a “world-class” service, the experience of visiting the hospital at City Road did not always match the high standards of clinical care. Some aspects relating to the limitations of ageing buildings could be addressed within the design of the proposed new centre, such as having a more comfortable environment, adequate space for wheelchairs, a better patient journey with shorter waiting times; but some of the personal stories we listened to were about culture, attitudes and awareness of diverse needs.

These aspects are continually addressed by staff at local level and by the trust as a whole. In each division, there are weekly and monthly quality meetings to tackle current issues, including issues raised by patients, staff and visitors. At board meetings there are monthly and quarterly performance reviews. During 2020, the trust is rolling out a comprehensive customer service development programme, part of which is organisation-wide awareness training to improve the way we respond to diverse needs.

Feedback from the consultation and from people with protected characteristics will inform awareness training and continuing improvements in patient experience, as part of the 2020 customer service development programme.

Issue	Action	Timescale	Exec. lead
<p>Opportunity to improve experience for minority groups and people with protected characteristics</p> <p>(Addressing IIA recommendation 5)</p>	<ul style="list-style-type: none"> The Accessibility Plan already mentioned will include overarching principles for improving awareness and care for people with protected characteristics, with relevance to the design and development of the proposed new centre. The work will continue to involve minority representatives who contributed to the consultation, both within the trust (MoorPride, MoorAbility, BeMoor) and externally (see Feedback from Protected Groups report https://oriel-london.org.uk/consultation-documents/) This workstream will link to existing and continuing care quality improvement programmes 	<ul style="list-style-type: none"> Jan – Sept 2020 2020 – 2026 and ongoing 	<p>Director of Strategy</p>
<p>Opportunity to improve experience for LGBT+ people</p> <p>(Addressing IIA recommendations 5 and 9)</p>	<ul style="list-style-type: none"> The design brief includes feedback from consultation that facilities, such as toilets and wards, should consider the needs of LGBT+ people. It should be clear, visibly and culturally, that services at Moorfields are inclusive and aware of the needs of LGBT+ people. As part of existing and continuing quality improvement, 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. 	<ul style="list-style-type: none"> Initial design brief complete 2020 and ongoing 	<p>Director of Nursing</p>
<p>Opportunity to improve experience for parents and children</p> <p>(Addressing IIA recommendations 5, 6 and 9)</p>	<ul style="list-style-type: none"> The design brief for children's services includes feedback from consultation and a specific review of children's services during the consultation period. Facilities in the proposed new centre will meet the needs of pregnant and breastfeeding mothers and families with small children. Part of the development of the proposed new centre includes work with the Ronald McDonald House charity to design future support for families of children who may need overnight care 	<ul style="list-style-type: none"> Initial design brief complete 2020 and ongoing 	<p>Director of Nursing</p>

	<ul style="list-style-type: none"> • Moorfields Eye Charity is supporting a Children and Young People’s Forum to improve current and future services 		
<p>Opportunity to improve communications and support, including for people with sight loss, dementia, learning disabilities, mental health issues and people who do not speak English</p> <p>(Addressing IIA recommendation 9)</p>	<ul style="list-style-type: none"> • The design brief for patient support services includes feedback from consultation and feedback from people with protected characteristics. • Part of the development of patient support services in the proposed new centre includes access to support via a central hub in the main reception area and an education area for all patients, staff and visitors. • The master plan for the new centre will explore the benefits of links with other services in the new neighbourhood, such as social care, mental health, rehabilitation and wellbeing support • We will review and continue to improve patient information in terms of accessibility for people with sight loss, dementia, learning disabilities and people who do not speak English. Learning from feedback during consultation we will refresh our accessibility guidelines for communications. • This work will involve expert patient and voluntary sector representatives 	<ul style="list-style-type: none"> • Initial design brief complete • 2020 – 2026 • 2020 – 2022 • 2020 and ongoing 	Director of Nursing

4. Developing the new centre as part of a network of care

There was considerable support for maintaining the network of Moorfields’ clinics. People who had experienced care at a local service appreciated the convenience and were keen for this to continue.

In written feedback and notably during discussions, people talked about the future of eye care and the impact of technology. It was considered that the new centre would drive innovation to do more for people with eye diseases and even help to avoid some conditions altogether. Operating at the forefront, Moorfields and partners could lead the development of eye care across the full care spectrum, bringing some aspects of eye care closer to where people live.

Issue	Action	Timescale	Exec. lead
<p>Developing the new centre within a strategy of care closer to home</p> <p>(Addressing IIA recommendation 3)</p>	<ul style="list-style-type: none"> • Moorfields' stated purpose is to discover, develop and deliver the best eye care. Part of this core philosophy means developing new models of care, which will benefit from bringing together eye care, research and education at the proposed new centre – an environment where innovation can flourish. • Through this innovation, Moorfields will work with our commissioners and colleagues in primary care to deliver the changes required by the NHS Long Term Plan, which aim to develop out-of-hospital care. • This work will be led by an ophthalmology commissioning collaborative as part of a North Central London long term planning programme. • The proposed new centre at St Pancras is one part of a Moorfields network of over 30 current clinics across London and southern counties. Standards, principles and ideas that are developed for Oriel will apply across the whole network, supported by investment in local clinics, where necessary. 	<ul style="list-style-type: none"> • 2020 – 2026 and ongoing 	<p>Medical Director / Director of Strategy</p>
<p>Opportunity to improve links and liaison with other agencies</p> <p>(Addressing IIA recommendation 3)</p>	<ul style="list-style-type: none"> • The consultation process strengthened our relationships with commissioners and providers in primary care, community and independent sectors. The consultation programme board, for example, brought together NHS England, clinical commissioning groups, Moorfields and representatives of GPs, optometrists and local authorities. These and wider relationships will continue to benefit the design, business case and local authority planning programmes. • Stakeholder mapping during consultation will help to maintain links with sight loss charities, social care, rehabilitation and a wide range of voluntary sector expertise. 	<ul style="list-style-type: none"> • 2020 and ongoing 	<p>Director of Strategy</p>

5. Planning for the move

During the consultation, people were asked for views on what was important to ensuring a smooth transition during the move of City Road services. Planning for transition starts at an early stage in 2020, as part of the Oriel Full Business Case.

Issue	Action	Timescale	Exec. lead
Managing the challenges of transition (Addressing IIA recommendation 7)	<ul style="list-style-type: none"> • Drawing from consultation feedback, the Transition Plan will include consideration of the following: <ul style="list-style-type: none"> - Development of a continuing communications and information campaign to keep people updated and support preparations for change at individual level, organisation and system levels. - Moorfields will review its workforce and organisational development strategy to incorporate planning for change - Information and the offer of briefing or training on the new journey and services, including for people with learning disabilities, sight loss and other needs 	<ul style="list-style-type: none"> • 2020 - 2026 	Director of Strategy / Director of Workforce



Proposed move of Moorfields Eye Hospital's City Road services

Appendix I – Oriel options appraisal refresh – post consultation update

Executive summary

To finalise the Oriel options appraisal refresh, a stakeholder workshop was held on 22 October 2019 to consider feedback from public consultation. The participants comprised senior clinicians, managers and executives from commissioners, local authorities and Moorfields Eye Hospital NHS Foundation Trust.

Input from patient and public representatives was presented at the workshop following a meeting of the options review patient and public working group on 17 October 2019.

The main recommendation of the stakeholders that met on 22 October 2019 is that a new purpose-built centre at St Pancras site remains the preferred option.

1. Background

The Oriel options appraisal was refreshed prior to the publication of the pre-consultation business case (PCBC) earlier in 2019. The purpose was to provide assurance that the option being consulted on (to move City Road services to St Pancras) was the preferred option or options when assessed against critical success criteria agreed by a wide group of stakeholders.

2. Post consultation workshop

Information considered

A post consultation workshop was held on 22 October 2019, with all attendees from the pre-consultation workshops invited. The following information was presented to the group:

- Recap on the business case process and current position.
- Recap on the options review process and critical success factors.
- Thematic responses from the public consultation and a list of alternative solutions suggested in consultation feedback.
- CBRE (Moorfields property advisors) expert comments on alternative sites suggested by consultation respondents.

- Conclusions from the patient and public working group meeting held on 17 October 2019.

The workshop participants discussed this information to consider whether the critical success factors remain relevant, and whether St Pancras remains the preferred option.

The ten critical success factors considered were as follows:

1. Strategic fit
2. Creating the best possible patient experience
3. Accessibility
4. Inventing and innovating together to be at the leading edge
5. Educating people, to be the very best
6. Improving the experience for staff and students
7. Future flexibility
8. Economy and efficiency
9. Affordability
10. Deliverability

Findings from consultation

The workshop participants noted that in both survey responses and in face-to-face discussions during the consultation, there was significant agreement that a new centre is needed, 73% of 1,511 survey respondents, for example; and significant agreement that the centre should be located at St Pancras, 73% of 1,511 survey respondents agree or agree strongly, for example.

Those who agree with St Pancras as the preferred location cite the following main reasons:

- Central London location
- Easier access by public transport
- Available space
- Close to the research community

8% of survey respondents (around 120) say a new centre is not needed. The reasons chosen by most of these respondents are that:

- Their journey may be more difficult.
- They were concerned about disruption to care.

This was generally reflected in face-to-face discussions during the consultation.

10% of survey respondents (around 150) disagree or disagree strongly with St Pancras as the preferred location. These respondents consider that the proposed St Pancras location is not as accessible as the current City Road location. This was a common theme in discussion and we explored accessibility issues in further detail during the consultation.

Conclusions from the patient and public options review group

The patient and public representatives options review group first met on 17 April 2019. A report with details of the group and its purpose was published via the Oriel website on 22 May 2019.

The group met again on 17 October 2019 to consider the main findings from consultation and review the options appraisal critical success factors.

The group reached the following conclusions (draft subject to approval of the group):

- Support for the proposal to create a new centre.
- Support for St Pancras as the preferred way forward.
- Acceptance of the expert advice of CBRE that there is no better alternative solution arising from consultation.
- Critical success factors remain valid; however “accessibility” of the last half-mile of the patient journey needs to be considered carefully in the forthcoming design work.
- Overall support should not overshadow the very real challenge of accessibility.
- Final decisions must address issues raised in consultation.
- Commissioners and Moorfields should be ambitious with patient experience and service accessibility to match the ambition for clinical excellence.

Main points of discussion at the stakeholder workshop

General comments on the consultation:

- Participants acknowledged the breadth and depth of the consultation process. There was a request for confirmation that people with learning disabilities had been involved. This was confirmed with an explanation of the programme to consult people with protected characteristics.
- There was a question about staff views. It was explained that the survey showed a high positive response of 85% (187 staff respondents) agreeing that a new centre is needed and 81% (177 staff respondents) agreeing or agreeing strongly with St Pancras as the preferred site. It was noted that staff in discussions highlighted the challenge of accessibility and promoted the need to develop the Moorfields network sites alongside any new centre.
- Participants questioned whether views were expressed during consultation about the future of City Road. It was explained that this came up in most of the meetings and events, where it was made clear that the site, once vacated, would be sold and developed in line with the local authority plan. There was no specific view during consultation that there should be a residual service at the City Road site.
- Participants noted the valuable nature of the consultation in identifying work that needs to be done, and that consultation feedback will help to give direction to

the next stages. It was agreed that patient, public and stakeholder involvement should continue to support development, including consideration of accessibility issues and the importance of the last half mile.

- On behalf of the group, Moorfields CEO, David Probert, commended those who had taken part in the consultation for giving their time and commitment.

Conclusion

The feedback from the stakeholder workshop and the outcome from the options refresh process is that St Pancras remains the preferred site option for a new centre for eye care, research and education.

Appendix J



PROJECT ORIEL | SITE SEARCH | UPDATE OCTOBER 2019

The Oriel public consultation concluded on 16 September 2019. The consultation was on proposals to move Moorfields Eye Hospital services from the current City Road site to a purpose build facility at the preferred location of St Pancras. As part of the survey, respondents were asked "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. Do you have any other suggested solutions we should consider?"

Where specific sites in London were suggested, we commented on the suitability of the site in relation to the criteria used to identify the preferred location. This is summarised below.

Survey response with specific site suggestion	CBRE COMMENTARY
<p>1. Why not use some of the land on the Kings Cross Central site? Much closer to the Tube and mainline railway stations, and more easily and logically walkable. 2. Redevelop the current site. 3. Bishopsgate Goods yard and around has lots of land and is close to Shoreditch High Street and Liverpool Street. 4. Land next to Euston's new High Speed 2 terminal, the site of a former hospital, again much closer to a station.</p>	<p>1. The land on the King's Cross Central site is almost all accounted for by planned development.</p> <p>2. We believe the project team have already investigated this option.</p> <p>3. The Bishopsgate Goods Yard site is being bought forward for mixed use development and is controlled by private sector developers and is</p> <p>4. The former National Temperance Hospital site on Hampstead Road is controlled by the HS2 project and is therefore not available.</p>
<p>Already answered to some extent. The proposal seems to be the best of all worlds. I think the Royal Ear Nose and Throat Hospital is closing but I think in the case of that, there would be no space gain. I know little re South or West London. Transport for London is now developing areas around its London tube train stations but there is massive opposition to its housing objectives. It might be good to talk to the TfL property arm. Colindale NW9 would have been a choice some years ago but it is now all taken by housing blocks, including the ex Colindale Hospital. I live in the Borough of Barnet so it is worth speaking to their estates office. It has sites all over NW and into Hertfordshire being a large borough but again there could be accessibility/transport problems. The Royal Free Hospital has already added Barnet Hospital and Chase Farm Hospital Enfield to its outposts. The Eastman Dental Hospital is redeveloping for itself, I understand from news reports. UCH is using all the space available around it. HS2 has swallowed much of the land around Euston station.</p>	<p>The Ear, Nose and Throat Hospital on Gray's Inn Road has been sold to private sector developers and is therefore not available. It is also too small for Project Oriel.</p> <p>A number of TfL controlled sites have been considered but none has</p> <p>Locations such as Colindale or Barnet are not considered central enough for this project, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Barking riverside for service users in East London</p>	<p>Barking is not considered to be a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Barts. Hospital/Queen Mary site in Whitechapel? They have some space for more buildings. The planned 'South Bank Innovation District' between Guy's and St Thomas's Hospitals.</p>	<p>There are some parcels of land that may become available in this area but the location has been ruled out due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Brixton</p>	<p>We are not aware of any affordable sites of this size that are available in Brixton.</p>
<p>Chelsea</p>	<p>We are not aware of any affordable sites of this size that are available in Chelsea, where land values are much higher than St Pancras.</p>
<p>Close to St George's in Tooting. In fact there are derelict buildings inside St George's around A&E close to blackshaw road? Why are these not used?</p>	<p>Tooting is not considered to a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Consider Vauxhall - transport links to SW and Surrey, as well as to the SE via the Victoria line. Victoria line to Euston/Goodge Street within 10 minutes. Large bus terminus at Victoria which would help encourage people to seek non-rail travel too. Land would be much cheaper and if the new build is future proofed, should allow for later expansion/build upwards. Site less subject to potential disruption on rail, tourism, terror alerts. Monies saved from land acquisition would be best used for investment in training/updated services</p>	<p>Although land values in Vauxhall are similar to the St Pancras site, the location is considered as not close enough to the UCL Bloomsbury campus.</p>
<p>Docklands outside congestion charge and where ample parking could be provided might be an alternative.</p>	<p>The Docklands is not considered to be a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Ealing Hospital it self, if it closes down..</p>	<p>Ealing is not considered to be a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>

The Oriel public consultation concluded on 16 September 2019. The consultation was on proposals to move Moorfields Eye Hospital services from the current City Road site to a purpose build facility at the preferred location of St Pancras. As part of the survey, respondents were asked "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. Do you have any other suggested solutions we should consider?"

Where specific sites in London were suggested, we commented on the suitability of the site in relation to the criteria used to identify the preferred location. This is summarised below.

Survey response with specific site suggestion	CBRE COMMENTARY
<p>Eastman Dental Hospital, Gray's Inn Road, currently the proposed site of part of the UK's Dementia Research Institute. The contested proposal will be heard at Camden Planning Committee, next Thursday, 19 September 2019. While officers have recommended acceptance of the scheme, local opposition is strong and growing, including from Historic England. It's unclear whether permission will be granted (I'll be attending the hearing). The site is easy of access from the Kings Cross/St Pancras International transport hubs, with a wide pavement and not much foot-fall. While the frontage of one of the existing buildings is listed, this should not pose an insurmountable obstacle to a new "Moorfields" - assuming the site is large enough.</p>	<p>The Eastman Dental Hospital site has been considered as a location for Oriel in the past. The site is now controlled by UCL and UCLH and therefore is not available.</p>
<p>Former Insull/National Temperance hospital site plus the now demolished area north of that former site. This is part of HS2 development area but presumably some of the site could be used for new hospital premises?</p>	<p>The former National Temperance Hospital site on Hampstead Road is controlled by the HS2 project and is therefore not available.</p>
<p>Having worked at St Marys in Paddington I know that this is a massive site with excellent transport links - I am also aware that there are several redundant buildings in the area and wonder whether it would be feasible to look at whether Moorfields could use any of these redundant sites.</p>	<p>The St Mary's site in Paddington has been considered for redevelopment, however there are currently no plots available.</p>
<p>Lambeth</p>	<p>We are not aware of any affordable sites of this size that are available in Lambeth.</p>
<p>Large apparently unused open air car park off South Quays Road close to Canada Water station - big undeveloped space and excellent accessibility by public transport</p>	<p>Canada Water is considered to be too far away from the UCL Bloomsbury campus.</p>
<p>Lewisham SE London</p>	<p>Lewisham is not considered to be a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Liverpool Street would be perfect if you want to put it there (Crossrail and National Rail = more patients)</p>	<p>Land values around Liverpool Street station are much higher than St Pancras, and we are not aware of any available sites in this area that are not already controlled by developers.</p>
<p>London Bridge for accessibility for me.</p>	<p>Land values around London Bridge station are much higher than St Pancras, and we are not aware of any available sites in this area that are not already controlled by developers.</p>
<p>London Chest Hospital has been sitting empty for a number of years. Could redevelop that?</p>	<p>The London Chest Hospital site is owned and controlled by developers and is being considered for redevelopment for residential use.</p>
<p>Look across the road from Moorfields or on the streets behind the existing site-Plenty of crap land around the Islington Basin-and the approach roads to it.</p>	<p>There are few parcels of land that could accommodate the size of Oriel and we are not aware of any in the location that are available.</p>
<p>Old Street is a good location already. Otherwise I feel Liverpool Street would make a suitable alternative.</p>	<p>Land values around Liverpool Street station are much higher than St Pancras, and we are not aware of any available sites in this area that are not already controlled by developers.</p>
<p>Redbridge. King George</p>	<p>Redbridge is not considered to be a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Site of St Ann's Hospital Haringey</p>	<p>Haringey is not considered to be a central enough location, due to the need for proximity to the UCL Bloomsbury campus.</p>
<p>Somewhere in Whitechapel.</p>	<p>There are some parcels of land that may become available in this area but the location has been ruled out due to the need for proximity to the UCL Bloomsbury campus .</p>
<p>The hospital should remain in a Zone 1 location. The only possible site I'm aware of would be at the South side of Blackfriars Bridge on Stamford Street/Rennie Street.</p>	<p>This location has been ruled out due to the need for proximity to the UCL Bloomsbury campus</p>

The Oriel public consultation concluded on 16 September 2019. The consultation was on proposals to move Moorfields Eye Hospital services from the current City Road site to a purpose build facility at the preferred location of St Pancras. As part of the survey, respondents were asked “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. Do you have any other suggested solutions we should consider?”

Where specific sites in London were suggested, we commented on the suitability of the site in relation to the criteria used to identify the preferred location. This is summarised below.

Survey response with specific site suggestion	CBRE COMMENTARY
The old Middlesex Hospital site in Fitzrovia.	This site has been developed as a mixed use scheme and is now fully occupied.
UCM Euston Road	We are not aware of any available sites of this site on the Euston Road.
Within UCL campus, if there was space	We do not believe that there is any spare capacity within UCL's campus for a project of this size.
Yes where the Kodak film factory is or was?	The former Kodak factory in Harrow is now controlled by developers who will deliver housing on the site. The location is also considered to be not central enough.

Appendix K

North Central London Joint Overview and Scrutiny Committee

Reflections on Moorfields consultation

On behalf of NCL JHOSC I'd like to thank colleagues for presenting the Moorfields proposal to move from the City Road site to St Pancras and providing feedback on the public consultation.

We are pleased that you took up the challenge of being an exemplar of best practice consultations that we set you when you last presented to us in April 2019.

We find that the consultation with local authorities is of sufficiently high quality and meets the standards we expect at NCL JHOSC.

In consultation with residents, patients and staff you have clearly demonstrated that you have reached a wide audience, have been successful in obtaining a wide range of views and are responding to these.

We are encouraged by the proposals to continue to involve residents, patients and staff as we see this as critical in developing a new eye centre that delivers care in line with the needs identified through the consultation.

We recognise the work undertaken to capture people's concerns about accessibility and the last half mile from transport hubs to the St Pancras site. We would encourage officers to implement the recommendations made by service users and engage TfL more thoroughly on this issue.

We encourage officers to engage all communities, in particular those that are hardest to reach, and share any subsequent learnings on how to improve engagement with a broad range of service users. Furthermore, we would expect continuous engagement with community, advisory and staff groups to be embedded into the development process, allowing for ongoing input into the delivery of the new site.

We welcome the project's aims to make sure the highest standards of environmental sustainability are achieved.

We are pleased that the recommendations seek to address accessibility to and around the proposed new site. In addition, it is commendable that there are clear plans to work together with residents and partners from across the system. We agree the consultation finds that the proposal will have a positive impact in addressing health inequalities.

We believe the proposal is in the interest of healthcare for our residents and patients. This is on that the basis that they will improve patient experience, access to care, as well as the integration of healthcare, teaching and research while delivering the best possible value for money.

We commend colleagues for undertaking a comprehensive and responsive consultation of residents, patients, staff, stakeholders and local authorities.

Prepared by the Chair, Cllr Alison Kelly, to be agreed by the committee

31st January 2020