

Background briefing for Mayor: Proposed move of Moorfields Eye Hospital’s City Road services (Oriel). Prepared by GLA health team

Updated following the publication of the consultation findings and final Decision-Making Business Case to support the application of the final two tests to the proposal to move Moorfields Eye Hospital’s City Road services (Oriel).

Note: the black text is the initial background and information to support the application of the first four tests. This was published in September 2019 and remains unchanged. The blue text is additional background and commentary added in February 2020 following the publication of the consultation findings and Decision-Making Business Case. This information will support the application of the final two tests.

The proposals:

Project Oriel proposes to build a fully integrated centre for leading-edge research, world class education in ophthalmology and high-quality eye care for patients; and to move the services currently provided at Moorfields Eye Hospital in City Road to the new centre at a preferred location in the King’s Cross area. The current site on City Road would then be sold, and the proceeds would be reinvested in the new centre.

The proposal is joint venture between Moorfields Eye Hospital Foundation Trust, Moorfields Eye Charity and University College London’s Institute of Ophthalmology (IoO).

NB. The Camden and Islington NHS Foundation Trust proposals for the transformation of mental health services are not dependent on Moorfields moving onto the St Pancras site¹.

Test 1: Health inequalities and prevention of ill health

The impact of any proposed changes on health inequalities has been fully considered at an STP level. The proposed changes do not widen health inequalities, and where possible, set out how they will narrow the inequalities gap. Plans clearly set out proposed action to prevent ill health.

Background	Commentary	Things for the Mayor to consider
<p>Health inequalities</p> <ul style="list-style-type: none"> Health inequalities and the potential impact of the proposals are being considered through a multi-stage equality impact assessment, which includes: <ul style="list-style-type: none"> an initial desktop research analysis (completed in January 2019) that considered “<i>how the services might impact on protected and vulnerable groups in the community</i>” [2]. an interim equality impact analysis that considered “<i>which sections of the local population... might be most affected</i>”. This stage involved quantitative analysis and direct work with people with protected characteristics. a full equality impact analysis during the consultation period (24 May – 16 September) The initial equality impact pre-consultation report identifies groups in the local population with protected characteristics and/or who experience health inequalities, that are likely to be impacted by the proposals. The two groups most likely to be impacted are older people and people with disability. Other inequality issues identified for particular groups include: <ul style="list-style-type: none"> The risk of developing certain eye conditions is higher in African and African Caribbean populations. People who live in the most deprived areas are more likely to have a recorded diagnosis of certain conditions, and often have a greater severity of disease at diagnosis. Older people and people with sight loss/disability may experience more difficulty accessing a new due to decreased mobility and an increased reliance on public transport. (NB over 50% of Moorfields’ patients are over the age of 50). 	<ul style="list-style-type: none"> The initial EIA is intended to support a better understanding of the potential impacts of the proposals on these groups and identify special considerations that may be necessary to mitigate the risk of impact. The impact of the proposals on these groups has not yet been fully examined or quantified but is due to be considered during the consultation phase. Further information will be included in the decision-making business case. <ul style="list-style-type: none"> Moorfields commissioned an independent integrated health inequalities and equality impact assessment (IIA) [17], which was published alongside a summary report of the consultation with people with protected characteristics and rare conditions [16]. (N.B. The IIA specifically focuses on the proposal to relocate Moorfields to St Pancras, not the impact of future service improvements or changes resulting from the move.) The IIA found evidence that the proposals may have an impact (positive or negative) on patients with the following protected characteristics: age, gender, race and ethnicity, disability, pregnancy and maternity. Elderly patients and patients with sensory or physical disability are most likely to be negatively impacted due to changes to their journey – the busy nature of King’s Cross and reliability of transport to and from the new centre may impede access and can cause stress and anxiety in these groups. A number of protected characteristics, health inequalities and health impacts were found to not be negatively impacted by the proposals. For example, there was limited or no evidence that the proposals would have an impact on religion/belief, sexual orientation, gender reassignment, or people seeking asylum. The proposals have the potential to improve staff morale. The IIA set out recommendations to maximise positive impacts and minimise negative impacts. Key themes in the recommendations include consideration of disability access and support; improved signage and use of digital technology; support to navigate the unfamiliar environment; and clear communication regarding navigation. Moorfields have accepted all recommendations in the IIA [19] and these have informed a framework for action. 	<ul style="list-style-type: none"> The Mayor will want to be assured that the impact on protected groups has been fully considered, that the groups have been well consulted with, and that appropriate mitigating actions have been taken to ensure the proposals do not widen health inequalities. <ul style="list-style-type: none"> The IIA, consultation report & summary report on the consultation with people with protected characteristics and rare conditions provide assurance that the potential impacts on protected groups and vulnerable patients have well considered, and that appropriate mitigating actions have been <i>identified</i>. While noting that it is outside the scope of this IIA and the proposals – the Mayor will want assurance that the potential impacts of service changes or re-design (following the move to St Pancras) on protected groups are fully considered, and that mitigating actions are taken to ensure the

¹ Camden & Islington CCGs. (2018). *Public Consultation on the redevelopment of St Pancras Hospital and the transformation of mental health services in Camden and Islington*. URL: <http://www.islingtonccg.nhs.uk/Downloads/CCG/Get-Involved/consultations/Transform-MH-in-CandI/Decision%20Making%20Business%20Case%20December%202018.pdf>

<p>Accessibility</p> <ul style="list-style-type: none"> Overall, the proposals state that “the majority of vulnerable or protected groups identified as part of the [equality impact assessment] were judged as achieving greater equality, improved outcomes or increased accessibility through the proposal: <ul style="list-style-type: none"> Both inpatient and community developments are expected to provide improved disabled access for service users, staff or visitors For many other groups, the purpose-built facilities would offer an improvement in therapeutic environment, access to outdoor space and care delivered closer to home.” Proposals state that the new site would be fully compliant with the Equality Act, whereas the City Road site is not. Project Oriel anticipates that the proposed move to St Pancras would improve the access to the hospital for many patients. King’s Cross St Pancras station has step free access (unlike Old Street station) and is larger with greater local and national connections. Travel times analysis shows that approximately 33.5% of patients would have a shorter journey, and of those who had an increase the average increase would be approximately three minutes. The increase would primarily impact people who live immediately east or south of the current site. Less than 1.4% of patients would have an increased journey time of over 20 minutes [13]. <ul style="list-style-type: none"> Proposals may have a greater impact on populations in North East London than in other areas, due to accessibility challenges (e.g. public transport routes). It should be noted that while there were lower levels of support for the proposals in North East London, there was overall agreement, with 61% of respondents agreeing that a new centre is needed. The potential accessibility issues in North East London may result in higher personal cost [16]. A summary of patient and public views [6] states that for many people - particularly older people and people with disability – the ease and simplicity of getting from the station to the hospital is more important than the overall travel time. This is often referred to as ‘the last half-mile’. During pre-consultation, patients expressed concern over about the increased complexity of the journey between King’s Cross St Pancras station and the new site compared to Old Street station and the current site, noting the size of the station, potential road crossings, cycle lanes, and cluttered or uneven pavements [6]. The proposals note that Oriel will be holding a themed workshop to discuss potential issues and explore possible solutions. The aim is to ultimately develop an accessibility strategy and implementation plan [6]. This will be developed in partnership with mobility experts, transport authorities, local authorities, patients and their families [1]. <ul style="list-style-type: none"> The project team held deep-dive workshops with around 450 close followers of the consultation to explore accessibility and potential service design of the proposed new centre. 	<ul style="list-style-type: none"> The equality impact assessment focused on the ‘local population’; the registered population within the 14 CCGs that account for 45% of Moorfields City Road’s patients. It did not explicitly consider the inequalities in the wider London or national population. For specialist services like Moorfields, proposals should set out the inequalities within the group of service users as well as those within their local population. Overall it appears likely that most people would benefit from improved (physical) accessibility. There is a smaller group who could potentially be disadvantaged by the move – people with have sight loss and/or older people. This would be due to decreased mobility, reliance on public transport, and difficulty navigating complex environments. The risks around reduced accessibility are being considered in the full equality impact analysis, and through workshops. The Project Oriel team will be developing an accessibility strategy which will include actions to mitigate the risk of poorer access for certain groups. <ul style="list-style-type: none"> One of the most consistent themes throughout the pre-consultation and formal consultation period was that accessibility is extremely important [15, 16, 18] and that the design for the new centre should support people to be independent [16]. While the new site has significant advantages, there are challenges to address, particularly with the ‘last half-mile’. While there is the risk of a negative impact on some groups regarding access, the proposed move also provides opportunities to improve access overall. A new centre would be designed to comply with modern standards for disabled access e.g. step free access, wheelchair access and drop-off points, improved signage, and technology designed to support disabilities such as visual or hearing impairments [17]. Moorfields will work with patients to design an accessibility plan to address potential issues like increased walking distance and potential obstacles in the ‘last half-mile’. [17] Transport and accessibility to the proposed new site are two key themes that emerged throughout the consultation. Moorfields states that it “will take the lead responsibility for mitigating the challenges regarding accessible routes to the centre. [They] will lead a multi-agency partnership to develop and implement an accessibility plan, as part of a Full Business Case, and the design and planning application for the new site”. [19 H). Moorfields will develop plans to address accessibility challenges in high priority areas in consultation with key stakeholders such as CCGs, local optical services and Borough councils in North East London. Consultation feedback highlighted the opportunity for the proposed new centre to be the national exemplar of inclusivity and accessibility [17], and stakeholders are encouraging Moorfields to be as ambitious with patient experience and service accessibility to as they are with their ambition for clinical excellence [19]. 	<p>proposals do not widen health inequalities.</p> <ul style="list-style-type: none"> The Mayor will want to see assurance that the potential disadvantages for vulnerable patients have been well considered and are appropriately mitigated to ensure that their access to Moorfields is not compromised. The Mayor will want assurance that the concerns about accessibility and ‘the last half-mile’ are fully considered, and that solutions are included in the accessibility strategy. <ul style="list-style-type: none"> The Mayor may wish to reiterate this point, highlighting the importance of effective communication in different formats as a core part of the accessibility strategy, particularly during the transition period. The Mayor should note that Moorfields have accepted all recommendations in the IIA. The Mayor may wish to urge Moorfields to continue working with stakeholders, including patients and carers, to co-design access solutions and the accessibility plan. The Mayor could support this, highlighting Moorfields’ opportunity to become a national exemplar of inclusion and accessibility.
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<ul style="list-style-type: none"> The proposal documents mention changes in models of care that will likely involve greater use of technology and digital platforms (e.g. tele-ophthalmology and co-management) [3]. <p>Prevention</p> <ul style="list-style-type: none"> Primary prevention (i.e. stopping disease before it occurs) is mentioned in the context of wider system changes and local policy. For example, prevention is a core element of the North Central London STP, of which Moorfields is a part of. However, the proposals lack detail about what Moorfields' role in primary prevention would look like in practice. The Pre-Consultation Business Case (PCBC) states that over 80% of eye diseases worldwide are treatable. This highlights the important role that Moorfields plays in secondary prevention (i.e. early detection and treatment), which they acknowledge is "essential for improving the eye health and wellbeing of the local population" [3]. <ul style="list-style-type: none"> The Clinical Senate noted that Moorfields are currently struggling to cope with treatable disease with the growth in demand for ophthalmology and eye health care. This means they need to develop new and better ways of diagnosing and treating eye disease. The Senate states that being based at the new site close to other centres of excellence for eye health would allow the creation of a critical mass of expertise to develop new methods of treatment and prevention [4] 	<ul style="list-style-type: none"> Note that 'reducing inequalities' is one of the London Clinical Senate's principles that they believe are essential for the improvement of quality and outcomes, and in which they look for evidence for when they consider issues [4]. Technology can be an enabler and can improve access but can also be a barrier to access for some people. The proposals state that they are considering this risk and are exploring options to mitigate the likelihood and the impact of the risk. It would be positive see a wide range of barriers to access (e.g. technological) considered in the accessibility strategy, not just physical accessibility. <ul style="list-style-type: none"> During the consultation, people with protected characteristics spoke about the need for flexibility and a range of communications to meet different needs. A key point was that while technology could improve access for some people there is a risk that of excluding some minority groups for whom technology prove a barrier. [16] This consultation also highlighted that people place a high value on personal support being available. Note that the Clinical Senate panel members recommended that the use of tele-medicine and clinical digital technology "should always include a consideration of the psychological needs of the patient" [4]. There is limited detail on how Moorfields will contribute to the prevention of poor eye health, and how the proposed facility would support this. <ul style="list-style-type: none"> A new centre could become a development hub for cutting-edge research, where new they could pioneer approaches for prevention, diagnosis and treatment of eye diseases. Patients with protected characteristics who have a higher risk of poor eye health will most likely benefit from involvement in and results of integration of clinical care with research and education. [19] The 2018 King's Fund STP report³ states that "teaching hospitals need to be engaged more effectively in the work of STPs, recognising their expertise in providing specialist care and in contributing to population health improvements and integrated care". The London Assembly's investigation into eye health in London also led to the recommendation that more is done to prevent eye health from deteriorating, and eye health should be integrated into wider public health action. There may, therefore, be an opportunity for Moorfields to work more closely with NCL STP as they develop their STP plans and take a larger role in population health and prevention. <ul style="list-style-type: none"> The DMBC includes a recommendation that commissioners establish a London Ophthalmology Collaborative to progress system-wide service redesign of eye care services across London. The proposals align with the NCL STP response to the NHS Long Term Plan. The STP response sets out the strategic intentions relevant to ophthalmology and echoes the LTP intention to develop fully integrated community-based models of care with a focus on prevention [19]. 	
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³ The King's Fund (2018). *Sustainability and Transformation Partnerships in London – an independent review*. URL: https://www.london.gov.uk/sites/default/files/kings_fund_stp_report_october_2018.pdf

<p>Reducing waiting times</p> <ul style="list-style-type: none">Reducing waiting times is a crucial element of secondary prevention. Currently people are going blind because of long waits for NHS treatment², and there are reports that Moorfields is struggling to cope with treatable disease [4] due to high demand. Proposal documents highlight that a purpose-built facility would allow for efficiencies that could reduce waiting times, helping to prevent poor eye health and sight-loss.	<ul style="list-style-type: none">Details about how a new facility would allow Moorfields to reduce waiting times are limited. The impact of long wait-times for ophthalmology appointments is well-recognised, and in some cases can result in sight-loss. Given the impact of long wait times, it would be useful to see specific details as to how waiting times will be reduced.	
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² Royal College of Ophthalmologists. (2017) *BOSU report shows patients losing sight to follow-up appointment delays*. URL: <https://www.rcophth.ac.uk/2017/02/bosu-report-shows-patients-coming-to-harm-due-to-delays-in-treatment-and-follow-up-appointments/>

Test 2: Hospital beds

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 scrutinised for credibility and to ensure these demographic factors have been fully taken into account. Any plans to close beds should also meet at least one of NHSE's 'common sense'⁴ conditions.

Background	Commentary	Things for the Mayor to consider
<ul style="list-style-type: none">• Eye health is a growing issue, and an increase in demand for eye health services is projected. For example, by 2030 it is predicted that there will be an extra 194,000 people with sight threatening eye health conditions, and an extra 74,000 living with sight-loss⁵.• <u>The proposals do not include changes to bed capacity – the bed capacity will be maintained.</u><ul style="list-style-type: none">• This is confirmed in the decision-making business case.• Ophthalmology is largely ambulatory and an out-patient specialisation, with few people requiring overnight (in-patient) care, therefore Moorfields does not require a large number of beds (they only have six).• When patients have higher or more complex needs (e.g. ocular oncology, or post-operative access to ICU beds), Moorfields works in partnership with other trusts that have more extensive facilities.• The Clinical Senate noted that there is little detail on the future of these arrangements or the potential impact on care pathways for adults needing an ICU bed. They recommended that “more thought is given to how the proposed move to the new site will affect relationships and dependencies with other providers” e.g. Western Eye, Great Ormond Street and University College Hospital. [4]• Correspondence with the Project Oriol team clarified that activity at neighbouring trusts is outside the scope of the consultation as no changes are planned. [14]• The proposals note that further demand modelling is underway to test assumptions and ensure that they create the right level of capacity (i.e. doesn't result in supply-led demand but meets the needs of future population and demand projections). It will also consider how new models of care could meet projected demand.	<ul style="list-style-type: none">• There are no proposed changes to bed numbers. Given that ophthalmology is a largely ambulatory service, it is unlikely that there will be an increase in demand for beds. This is being considered as part of ongoing demand and capacity modelling.<ul style="list-style-type: none">• The DMBC states that “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”.	<ul style="list-style-type: none">• Note there are no plans to reduce hospital beds.

⁴ These include provision of alternative services to meet the need; evidence that new treatments or therapies will reduce demand for beds/admissions; or a credible plan to improve performance when efficiency has been less than the national average.

⁵ London Assembly. (2017). *Eye health – preventing sight loss in London*. URL: <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eye-health-preventing-sight-loss-london>

Test 3: Financial investment and savings

Sufficient funding is identified (both in capital and revenue) and available to deliver all aspects of plans including moving resources from hospital to primary and community care and investing in prevention work. Proposals to close the projected funding gap, including planned efficiency savings are credible.

Background	Commentary	Things for the Mayor to consider
<ul style="list-style-type: none"> • Oriel received a low-risk financial rating from NHS-I. [3] • The Joint Commissioning Committee expressed concern about the lack of detail in the financial case and requested assurance that financial risks were suitably modelled and mitigated. [8] <ul style="list-style-type: none"> • The DMBC states 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. [19] • The interim chief financial officer for NCL CCGs reviewed the financial assumptions and confirmed that the financial and growth assumptions align to those of NCL CCGs. [9, 10] <ul style="list-style-type: none"> • A letter from the Chief Financial Officer of NCL CCGs (on behalf of the 14 CCGs and NHS Specialised Commissioning) supports the preferred option (the move from City Road to St Pancras), and confirms that commissioners confirm the activity projections are in line with their expectations. [19C] • The Oversight Group for Service Change and Reconfiguration were “content in principle that the proposed consultation met the assurance requirements including those of ‘Planning, assuring and delivering service change for patients’”. [11] • The Oriel Board are monitoring risks about the sources of funding to ensure appropriate mitigations are identified and so the capital cost is affordable for all partners. [3] • The efficiency savings discussed in the proposals are based on the assumption that “the new proposed facility would allow significant cost efficiencies to be realised”, and that “the revised model of care would drive cost efficiencies and maximise value... with more people being able to be treated more quickly in a modern and accessible location...”. [3] • The PCBC notes that “further modelling will be undertaken in relation to how the new models of care would meet projected demand; once STP plans to link the new models of care to primary and community activity shifts that are anticipated, are completed.” [3] <ul style="list-style-type: none"> • Further modelling has been undertaken since the PCBC. This represents a refinement – there have been no fundamental changes in parameters on assumptions since the PCBC. [19] 	<ul style="list-style-type: none"> • Multiple NHS bodies have deemed the proposals to be of low financial risk, with realistic assumptions about capital and revenue funding. <ul style="list-style-type: none"> • The DMBC states that all capital costs and revenue costs associated with the transition between sites when services move will be funded by Moorfields and are covered in the Outline Business Case. This is due to be submitted to regulators for national approval in Spring 2020. • While efficiency savings, derived from new models of care, are anticipated and referenced throughout the documents, this is only at a high-level. The proposals do not quantify the impact or include details of how the efficiency savings will be realised. Further information on new pathways and models of care are currently being developed. <ul style="list-style-type: none"> • Commissioners have committed to pursue reprovisioning of activity and the development of new pathways, but these are not part of the current proposal to move from City Road to St Pancras [19]. As this would likely involve activity being provided from a different setting – not avoided – it is assumed that there may be a reduction in cost, but the cost will not be avoided. • The proposals do not depend on any potential savings from activity reprovisioning or changes to care pathways. • The new centre is being built with sufficient capacity to accommodate current levels of activity without the need to reprovision services. 	<ul style="list-style-type: none"> • The Mayor would expect the modelling currently being undertaken on pathways and new models of care to demonstrate how they will deliver efficiency savings whilst meeting projected demand. <ul style="list-style-type: none"> • The Mayor would expect future modelling and service design to demonstrate how any new pathways or models of care will be sustainable and able to meet projected demand, and that any planned efficiency savings are credible and realistic.

Test 4: Social care impact

Proposals take into account (a) the full financial impacts on local authority services (including social care) or new models of healthcare, and (b) the funding challenges they are already facing. Sufficient investment is available from Government to support the added burden on local authorities and primary care.

Background	Commentary	Things for the Mayor to consider
<ul style="list-style-type: none"> The PCBC highlights opportunities for further integration with social and community care that may come with the move to a purpose-built facility, e.g. the opportunity to provide some social services / holistic care. This would likely be in collaboration with the voluntary sector. <ul style="list-style-type: none"> The outline model of care (set out in the DMBC) is based on the principle of system wide working, with greater collaboration across primary, community, secondary and tertiary care settings. Commissioners have committed to explore opportunities to re-provision activity and develop new care pathways, although these do not form part of the current proposal to shift from City Road to St Pancras. [19] This is in line with the direction of the NHS LTP and NCL STP. The DMBC recommends that a London Ophthalmology Collaborative is established, which would bring together system partners including Moorfields and relevant commissioners, to redesign eye care pathways. [19] The St Pancras hospital site masterplan will explore the benefits of links with other services, e.g. social care, mental health, rehabilitation and wellbeing support. The ‘framework for action’ developed in response to the consultation and IIA notes that “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”. Moorfields will work with commissioners and primary care colleagues to deliver changes required by the NHS LTP, which aims to develop out of hospital care. Standards, principles and ideas that are developed for Oriel will apply across the whole network, supported by investment in local clinics where necessary. The ‘Ophthalmology system modelling’ [19D] that was undertaken to inform the DMBC states that “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?”. 	<ul style="list-style-type: none"> There is a lack of detail about the financial impact on social and community care, and on any additional costs for local authorities or the NHS (other than for capital build). As Moorfields is a highly specialised, tertiary service and the proposal includes a shift in location rather than a change in service offerings, the proposals may not have a material impact on social and community care at this stage. <ul style="list-style-type: none"> The proposals do not identify any increased social care costs. There is an opportunity for Moorfields (as a specialist hospital) to work more closely with local authorities and primary and community care, and to take a wider role in population health and integration (as identified in the King’s Fund STP report⁶). The potential for closer working was reinforced by the London Assembly, who recommend that eye health should become a greater public health priority. They note that eye health has a significant impact on health and wellbeing, better eye health will improve employment chances for people with sight loss and better eye health will reduce care costs.⁷ <ul style="list-style-type: none"> The outline model of care, commitment to collaboration and recommendation to establish a London Ophthalmology Collaborative are aligned with recommendations from both the King’s Fund and the London Assembly. 	<ul style="list-style-type: none"> The Mayor will want assurance that the risk of additional social care costs for local authorities and the NHS has been considered and, if costs are identified, that there are clear and well-joined up plans to meet any additional cost. The Mayor may want to encourage Moorfields to continue to take an increasingly active role in the development of STP plans and increase their focus on population health and the integration between specialist health care, primary/community care and social care. <ul style="list-style-type: none"> The Mayor may want to highlight the importance of local authority representation on the London Ophthalmology Collaborative if it is established, to ensure that they have a say in any redesign of care pathways and potential cost implications for local government (including on social care).

⁶ The King’s Fund (2018). *Sustainability and Transformation Partnerships in London – an independent review*. URL: https://www.london.gov.uk/sites/default/files/kings_fund_stp_report_october_2018.pdf

⁷ London Assembly. (2017). *Eye health – preventing sight loss in London*. URL: <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eye-health-preventing-sight-loss-london>

Test 5: Clinical support		
Proposals demonstrate widespread clinical engagement and support, including from frontline staff.		
Background	Commentary	Things for the Mayor to consider
<p>Case for change</p> <ul style="list-style-type: none"> The proposal documents set out the clinical case for change. Key drivers for change include: <ul style="list-style-type: none"> increasing demand for treatment for eye conditions (in part due to the ageing population and high rates of diabetes) opportunities for efficiency savings and financial benefits through improved configuration of physical estate feedback that the ageing facilities negatively impact patient experience patient feedback regarding issues associated with the environment and waiting times the need to develop new techniques and technologies to diagnose and treat conditions more effectively [19]. Ultimately, Moorfields argues that the current facilities are no longer clinically suitable [4] and do not meet modern standards [1, 3, 19]. The consultation and proposal documents argue that a new facility would allow Moorfields to <ul style="list-style-type: none"> redesign pathways and models of care to cope with the increasing demand for eye care take advantage of clinical and technological advances, e.g. by utilising digital platforms to provide care closer to home, and using new technological equipment and tools to aid with diagnosis and treatment put patients at the centre of care pathways, and patient experience at the centre of the building design. The proposals anticipate that a new facility would allow them to address the issues at the current site, which will improve the quality of care – in particular the patient experience – and improve patient outcomes. <p>Improvements to quality of care and patient experience</p> <ul style="list-style-type: none"> Moorfields argue that a new purpose-built facility will improve patient experience. The current facility is crowded, waiting rooms, are uncomfortable and there are other issues that impact patient privacy and dignity. A new facility could help address these issues and improve patient experience. <p>Improvements to patient outcomes</p> <ul style="list-style-type: none"> The proposals posit that outcomes will be improved through better integration of research with clinical practice, and through new models of care, which are expected to decrease waiting times. <ul style="list-style-type: none"> Integrating research and clinical practice The increased integration between clinicians and researchers could accelerate research and increase the ‘bench-to-patient’⁸ concept. Moorfields aim to do this by minimising the barriers in the current site, which include physical features that hinder, rather than promote interactions. For example. Improved clinical and research interaction and 	<ul style="list-style-type: none"> There is evidence that the current site is no longer fit for purpose, which is compromising patient experience and hindering staff collaboration and integration between specialisations and between clinicians and researchers. A new purpose-built facility could allow Moorfields to address many of the issues with the current City Road facility. Moorfields is renowned for providing world class eye care. Feedback indicates that they do so despite their current facilities. However, they argue that their ability to continue to deliver high quality care is unsustainable and need to be addressed or outcomes will become compromised. Feedback received during the pre-consultation engagement period and the formal consultation period supports Moorfields’ claims. The London Clinical senate confirmed that they 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” and that “the proposal to move to the new site is informed by best practice” [4]. Reviews and feedback from the CQC have provided feedback about how to improve patient care and patient experience, particularly when it comes to patient privacy and dignity. While Moorfields have begun to address these concerns, they are unable to fulfil all recommendations in their current site [19]. Note that the CQC rated Moorfields Eye Hospital Trust as ‘good’ overall, and the City Road site as ‘outstanding’, highlighting excellent clinical practices and outcomes. The Clinical Senate review panel found that the proposed move would enable improvements in clinical care [4]. 	<ul style="list-style-type: none"> The Mayor may wish to note that the Clinical Senate found there was a clear, clinical evidence base to support the proposed move. The Mayor may wish to note the high level of support among staff in the survey results. The Mayor may wish to highlight the importance of ongoing clinical engagement and clinical leadership through the next stages of planning, design, and transition.

⁸ Research that can be quickly applied to address medical needs and is specifically designed to improve patient outcomes.

better facilities could allow more patients to participate in clinical trials [3].

Support from the Clinical Senate

- The Clinical Senate found that the proposed move has:
 - a clear clinical evidence base
 - will enable improvements in clinical care
 - is informed by best practice
 - will enhance opportunities for education, research and the adoption of innovation [4].
- However, they had some concerns and have developed recommendations to address these.
- Their primary concern – which ran through their findings – was a “tendency to assume that the new building alone would solve the challenges... meeting the demand for eye care over the next 12 years.” [4]
- Over all, the Senate suggested that the PCBC would benefit from having more information about:
 - potential service improvements
 - a whole pathway approach to ophthalmology and eye care, including the interoperability between primary care and Moorfields
 - what to do to meet the clinical challenges between now and expected opening
 - population health in relation to demand for eye health care, particularly the ageing and diabetic populations.
- Oriel responded to the Clinical Senate, accepted the recommendations and endeavoured to address these in the final PCBC.

Support from local clinicians

- 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. [19]
- Clinicians were engaged throughout the process e.g.
 - Phase 1: early discussions and consultation on options, which involved interviews, drop-in sessions, and user-groups for specialities (~100 staff involved) to develop a brief for the new facility (user-groups comprised a cross-section of staff including clinicians and administrative staff)
 - Phase 2: developing the business case, in which 23 staff user-groups developed proposals on how services could be improved in a new environment

- Note that the London Clinical Senate is an independent body within NHS England. They support the development of London’s health and care services by providing independent, strategic advice to commissioners and help them make the best decisions about the populations they serve. The Senate’s advice is independent, impartial and informed by the best available evidence [4].
- The Clinical Senate found that the draft pre-consultation business case sometimes lacked detail on how the proposals would meet demand for eye health and would benefit from containing more detail on the proposed models. [4]
- The Senate provided recommendations to address their concerns. The concerns were initially addressed in the PCBC and a full response is included in the DMBC [19B].
- Some of the recommendations relate to models of care and pathways, particularly in relation to the drivers for change and design of new models/pathways for a new hospital setting. Moorfields notes that there is system-wide work underway to develop potential future models of care, and this work will continue if the proposals are approved. Further detail about models of care and digital, research and developments strategies will be described in detail in the Outline Business Case [19B].

- Phase 3: developing the design potential, which involved workshops with a wide range of staff to develop sub-speciality strategies to develop consensus on models of care etc.
- Phase 4: the consultation period, which included staff and clinicians.
- 85% of staff respondents to the consultation survey (187) think that a new centre is needed.

Local authority and multi-disciplinary/multi-professional support, including social care workforce

- Public engagement prior to the formal consultation period included primary care workers, community optometrists and social care workers.
- The public consultation period involved meetings with primary care contractors, unions and professional representatives, neighbourhood trusts, CCGs and national regulators.

Test 6: Patient and public engagement		
Proposals demonstrate credible, widespread, ongoing, iterative patient and public engagement, including with marginalised groups, in line with Healthwatch recommendations.		
Background	Commentary	Things for the Mayor to consider
<ul style="list-style-type: none"> Patients and the public have been engaged in Oriol since 2013, through various phases including options consultation, business case development, development of the design potential and a formal period of pre-consultation engagement. The purpose of the pre-consultation engagement was to consider options, develop proposals and to gauge the level of support. Pre-consultation indicated broad support but raised key concerns, particularly about accessibility. Formal consultation ran for 16 weeks in 2019 and sought views on whether the proposed move is in the interest of the health of populations (locally and nationally), in line with long-term plans, and an effective use of public money. <p>Methods of engagement</p> <ul style="list-style-type: none"> Moorfields consultation strategy included both individual and personal engagement (e.g. individual conversations and focus groups) as well general consultation channels (e.g. surveys and public meetings). They also adapted their approach for people who needed/preferred a more informal style of engagement (e.g. for people with learning disabilities and face-to-face meetings with individuals/families at a location closer to their homes). People had the opportunity to engage with the consultation via online survey; telephone; email or letter; social media; chat-box; and in person at events, meetings, and focus groups. Moorfields consulted with individuals representing their personal views, individuals representing a group or organisation, and with key stakeholder groups (e.g. VCS organisations and local authority committees). An advisory group was established to advise on the consultation process. The group comprises 19 members, including patients, eye charity workers and patient and public representatives. [6] <p>Quality and accessibility of information</p> <ul style="list-style-type: none"> The primary consultation document set out the rationale for proposals and the purpose of the consultation. This was available in multiple languages and formats, including easy read English, braille, and audio format. Electronic and hard-copies were available. There was a dedicated consultation website that provided a digital hub for all information and background papers regarding Oriol. These papers included, for example, the pre-consultation business case, clinical senate report, and time travel analysis. The digital hub contained extensive information on the case for change (reasons for proposals), the different options, and future planning and decision-making phases. The response rate was high with over 4,600 contributions including 1,511 completed surveys. Survey responses were received from all five London STP footprints, and 400 surveys were completed by people outside of London. 	<ul style="list-style-type: none"> Standard consultation timeframe is 12 weeks. The NCL JHOSC encouraged Moorfields to increase the period of engagement, to account for the summer holiday period. Moorfields agreed to this recommendation. The North Central London JHOSC, which represents all local authority health scrutiny bodies with an interest in Moorfields services, has been involved throughout Moorfields' process of developing options and consultation. 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 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. The NCL JHOSC have stated that they found "the consultation with local authorities [to be] of sufficiently high quality and meets the standards [they expect]" [20]. 	<ul style="list-style-type: none"> The Mayor may want to note the extent of the engagement and consultation, and to encourage Moorfields to maintain this high level of engagement as they progress through the next stages of planning and decision making, and ultimately, through to facility and service design. The Mayor may wish to comment on the positive feedback that Moorfields received regarding their patient and public engagement.

Scale and spread of engagement and consultation

- Detailed stakeholder mapping provided Moorfields with a wide distribution list of patients, public, staff and professional bodies – all of which were invited to be involved in the pre-consultation and formal consultation stages.

The impact of patient and public engagement

- There haven't been substantial changes to the proposals, as they are largely supported (73% support the move to St Pancras).
- The biggest impact of the consultation will be around how they respond to concerns with accessibility – look at the access strategy development and the recommendations they have accepted (all of them).
- The feedback will inform the next stages, including building design, service reconfiguration and alternative provision / models of care.
- There was feedback about things that could be improved immediately, or that don't need to wait for a new site. These were particularly around patient experience and customer service. Calls for diversity and inclusion training for frontline staff, and for customer service training – especially to better understand the needs of disabled people, and people with protected characteristics.

- Moorfields was very proactive in adapting their strategy to hear from the right people in the right locations. This is particularly important as they have such a high number of people with protected characteristics (most of them, and most probably have more than one). For example, they held over 43 meetings and conversations with people with protected characteristics and rare conditions between December 2018 and October 2019.
- Several groups, including RNIB, MoorPride, Transpire, OcuMelUK, New College Worcester and MENCAP, said how impressed they were with Moorfields' efforts to include minority groups.

Project Oriel documents reviewed:

Short-hand name	Full document name	Link
[1] Consultation document	Proposed move of Moorfields Eye Hospitals City Road services – a consultation document for discussion and views.	https://oriel-london.org.uk/wp-content/uploads/2019/05/Oriel-consutation-full-document.pdf
[2] Equality impact assessment	Initial equality impact assessment pre-consultation report on proposed move of Moorfields Eye Hospital’s City Road services.	https://oriel-london.org.uk/equality-impact-documents/
[3] Pre-Consultation Business Case	Pre-Consultation Business Case – Oriel: creating the centre for advancing eye health (V.9)	https://oriel-london.org.uk/pre-consultation-business-case-documents/
[4] Clinical Senate review	An independent clinical review of the proposal for Moorfields Eye Hospital to move from City Road to a new building on the site of the old St Pancras Hospital.	https://oriel-london.org.uk/london-clinical-senate-documents/
[5] Response to recommendations	London Clinical Senate review: response to recommendations	https://oriel-london.org.uk/wp-content/uploads/2019/04/Response-to-Clinical-Senate-Report-14-Jan-2019.pdf
[6] Patient and public views	Views from patients and public – from surveys and discussions between December 2018 and April 2019, leading up to the start of public consultation in May 2019	https://oriel-london.org.uk/patient-views-documents/
[7] Patient/public input into options refresh	Input to options refresh from patient and public representatives	https://oriel-london.org.uk/wp-content/uploads/2019/05/Input-to-options-appraisal-refresh-from-patient-and-public-representatives.docx
[8] NEL Commissioning Alliance letter	Letter from North East London Commissioning Alliance to COO, Camden CCG (Dated 15 April 2019)	https://oriel-london.org.uk/wp-content/uploads/2019/06/Review-of-Moorfields-preconsultation-business-case.pdf
[9] Response to questions raised	Questions raised by North East Commissioning Alliance’s joint commissioning committee in advance of the committees in common – 24 April 2019	https://oriel-london.org.uk/wp-content/uploads/2019/06/Questions-raised-by-North-East-London-Commissioning-Alliance.pdf
[10] NCL CCG letter	Letter from Interim CFO, NCL CCGs to Director of Financial Strategy, NHSE (Dated 26 February 2019)	https://oriel-london.org.uk/wp-content/uploads/2019/04/Moorfields-Commissioner-Financial-Assurance-Letter-to-NHSE-26-Feb-2019.pdf
[11] OGSCR letter	Letter from Oversight Group for Service Change and Reconfiguration to COO, Camden CCG (Dated 9 April 2019)	https://oriel-london.org.uk/wp-content/uploads/2019/04/NHSE-OGSCR-Letter-April-2019.pdf
[12] Consultation announcement letter	Letter from COO, Camden CCG announcing consultation (Dated 24 May 2019)	https://oriel-london.org.uk/wp-content/uploads/2019/05/Consultation-Announcement-Sarah-Mansuralli-Word.docx
[13] Travel time analysis	Patient Travel Times Analysis	https://oriel-london.org.uk/wp-content/uploads/2019/05/Moorfields-travel-times-analysis-central-site.pdf
[14] Personal Correspondence	Personal correspondence between GLA officers and Sarah Mansuralli, COO, NHS CGG (Dated 9 August 2019)	Not published.
[15] Consultation Findings Report	Proposed Move of Moorfields Eye Hospital’s City Road Services Consultation Findings Report 24th May – 16th September 2019	https://oriel-london.org.uk/wp-content/uploads/2020/01/Summary-of-consultation-findings.docx
[16] Protected characteristics consultation	Consultation with people with protected characteristics and rare conditions (December 2018 – October 2019)	https://oriel-london.org.uk/wp-content/uploads/2020/01/Protected-groups-feedback-report.docx
[17] Integrated Impact Assessment	Integrated Health Inequalities and Equality Impact Assessment	https://oriel-london.org.uk/wp-content/uploads/2020/01/Integrated-Health-Inequalities-and-Equality-Impact-Assessment.docx
[18] JHOSC paper January 2020	Proposed Move of Moorfields Eye Hospital’s City Road Services (paper for the North Central London Joint Health Overview and Scrutiny Committee)	http://democracy.camden.gov.uk/documents/s87420/NCL%20JHOSC%20Moorfields%20Cover%20report%20-%2031-01-2020.pdf
[19] Decision-Making Business Case	Decision-Making Business Case – Oriel: creating the centre for advancing eye health	https://oriel-london.org.uk/wp-content/uploads/2020/02/Oriel-DMBC-03.02.20.docx
[19A] Mayor of London letter of support [19B] London Clinical Senate recommendations and action plan [19C] Commissioner finance directors’ letter of support [19D] System modelling [19E] Consultation with people with protected characteristics and rare conditions [19F] Summary of Local Authority and Overview Scrutiny Committee (OSC) engagement [19G] Integrated Health Inequalities and Equality Impact Assessment [19H] Moorfields response to consultation [19I] Options appraisal workshop summary [19J] Independent review of suggested alternative sites for the proposed new centre [19K] North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) response		

Other documents reviewed:

- Camden & Islington CCGs. (2018). *Public Consultation on the redevelopment of St Pancras Hospital and the transformation of mental health services in Camden and Islington*. URL: <http://www.islingtonccg.nhs.uk/Downloads/CCG/Get-Involved/consultations/Transform-MH-in-CandI/Decision%20Making%20Business%20Case%20December%202018.pdf>
- Royal College of Ophthalmologists. (2017) *BOSU report shows patients losing sight to follow-up appointment delays*. URL: <https://www.rcophth.ac.uk/2017/02/bosu-report-shows-patients-coming-to-harm-due-to-delays-in-treatment-and-follow-up-appointments/>
- North Central London Joint Health Overview and Scrutiny Committee – Minutes 21 June 2019. URL: <https://barnet.moderngov.co.uk/documents/s53114/Public%20reports%20pack%2021st-Jun-2019%2010.00%20North%20Central%20London%20JHOSC.pdf>
- The King's Fund (2018). *Sustainability and Transformation Partnerships in London – an independent review*. URL: https://www.london.gov.uk/sites/default/files/kings_fund_stp_report_october_2018.pdf
- London Assembly. (2017). *Eye health – preventing sight loss in London*. URL: <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eye-health-preventing-sight-loss-london>
- HM Government. (2008). *Code of Practice on Consultation*. URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100807/file47158.pdf