

## EXTERNAL SERVICES SELECT COMMITTEE - PROPOSED MOVE OF MOORFIELDS EYE HOSPITAL'S CITY ROAD SERVICES

<b>Committee name</b>	ExternalServices Select Committee
<b>Officer reporting</b>	Denise Tyrrell, NCL CCGs Programme Director
<b>Papers with report</b>	None
<b>Ward</b>	n/a

### RECOMMENDATIONS

**That the External Services Select Committee is asked to:**

- 1. note this update;**
- 2. advise and make suggestions for further action to ensure a meaningful consultation process; and**
- 3. provide an indication of the Committee's views on the proposal.**

### Purpose

NHS Camden CCG and NHS England Specialised Commissioning are leading a public consultation on a proposed new centre for Moorfields Eye Hospital. The report provides:

- a summary of the proposal;
- an update on discussions so far; and
- an outline of the consultation plan for the period 24 May to 16 September 2019.

For further information and consultation documentation, please refer to the consultation website [www.oriel-london.org.uk](http://www.oriel-london.org.uk) where you can read or download the consultation document and other background information.

### Summary of the proposal

Moorfields Eye Hospital NHS Foundation Trust and its partners, UCL Institute of Ophthalmology and Moorfields Eye Charity, are proposing to build a new centre, bringing together excellent eye care, ground-breaking 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 at City Road in Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology. Subject to consultation and planning approvals, it is envisaged that the proposed new centre could be constructed and operational by 2026.

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 proposed move from City Road to St Pancras does not include changes to Moorfields' services at its 30 other sites, although over time these will be considered as part of a wider review of the ophthalmology model of care across London.

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Classification: Public

External Services Select Committee – June 2019

NHS Camden CCG, on behalf of all Clinical Commissioning Groups, and NHS Specialised Commissioning, in partnership with Moorfields Eye Hospital, are consulting people between 24 May and 16 September 2019 to inform a decision that will consider whether the proposed move is:

- in the interests of the health of local and national populations;
- in line with long-term plans to improve health and care; and
- an effective use of public money.

The outcome of this will influence a decision-making business case, which will be presented to NHS England and Improvement for assurance and, for decision-making, to the CCGs and NHS England Specialised Commissioning.

In line with scrutiny regulations, the North Central London Joint Health Overview and Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move.

### **Background to the proposal**

Moorfields is the leading UK provider of eye health services to more than 750,000 people each year attending a network of around 30 sites across London and the south east. Moorfields' main site is located at City Road in Islington, and has a 24-hour A&E, and provides a range of routine elective care for London residents and specialised services for patients from all over the UK.

The hospital's partnership with UCL provides a world-class centre of excellence for ophthalmic research, education and training. Examples of research include gene therapies for inherited eye conditions and stem cell treatments for age-related macular degeneration, which is part of the London Project to Cure Blindness.

### **The case for change**

A detailed pre-consultation business case (PCBC) was approved by NHS England Specialised Commissioning and the CCGs' committees in common in April 2019. The PCBC is available from the consultation website at <http://oriel-london.org.uk/pre-consultation-business-case-documents/>.

The current facilities at Moorfields Eye Hospital on City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies. Similarly, UCL's education facilities adjacent to the hospital are outdated and unsuited to modern methods of hands-on training.

This ageing estate creates impractical and uncomfortable conditions for patients, staff and trainees. There is poor climate control, a lack of privacy in some areas, and challenges in terms of meeting modern standards of disability access and health and safety.

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years. Our ageing population means greater and more complex demand for eye services as almost 80% of people aged 64 and over live with some form of sight loss.

The proposed new centre not only offers better care for future patients but would significantly

improve our ability to prevent eye disease, make early diagnoses, and deliver effective new treatments for more people at home or locally in primary care, as well as in specialist hospital clinics.

It would bring together excellent eye care with world-leading research, education and training with the following benefits:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care.
- More space to expand and develop new services and technology to improve care, including care that could be available at home or locally, without the need for a hospital visit.
- A smoother hospital appointment process, particularly where there are several different tests involved.
- Shorter journeys between test areas and instantly shared results between departments, which would reduce waiting times and improve communications between patients and staff.
- Modern and comfortable surroundings that would provide easier access for disabled people and space for information, counselling and support.

The independent London Clinical Senate has stated its support for the pre-consultation business case and, in discussions with patients and public leading up to the consultation, people were supportive of the proposed new centre, which would greatly improve care and the patient experience.

### **The preferred way forward**

The main consultation document explains how Moorfields and its partners have considered various options for developing a new centre, including rebuilding and refurbishment at the City Road site.

A brand-new building is preferable as this would offer:

- The optimum size for an integrated centre.
- The potential to build with minimal disruption to current services, which would continue until the new centre was open.
- The creation of funds to invest in the proposed new centre from the eventual sale of the city road site.
- Estimated costs over the next 50 years that are lower than the costs of maintaining the current site.

The main advantage of staying at the City Road site is that people are familiar with the route to the hospital, which has relatively easy access by bus and underground, with a short walk to the hospital.

The main disadvantages of staying at the City Road site are:

- Limited space and scope for development, even with the possibility of demolishing some of the current buildings and building new ones.
- Rebuilding and even refurbishment would involve major disruption to services requiring some services to move out and then move back in again when the work is completed.
- Staying in the same place means that money would need to be spent on new buildings, but there would be no proceeds from a land sale to pay for the development.
- Our estimate of costs over the next 50 years shows that it would cost more to maintain the existing site than to build a new centre.

## Options for the proposed new site

For specialised services, London is the most accessible UK location for patients and for recruiting and retaining specialists, technicians, researchers and students. There are critical benefits from close links with other major specialist centres, research and education facilities.

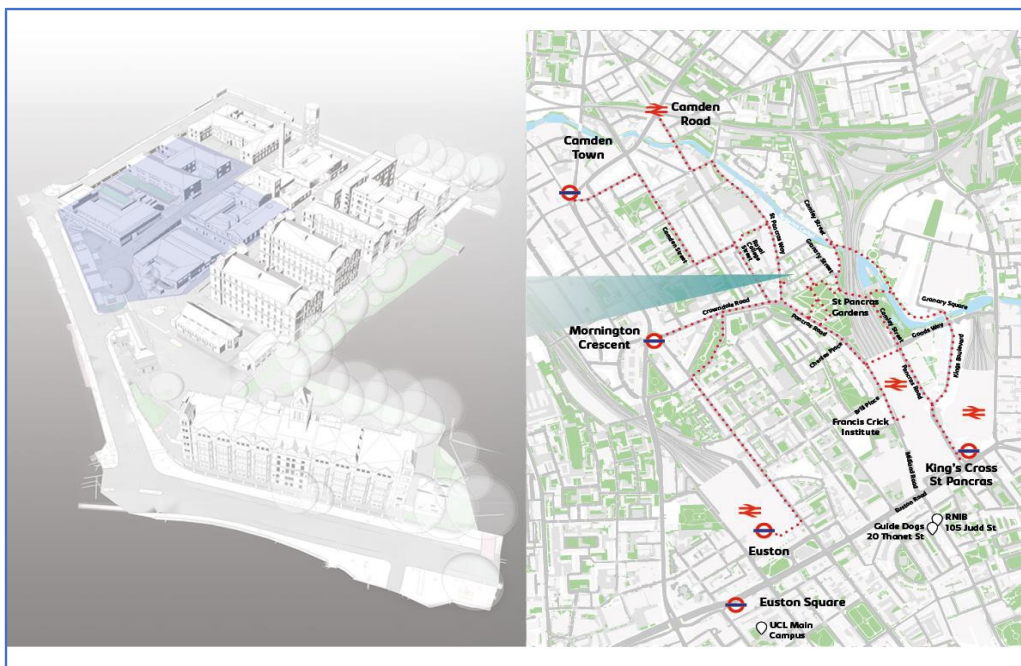
Of eight potential sites on the London property market that are close to public transport hubs, the proposal for consultation puts forward the view that land available at the current St Pancras Hospital site has greater potential benefits, including:

- Enough space for the size required and potential for future flexibility.
- Proximity to two of the largest main line stations in London, King's Cross and St Pancras, with Euston station also in the area.
- Proximity to other major health and research centres, such as the Francis Crick Institute, the main campus of UCL, and leading eye charities, such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

Insights from patients and public so far have highlighted potential challenges in terms of the change of journey to the proposed new centre for people who have used Moorfields services for many years. Access to the proposed new site would involve a longer route for some people via bigger and more complicated rail and underground stations than Old Street, which is the nearest underground station to Moorfields at City Road.

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

The following illustration shows the current St Pancras Hospital site. The blue shading indicates the proposed land purchase for Moorfields. The map shows the local area with mainline rail stations, underground stations and other key establishments, such as RNIB, Guide Dogs and the Francis Crick Institute.



## **Alternative options.**

While the current preferred option is to build a new centre at the St Pancras Hospital site, we remain open to other potential locations and are seeking suggestions as part of the consultation process. Any new locations would be subject to the same appraisal process and all options (including any new ones) would be re-appraised after the consultation as part of the decision-making business case.

## **Estimated cost to the NHS**

The pre-consultation business case shows that there is an affordable and robust financial plan to support the development of the proposed new centre, which would support the long-term financial position of Moorfields Eye Hospital. The estimated capital cost for the NHS is £344 million. Funding sources include:

- the sale of the City Road site
- funds from Moorfields Eye Hospital NHS Foundation Trust
- Moorfields Eye Charity's support for research
- central Government funding for transformation

## **Public and patient involvement so far**

### **Four phases of engagement**

Public and patients have been involved in four phases of engagement since 2013. The most recent engagement phase, from December 2018 to April 2019, gathered over 1,700 responses from people via the following activities:

- Four surveys covering travel, care, patient priorities and initial views on the proposed move
- 11 drop-in events
- 18 discussion groups
- One themed workshop to inform the options appraisal
- 12 discussions with patient and public representative groups
- Seven discussions with people with protected characteristics (as outlined in the Equality Act 2010).

A comprehensive summary of these activities and feedback is published on the consultation website at <http://oriel-london.org.uk/patient-views-documents/>. One of the outcomes of engagement was the establishment of an Oriel Advisory Group with public and patient representatives to help steer the consultation process.

### **The main themes of feedback**

Most people who participated in discussions indicated strong support in principle for a new purpose-built centre of excellence for eye care, with the potential benefits of combining research and education with frontline eye care. Most people in discussions highlighted the following as critical to success:

- The current level of hospital services should continue, with an expectation of improvements in both clinical care and patient experience.
- Any change should be managed with minimal disruption, smooth transition and continuity of service.

- Accessibility is a high priority, both in terms of getting to and getting around the new centre.

The following main themes highlight what matters to patients, carers and their families:

- Clinical expertise above all else, even if this means travelling further to receive the highest quality specialist care.
- A smooth clinical pathway through the whole system from getting the first appointment to follow-up care and support.
- Getting to the hospital, including in an emergency.
- Efficient and caring experience at the hospital.
- Good communications and information.
- Person-to-person support, when needed.
- Proximity to public transport hubs.
- Manageable and obstacle-free journey from transport hub to the hospital.
- Provision for access by ambulance and motor vehicles.
- Interior design to support access and navigation for people with sight loss.

## **Accessibility**

Views varied according to where people live and their service needs. People living in areas to the north and west of London, for example, felt the proposed St Pancras Hospital site location offered better access for them. Some people in east London were concerned about a possible extended journey and costs.

Travel times were 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 on City Road is a relatively short and simple route. For some people, King's Cross/St Pancras or Mornington Crescent to the proposed new site remain a high priority for consideration of the following:

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

People were open to ideas to deal with accessibility concerns, e.g. shuttle service for those with limited mobility, efficient drop-off and pick-up at hospital, use of navigation technology. We are holding a themed workshop during consultation to explore in more depth these wayfinding issues and potential solutions, with the aim of scoping what would eventually be an accessibility strategy and implementation plan.

## **Patient experience**

People hold strong faith in clinical excellence at Moorfields, but patient experience in the current facilities does not always live up to same high standards. The expectation is that the proposed move to a new centre could and should improve not just physical aspects, but the whole culture of eye care – a real opportunity to achieve world-class standards in all aspects of care for patients.

Views on improving patient experience were consistent throughout the discussion sessions. We gathered a wide range of details, but the following were common themes:

- **Awareness of the needs of people with sight loss:** the proposed new centre is an opportunity to design better accessibility into facilities and ensure more staff training – Moorfields should be a national exemplar in accessibility.
- **Communications and person-to-person support:** People 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.
- **Managing stress:** A recurring theme in feedback from discussions is stress and anxiety associated with a visit to the hospital and the anticipation of receiving eye treatment. The more that can be achieved to build patient confidence, particularly for people with protected characteristics, the more we can achieve with equal access to care quality, self-care and improved clinical outcomes.

## Impact on equalities

We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service. To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes. We have undertaken an initial equality impact assessment and will continue to gather views and data during the consultation to inform this assessment. You can find our initial equality impact assessment on the consultation website at <http://oriel-london.org.uk/equality-impact-documents/>.

The population demographic data suggest that the proposed move has a potential impact on equality for people in areas to the north east of London. We will continue to investigate this and consider the issues as part of the decision-making business case following consultation.

## The consultation process

The consultation process runs from 24 May to 16 September 2019, during which we are seeking views on:

- The proposal and how people may be affected.
- What matters to patients, their carers and families, and how this could influence decisions, designs and plans.
- The wider implications of the proposed change, its impact on healthcare, social care and environmental issues.
- Alternative proposals and suggestions.

Our approach has an emphasis on active participation and not just a request for written responses to the proposals. The programme of consultation activities includes open discussion workshops, discussions with key groups and meetings on request. People can give their views through several channels, including an online feedback survey, via social media, email and post and through face-to-face discussions.

A dedicated Oriel website provides access to consultation documents and supporting materials,

background information and relevant reports. Information is offered in accessible formats, including large print, audio versions, Easy Read summaries and languages on request.

For further details on how people can participate in the consultation, please visit <http://oriel-london.org.uk/get-involved/how-to-give-your-views/>.

### Aims for involvement and consultation

	Evidence of achievement
<b>Overall aim</b> – To implement best practice involvement and consultation to influence plans in 2019, and to embed involvement for future implementation.	<ul style="list-style-type: none"> <li>• Outcome reports</li> <li>• NHS England assurance</li> <li>• JHOSC response</li> <li>• Accreditation by The Consultation Institute</li> </ul>
<b>Five specific aims</b>	
1. 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.	<ul style="list-style-type: none"> <li>• Stakeholder analysis</li> <li>• Engagement log</li> <li>• Consultation documents and accessible versions</li> </ul>
2. To expand the range of people and groups involved, including action to reach minority and protected groups.	<ul style="list-style-type: none"> <li>• Outcome reports and influence on plans</li> <li>• Engagement log</li> </ul>
3. To ensure sufficient information is made available during consultation for intelligent consideration and response.	<ul style="list-style-type: none"> <li>• Background information available as well as main consultation document –to include outcomes of pre-consultation engagement</li> </ul>
4. To improve public awareness and confidence in change.	<ul style="list-style-type: none"> <li>• Survey results and feedback</li> </ul>
5. To build a framework for sustainable involvement from early discussions into future planning and implementation.	<ul style="list-style-type: none"> <li>• Established involvement mechanisms and updated strategy and action plan</li> </ul>

### Reaching our audiences

The consultation team is working with a detailed list of audiences, groups and organisations to be contacted and consulted. We are also requesting that those we contact share information with their networks and via their websites, newsletters, social media and other channels.

In summary, the main audience groups are as follows:



<b>Main audience groups</b>	<b>Channels for publication and feedback</b>
General public, local residents and all audience groups	<ul style="list-style-type: none"> <li>• Oriel website, social media, news coverage</li> <li>• Cascade distribution and publicity via CCGs, NHSE Specialised Commissioning, local authorities, voluntary sector and other partners</li> </ul>
Service users, carers and representatives	<ul style="list-style-type: none"> <li>• Collaboration with eye charities and Healthwatch</li> <li>• Involvement of networks and forums e.g. Trust members, CCG patient participation groups, voluntary sector forums and social media</li> </ul>
Minority interests and protected groups	<ul style="list-style-type: none"> <li>• Direct contact with identified groups and tailored workshops</li> <li>• Information in range of formats and language versions</li> <li>• Collaboration with Healthwatch and voluntary sector partners</li> </ul>
Voluntary sector and advocates	<ul style="list-style-type: none"> <li>• Collaboration with Healthwatch and councils for voluntary services (CVS)</li> <li>• Direct contact with identified advocacy groups and forums</li> </ul>
Local authorities, wards and neighbourhoods, partner agencies: planning, transport health and wellbeing, scrutiny	<ul style="list-style-type: none"> <li>• Direct contact with relevant bodies e.g. planning partners, scrutiny and other committees</li> <li>• Collaboration with relevant neighbourhood forums and other local representatives</li> </ul>
CCG, NHSE Specialised Commissioning and Trust staff	<ul style="list-style-type: none"> <li>• Existing channels of internal communications e.g. intranets, briefings, development sessions</li> <li>• Collaboration with Clinical, Workforce and HR functions</li> </ul>
Primary care contractors	<ul style="list-style-type: none"> <li>• Existing forums and channels via CCGs and NHS England</li> </ul>
MPs and government ministers	<ul style="list-style-type: none"> <li>• Existing Trust and CCG briefing arrangements</li> <li>• Briefings via NHS England</li> </ul>
Unions, Royal Colleges and professional representatives	<ul style="list-style-type: none"> <li>• Via Trust and CCG HR forums and local representative committees</li> <li>• Direct contact with Royal Colleges, BMA, RCN, Unison</li> </ul>
Press and media: local, national, trade	<ul style="list-style-type: none"> <li>• Existing channels via Trust, CCGs, Specialised Commissioning and NHS England communications teams</li> </ul>

Neighbouring trusts, wider geography of CCGs and other interests	<ul style="list-style-type: none"> <li>• Direct contact using distribution channels of CCGs, NHSE Specialised Commissioning and NHS England</li> </ul>
Partners in research and education	<ul style="list-style-type: none"> <li>• Direct involvement of the Oriel Management Executive</li> <li>• Cascade to research and education staff and external networks</li> </ul>
National regulators	<ul style="list-style-type: none"> <li>• Direct contact and assurance process</li> </ul>

## Open workshops for deliberative discussion and feedback

Dates of discussion sessions open to all audiences are published on the Oriel website at <http://oriel-london.org.uk/get-involved/events/>

Building on what we have learned during previous engagement, the most effective discussions come from smaller groups of up to a maximum of 20 people (although we would not limit attendance at an open discussion, except for health and safety reasons). We have found the best approach is to offer sessions in association with community and representative groups and eye care charities, using venues where these groups already meet.

## Deeper-dive discussions on key themes identified in engagement

In addition to general discussions, we are inviting people to participate in five themed workshops with subject matter experts. These will cover the following key themes:

- Options review and refresh
- Accessibility and wayfinding
- Patient experience
- Innovation
- Design.

## Proactively arranged discussions with key groups

As part of our direct contact with representative groups of both professionals and public, we will be requesting discussion and feedback via items on the agenda of meetings. We are also offering meetings on request.

## Consulting people with protected characteristics

We are writing directly to national, regional and local advocates for people with protected characteristics as identified in the Equalities Act 2010 to consult their views on issues of equality in relation to the proposed move.

We are also proactively seeking person-to-person discussions with a range of community groups of people with protected characteristics to listen to their experiences and issues that may impact on equality. Feedback from this part of the consultation process will inform the equality impact assessment, which will be included in the decision-making business case.

## Staff and clinical involvement

The consultation process outlined here is open to all, including staff and clinicians within

Moorfields Eye Hospital, UCL and the commissioning organisations. It links to other workstreams to ensure more specific and continuing staff and clinical involvement which will guide and influence the design, development and implementation of proposals over the next five years and beyond.

## **Management of feedback**

There is a single system for receiving, acknowledging and recording feedback from multiple channels. Feedback reports and notes of meetings will be available via the Oriel website. The final collation of responses will be passed to an independent organisation for analysis and evaluation at the end of consultation.

## **Beyond this phase of consultation**

As a result of previous engagement work, we have already built relationships that provide a foundation for continuing involvement and co-production with eye charities and other patient and public representatives. This will embed strong patient and public involvement to inform our longer-term strategies for participation in design, development and implementation.

## **Timeline of next steps**

- **24 May to 16 September 2019** - Public consultation, led by NHS Camden CCG and NHS England Specialised Commissioning on behalf of all NHS commissioners.
- **September to November 2019** - Draft report of the feedback from consultation and a review of the equalities impact assessment, to influence a final review of options and completion of a decision-making business case.
- **November 2019** - Camden CCG, Moorfields and NHS England will provide an update to the North Central London joint health overview and scrutiny committee.
- **December 2019** - Decision-making business case (DMBC) and final consultation outcome report assured by NHS England.
- **January 2020** - DMBC reviewed by CCGs' Committees in Common and NHS England Specialised Commissioning.
- **January 2020** - Announcement of decisions of Committees in Common and NHS England Specialised Commissioning.
- **Early 2020** - If the DMBC is approved, Moorfields would then submit an outline business case for national approval to NHS England and Improvement to commit public funds to the development of a new centre.
- **By autumn 2020** - Moorfields would submit a planning application to the relevant local authority. If the plan is agreed to build a new centre at the St Pancras site, this would involve a master plan for the site, in partnership with the current landowners, Camden and Islington NHS Foundation Trust. The local authority would hold a public consultation on the planning application.
- **Spring 2021** - Moorfields would submit a full business case for national approval to commit public funds to the development of a new centre.
- **Spring 2022** - Subject to national approval of the full business case and local authority planning approval, construction would begin.
- **By 2025-2026** - Completion of new build. Start to move services from City Road to the new centre.