

## London Clinical Senate review: response to recommendations

Overall, we welcome the Clinical Senate's review and their finding that there is a strong and clear clinical evidence base for the proposed move of Moorfields Eye Hospital's City Road hospital to a new, purpose-built facility at St Pancras.

In terms of the senate's specific recommendations;

### **1. The PCBC**

The Senate recommends that the final version of the PCBC:

- **takes a whole systems approach to the commissioning and provision of Ophthalmology and Eye Health Care**
- **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.**
- **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 this will meet the expected increase in demand for Ophthalmology and Eye care services. This should include a commitment to inter-operability**
- **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.**
- **has more detail on the specifics of their digital and research and development strategies**
- **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**
- **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**

We welcome the senate's comments on the draft PCBC and will seek to incorporate all additional information they have recommended in the final PCBC.

- We will detail how Moorfields has worked with the Clinical Council for Eye Health Commissioning to develop the SAFE framework, which is designed to reflect that the planning and provision of eye health care and services are increasingly being taken at STP level. SAFE sets out how local partners can work together to provide the basis for transformational change in how eye health services are organised and delivered, taking a whole systems approach. We are also working to revise our consultation governance structure to reflect the importance of whole system working and will include membership from the Local Optical Committee (LOC) and voluntary sector as well as patient/carer representatives within our programme governance structure going forward.
- We will provide more detail on the current models of care for eye health and the clinical challenges as drivers for change. This will include detail on the current patient experience (in particular care pathways in outpatients) and delivering efficient care in line with best practice as evidenced through the recent Getting It Right First Time review of hospital eye services across England.
- We will provide a high level description of the model for eye health care, reflecting the current formative stage of development of our clinical strategy. We are committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital Health Information Exchange platform being implemented across North London Providers. Additionally, through the STP digital work stream, we will encourage other providers to adopt interoperable digital solutions where there are material benefits to patient care.
- We will explain the current risks faced by the trust and commissioners, and how a move to the proposed new facility serve to mitigate these. This will include detail on improved patient experience, improved access to counselling services and patient support groups, improved care pathways and improved quality of hospital care.

- We detail below (section 8) how we will provide more information and assurance in relation to surgical services for children and young people in the proposed new facility.
- We will outline the digital strategy, which will demonstrate how the new site will be a significant enabler to service innovation using new technology. The proposed relocation will facilitate improvements to the physical IT infrastructure, improvements to the clinician-technology interface, improvements to the patient-technology interface and enable interdisciplinary working. We will also outline the research and development strategies, in particular how the proposed new facility will create an unrivalled global hub for world-leading eye health, encompassing patient experience, clinical practice, biomedical research, clinical trials and innovative treatments, public impact and commercial collaboration.
- We will use the Eye Health Network for London: Achieving Better Outcomes report as well as ONS, STP and trust population data to provide more detailed population modelling. We will explain how the proposed models of care will help meet this projected demand, in the context of the project's affordability for commissioners and the trust.
- We will provide detail on how the new facility will provide a better environment for staff, leading to increased staff satisfaction, better recruitment and retention as well as opportunities for evolving new roles. Detailed workforce planning will be undertaken as part of the development of the underpinning clinical strategy, with a workforce strategy included in the Outline Business Case and detailed workforce planning included in the Full Business Case.

## **2. Other models of best practice**

**The Senate recommends that the Trust and Commissioners consider other examples of best practice in eye health care. This could include:**

- **inviting clinicians from outside Moorfield to evaluate their current and proposed models of care**
- **committing to a systematic evaluation of their models of best practice**

- **engagement with Royal College of Ophthalmologists**

We are keen to continue working with other providers of eye care to learn from national and international best practice as we develop plans for Oriel. We thank the senate for highlighting the importance of engaging with the Royal College of Ophthalmologists as we work with partners across the health, social care and voluntary sectors to develop new models of care.

We are keen to work with other providers to help us evaluate our proposed models of care. We will learn from exemplary practice elsewhere in the UK as highlighted through national programmes including Getting It Right First Time (GIRFT). This will be enabled by Dr Alison Davis, Divisional Director for Moorfields south division, who is the joint national GIRFT lead for ophthalmology and recently appointed as the clinical ambassador for GIRFT in London. Oversight of how this learning is influencing our future models of care will take place at Moorfields' monthly trust management committee.

The trust will continue collaborating with and learn from global partners through membership of the World Association of Eye Hospitals (WAEH). This will be enabled through multi-disciplinary attendance of Moorfields staff at the annual WAEH conference, which is being hosted by Moorfields in London in June 2019, and through Moorfields' Chief Executive who is the current WAEH chair.

In developing the clinical strategy, Moorfields have adopted a process of systematic evaluation of models of best practice. This has been facilitated by McKinsey & Company (McKinsey) who was appointed to lead the first wave development of clinical strategies for Moorfields' highest volume sub-specialities: in glaucoma, medical retina, cataract and urgent & emergency services. Multi-disciplinary colleagues were invited to a series of workshops to discuss the strengths, challenges and opportunities of current services today, agreeing immediate operational priorities and longer term strategic options. Workshop colleagues included medical, nursing, optometrists, orthoptists, pharmacists, fellows, clinician scientists, workforce, digital, finance and service improvement colleagues.

As part of their approach, McKinsey reviewed best practice models for ophthalmology and other clinical specialties from across the world, using their global network. Examples of innovative practice were used to challenge and test assumptions about potential future models of care for each subspecialty, including exploring how we might develop more integrated pathways across primary, community and social care. Work is ongoing with the trust management committee (all executives, clinical leaders and senior management across the network) to develop the plan to implement the strategies, recognising that a number of initiatives will need collaborative working with other NHS organisations. This approach will be replicated in the development of future clinical subspecialty strategies.

### **3. Relationships with other providers after the move to St Pancras**

**The Senate recommends that more thought is given to how the move to the new site at St Pancras will affect relationships and dependencies with other NHS providers, for example the Western Eye, Great Ormond Street and University College Hospital.**

Moorfields will engage with other providers of eye care in North Central London through the relevant STP programmes and their membership of UCL Partners. Moorfields will also continue to engage with the leadership of Imperial Healthcare NHS Trust and Barts Health NHS Trust so that any material impact on existing relationships and dependencies of the proposed move to the new site at St Pancras are fully understood. This engagement will be co-led by Moorfields' medical director and the director of strategy.

Moorfields have well established clinical relationships with a number of other providers, summarised below.

#### *i. Barts Health NHS Trust*

The ocular oncology service was transferred from Barts to Moorfields in 2014. Since the service transfer, some inpatient services for ocular oncology have continued to be delivered from the St Bartholomew's Hospital site in the City of London. This is because some patients require access to intensive care units or high dependency units (ICU/HDU) post-operatively and the City Road

hospital is not able to support this level of care as a standalone eye hospital. Barts Health has indicated that in the longer term they wish to dedicate the St Bartholomew site to cardiovascular services, and as a consequence Moorfields is currently reviewing options for establishing an alternative partnership in the medium term. UCLH, which has a head and neck cancer service and will in future host one of two national proton beam therapy centres, is located in close proximity to the proposed St Pancras site and early discussions about a potential collaboration are ongoing.

Moorfields also works very closely with the Royal London Hospital and has a number of joint paediatric, strabismus and neuro-ophthalmology consultant posts. There is also an agreed orbital cellulitis pathway for children needing hospital admission for intravenous antibiotics.

ii. *Homerton University Hospital NHS Foundation Trust*

Moorfields' paediatric consultants have joint posts and work between Moorfields and the Homerton Hospital. This further strengthens links with local care. Moorfields provides the paediatric ophthalmology service at the Homerton Hospital as well as retinopathy of prematurity (ROP) screening and a regional ROP treatment service there.

iii. *Great Ormond Street Hospital NHS Foundation Trust*

Clinical teams at GOSH and Moorfields have worked closely together over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. GOSH provides specialist ophthalmology care to children and young people who have multiple comorbidities; they also provide all inpatient overnight stay for Moorfields' paediatric patients and out of hours emergency surgery facilities. All speciality training colleagues (STs) have joint appointments at GOSH as the paediatric ophthalmology on-call service is shared between the two organisations. Any emergency surgery that needs to take place after 4pm Monday to Friday or at any time at weekends is undertaken at GOSH.

Moorfields have been instrumental in strengthening the subspecialty service provision at GOSH with key joint appointments in vitreoretinal surgery, uveitis, genetics and glaucoma. A key advantage of this approach is the ability to

develop transition pathways for these patients as they enter adulthood, when their care will transfer to Moorfields.

iv. *Imperial College Healthcare NHS Trust (Western Eye Hospital)*

All services currently offered at the City Road site will be moving across to the proposed new site, including the eye health accident and emergency department, subject to consultation. This will mean two eye health accident and emergencies will be located in close proximity – the Western Eye Hospital in Marylebone and Moorfields in St Pancras. Moorfields will work closely with Imperial and all commissioners to ensure continued good co-ordination of services for the local populations.

The director of redevelopment at Imperial and director of strategy at Moorfields regularly communicate to ensure both organisations are aware of their respective redevelopment plans.

v. *University College London Hospitals NHS Foundation Trust (UCLH)*

There are close links between Moorfields and UCL Queen Square Institute of Neurology, with three of Moorfields' neuro-ophthalmologists having joint appointments there (a further two have links to St Thomas's). Two consultant radiologists are also primarily based at Queens Square. MRI scanning for Moorfields patients takes place at Queen Square and admissions can be organised by Moorfields' consultants with joint appointments there.

There is an existing SLA between Moorfields and UCLH to facilitate patients with new onset neurological symptoms to accessing the acute stroke unit.

vi. *Royal Free London NHS Foundation Trust*

UCLH's main site on Euston Road no longer has dedicated ophthalmology services. The clinics and operating lists for these transferred to the Royal Free, with clinic patients being seen at St Pancras Eye Clinic (SPEC) on the St Pancras Hospital site. The numbers seen at SPEC are relatively low and the largest service there (glaucoma) is run primarily as a virtual clinic with more complex cases repatriated to the main Royal Free site in Hampstead. This is overseen by a glaucoma consultant as a joint post between Moorfields and the Royal Free. The material impact of Moorfields moving to the St Pancras site is likely to be low, given the numbers involved. We will work with colleagues at the Royal Free to ensure that there is a seamless transition of care for these patients.

#### **4. Learning from the Richard Desmond Centre and other hospital redevelopments**

**The Review Panel noted how the Richard Desmond Centre is now used by almost double the patients it was intended for. The Review Panel recommends that:**

- **commissioners and the Trust apply the lessons learnt from the building of the Richard Desmond Centre and other recent hospital developments**
- **clinicians and carers are involved from the start as partners in the design, development and fit out of the new hospital and that the design reflects the**
- **that the new facility is large enough to be flexible and so accommodate the changes in demand, clinical models, and medical and scientific research**

Moorfields will engage with patients and staff to ensure that we learn and incorporate feedback from experience of building the Richard Desmond Eye Centre. As part of this, Moorfields will undertake a 10 year evaluation of the building project for the Richard Desmond Eye Centre. This will include members of staff, patients, their families and carers. The project evaluation will be completed in the Spring of 2019.

Moorfields will also work with other providers across the NHS and internationally who have recent experience of new hospital developments. We anticipate that this will include University College London NHS Foundation Trust (Phase 4 and Phase 5), Guys and St Thomas' NHS Foundation Trust (Guys Cancer Centre), Great Ormond Street Hospital NHS Foundation Trust (The Zayed Centre for Research into Rare Disease in Children), Alder Hey Children's NHS Foundation Trust (Alder Hey Children's Hospital), Singapore National Eye Centre, St Erik Eye Hospital in Sweden and the Royal Victorian Eye and Ear Hospital in Melbourne, Australia.

During 2019 a programme of learning will be established as part of the Oriel strategic planning workstream to incorporate international best practice into the design of efficient future operating models, and effective patient flow through physical environments.

The commissioners and trust will work together to ensure that the new facility has sufficient capacity and flexibility in the context of the project's affordability for the health system.

## 5. Commissioning and primary care

**The Senate recommends that to support their proposals for the better eye health care in NCL, commissioners explore the feasibility of devolving of Optometry (General Optical Services) commissioning to NCL CCGs.**

Commissioners support this proposal in principle through the North London Partners in Health and Care Estates Strategy, a key component of North Central London's sustainability and transformation plan. The estates strategy highlights Oriel and plans for the redevelopment of the St Pancras site as priorities for Wave 4 of the plan. The NCL estates strategy is intended as an iterative document and as such has been discussed and agreed by the NCL STP Programme Delivery Board, NCL Estates Board and the STP Directors of Finance meeting during 2018.

As the demand for services increases, improvement in operating efficiency will be vital. In addition, efficient care pathways that are integrated across hospital, community and primary care settings will become increasingly important.

Commissioners and the trust will work together to develop and pilot pathways which enable more out of hospital care. Proposals for the new facility will be considered in the context of improved opportunities for integration of health with social care and voluntary sector organisations, to ensure that patients receive the best possible holistic care and support, tailored to their needs.

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 some 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 charitable and voluntary organisations involved in sight loss services.

This is a complex provider landscape in which the 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. This will need to be in the context of developing STP planned care pathways and integrated care arrangements that are currently work in progress.

It is our joint ambition to develop a facility that is able to meet the growing demand for ophthalmic services, helping support the health system in London and beyond to manage waiting lists and times. A purpose-built ophthalmic accident and emergency department would enable faster throughput for patients seeking emergency treatment.

The new site could enable improved pathways across care settings:

- Primary care: optometrists would be better supported in the community with defined pathways (tele-ophthalmology or co-management) via direct electronic communication and referral advice
- Primary care in north central London: through the co-design of new pathways with local patients, GPs and primary care staff

## **6. Patient involvement and consultation**

**The Review Panel noted that a patient reference group was set up as early as 2014 in relation to the proposed move to St Pancras. The panel was impressed by the active engagement of “Trust Members “in the process and restart of the engagement process in July 2018. The Senate recommends that the Commissioners and the Trust:**

- **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**

We are in full agreement with the recommendations of the Clinical Senate regarding the importance of involving a wide range of patients, partners, community representatives and local people in planning, designing and delivering the proposed new centre.

We have already strengthened our professional communications and involvement resources and undertaken an intensive period of wider patient and public involvement to inform the PCBC.

We have broadened our scope and added rigour to our strategy and action plan for involvement and consultation. The more detailed plan, which will be included with the PCBC, takes on board all of the Clinical Senate's specific recommendations and provides a firm foundation for continuing patient and public involvement to inform the next business cases and future phases of implementation.

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

The latest involvement and consultation plan is summarised in the following stages:

#### *Stage 1 – Shaping the plan*

During this stage, in addition to the People's Advisory Group noted by the Clinical Senate, we are building a comprehensive stakeholder map that will ensure we reach a wide range of people and in different ways according to their diverse interests and needs. This links to our equality impact assessment and specialist involvement work for protected groups.

We are currently consulting patients, local residents and community representatives to gather a range of views that will inform the PCBC. This includes:

- Four surveys, examining major themes. One survey focuses on access, as highlighted by the Clinical Senate.
- Seven interactive drop-in sessions to gather views from patients, staff and visitors to Moorfields Eye Hospital and clinics across London.
- 10 focus group sessions across North Central London, which enable deliberative discussions around issues that are important to patients and local people.

To date, for example, we have gained insights on:

- Transport and access to the proposed new centre
- Ideas regarding the environment and design of the proposed new centre
- Opportunities to improve the patient experience
- Ideas for potential changes in patient pathways across the whole system, including social care issues
- How the proposed move might affect patients and local people, including advice on managing the transition from the current service to the new service
- Maximising the opportunity offered by the new centre to strengthen and build system-wide partners and improve inter-relationships for the benefit of patients.

### *Stage 2 – Wider involvement*

Using the communications channels of all health and social care partners involved, we will continue to reach the wider audiences, as recommended by the Clinical Senate. This will include proactive and specific connections with vulnerable and seldom-heard groups.

Digital methods, including a dedicated website and social media channels will support face to face discussions, further focus groups and survey work.

During this stage, we anticipate being able to explore the major planning themes in greater depth, which will inform the next stage of consultation and developing business case. Throughout this stage, we will continue to convey feedback to the relevant strategic and service workstreams, planning teams and the architectural design team.

We will actively recruit people to continue working with the programme's workstreams, and this will include patient advisory work on transport, access and design. The People's Advisory Group will provide a central coordinating steer, acting as a "critical friend" and co-producer for the involvement and consultation programme.

### *Stage 3 – Consultation*

### *Stage 4 – Outcome of consultation*

By stage 3, there will be significant and detailed outcomes from previous engagement that will identify what matters to people concerning the proposed change. We will build on this to inform the consultation document and range of discussions during a consultation period.

At the end of this stage a full report on the findings from consultation and pre-consultation engagement, and the recommendations of local authority health overview and scrutiny will be considered as part of the decision-making business case.

The scale and complexity of the programme requires close collaboration between multiple organisations to listen to the views of people who may be affected by the proposed service change.

Key points to support successful delivery of the involvement and consultation plan:

- Camden, as the lead CCG, has established a Communications Working Group, with representatives of the main commissioners (with contracts over £2 million) and the Oriel partners. The Group reports to the Programme Director and Consultation Steering Group.
- A core team is funded to manage delivery of the plan, supported by a director-level Communications Adviser with experience of consultation and involvement in major reconfiguration, and recently commended by NHS England and the East of England Clinical Senate.
- The Communications Adviser is able to share lessons from the pre-consultation and consultation experience of the Essex Success Regime, later the Mid and South Essex STP, which brought together three acute

hospital trusts and a plan to centralise a number of specialist services across Essex.

- Through the partnership of the Communications Working Group and working closely with the North Central London STP, we are also learning from the experience of consultations associated with the relocation of mental health services from St Pancras Hospital and review of trauma and orthopaedics.

## 7. Patient access

**Whilst Kings Cross and St Pancras stations will be step free, unlike at Old Street Station, these are both significantly larger transport termini than Old Street. Whilst the draft PCBC suggests it will be a 15-minute walk from the stations to the new hospital the reality is that this likely to be longer, especially for people unfamiliar with the route and/or suffering poor sight. The Senate recommends that there is:**

- **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**

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, TFL, Network Rail, Camden Council and other stakeholders as we progress our designs for the new site. There are a number of principle routes to and from the site, each of which will need to be explored further as part of an integrated design access statement, to form a key component of future planning proposals.

Developing a patient access strategy will form a key input for the Outline Business Case (OBC) submission and Moorfields have identified the need to appoint professional resource to support with this task. It is the intention to carry out a review of all potential patient routes to and from the new facility as part of the design process, commencing in January 2019. We will include this analysis within the OBC. Upon approval of the OBC Moorfields will seek to engage more formally with external stakeholders including TFL, Network Rail and the Local Borough of Camden so that a final agreed patient, staff and

public access strategy can be completed as part of the FBC submission and formal planning application to the local authority.

## **8. Children and young people's services**

**There is further consideration of the provision of paediatric surgery on a site (City Road) that does not have the full range of paediatric support services.**

**The Review Panel would like to see more consideration given to the pathway for children's anaesthesia. We suggest that Moorfields and its commissioners identify what the risks of this pathway are and develop a plan to mitigate them. Moorfields and Commissioners may also want to consider, if as part of the preparations for the move, a new clinical model should be devised which shifts, for reason of clinical safety, specialised paediatric anaesthetic work to GOSH or other paediatric supported sites. The same applies to the current arrangements for provision of IV treatment by Barts Health.**

Subsequent to receiving the senate's report, the trust has clarified that the clinical senate has no concerns about the safety of any of the trust's current surgical service for children and young people.

The trust is confident that it provides a safe and effective surgical service to children and young people which fully complies with best practice. It believes the model of care for children and young people requiring elective surgery is appropriate both now and in the future.

The Care Quality Commission (CQC), the independent regulator of health and social care in England, completed a comprehensive inspection of the trust, including children and young people's services, in May 2016. In its inspection report (published 6 January 2017) it rated children and young people's services at City Road as "good" overall with the domains of safe, effective, responsive and well-led rated "good" and the domain of caring rated as "outstanding".

Robust clinical protocols are used to risk stratify patients to ensure only low risk anaesthesia and surgery takes place at the City Road site. Children assessed as ASA1 or ASA2 are operated on at the City Road site. Children assessed as ASA3 and above are operated on at Great Ormond Street Hospital (GOSH). During pre-assessment any potential concerns regarding children are

flagged by pre-assessment nursing staff, triggering a review by the paediatric consultant anaesthetist pre-assessment lead or her deputy. Any borderline cases will be discussed with other paediatric anaesthetic consultants at Moorfields so there is consensus view. If a patient is deemed unsuitable then this is discussed with the surgeon and the usual outcome is that the surgery is undertaken at GOSH.

Clinical teams at Moorfields and GOSH have worked closely together over many years, with a number of joint or honorary appointments and a combined on-call rota for medical teams. The combined paediatric ophthalmology consultant on-call rota between Moorfields and GOSH provides consultant paediatric ophthalmology opinion 24 hour a day, 7 days a week. It is the only unit in the UK to offer this service, meaning non-paediatric ophthalmology consultants caring for children and young people in London and the UK often call for advice out of hours. GOSH provides specialist ophthalmology care to children and young people who have multiple comorbidities; they also provide all surgery requiring an overnight stay and out of hours emergency surgery facilities.

The Paediatric Anaesthetic Trainees Research Network (PATRN) surveyed 63 hospitals to establish national rates of unplanned admissions following paediatric day case surgery (across all surgical specialties). The audit established a median unplanned admission rate of 3.9% (range 1.2% - 16.5%) per annum following paediatric day case surgery. Moorfields does not have paediatric overnight inpatient beds hence the equivalent metric is transfer after surgery. The trust's 2018 audit of unplanned transfer of paediatric patients following surgery identified a 0.09% transfer rate (1 case in 1150). The previous transfer rates were 0% for 2017 and 0% for 2016. These data represent evidence demonstrating the safety of the trust's pre-assessment triaging of paediatric patients prior to surgery at City Road.

In response to the issues raised by the senate, the trust will commission an independent review of its plan for future provision of children and young people's surgery at the proposed new site. This review will include input from the Royal College of Paediatrics and Child Health, and the Royal College of Anaesthetists. The trust will share the outcome of the review with its

commissioners to inform development of its future models of care. This review will be completed by Autumn 2019.