

PROPOSED MOVE OF MOORFIELDS EYE HOSPITAL'S CITY ROAD SERVICES

Report of the Chief Officer, Herts Valleys Clinical Commissioning Group

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1. Purpose of report

1.1 A report from NHS England Specialised Commissioning and NHS Camden Clinical Commissioning Group (CCG) on behalf of all commissioners of Moorfields' services. NHS Camden CCG and NHS England Specialised Commissioning are leading a public consultation on a proposed new centre for Moorfields Eye Hospital.

1.2 This paper invites the Hertfordshire Health Scrutiny Committee, to respond to the consultation. It 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.

1.3 Recommendations:

The Hertfordshire Health Scrutiny Committee, is asked to:

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

1.4 For further information and consultation documentation, please refer to the consultation website www.oriel-london.org.uk where you can read or download the consultation document and other background information.

2. Summary of the proposal

2.1 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.

- 2.2 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.
- 2.3 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.
- 2.4 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
 - an effective use of public money.
- 2.5 In line with scrutiny regulations, the North Central London Joint Health Overview & Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move. The outcome of this will influence a decision-making business case to be presented to NHS England and NHS Improvement for assurance and, for decision-making, to the CCGs and NHS England Specialised Commissioning.

3. Background to the proposal

- 3.1 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. It 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.
- 3.2 14 CCGs from London and Hertfordshire hold significant (defined as >£2m per annum) contracts with Moorfields for activity at City Road, accounting for 45% of patient activity in England. Services at Moorfields City Road are also commissioned by NHS England specialised commissioning.

3.3 The spend by NHS England Specialised Commissioning and by Hertfordshire CCGs on Hertfordshire patients that attended Moorfields Eye Hospital in 2017/18 (the latest breakdown available):

CCG area	NHSE Specialised Commissioning spend (£)	SpecComm patients (number)	CCG spend (£)	CCG patients (number)
East and North Hertfordshire	£335,412	1,033	£3,089,293	13,275
Herts Valleys	£389,243	1,217	£2,835,261	13,368
	£724,655	£2,250	£5,924,554	£26,643

3.4 The case for change

3.5 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](#).

3.6 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.

3.7 The current facilities at Moorfields Eye Hospital on City Road date from the 1890s. 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.

3.8 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.

3.9 The proposed new centre would not only offer 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.

3.10 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.

4. The preferred way forward

4.1 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.

4.2 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.

4.3 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.

5. Options for the proposed new site

5.1 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.

5.2 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).

6. Travel analysis

6.1 Moorfields commissioned an independent travel analysis in September 2018 which identified that for some patients travelling to the St Pancras Hospital site, rather than the City Road site, travel times could increase on average by just over three minutes.

Figure 2: Public transport travel times to Moorfields Hospital at City Road

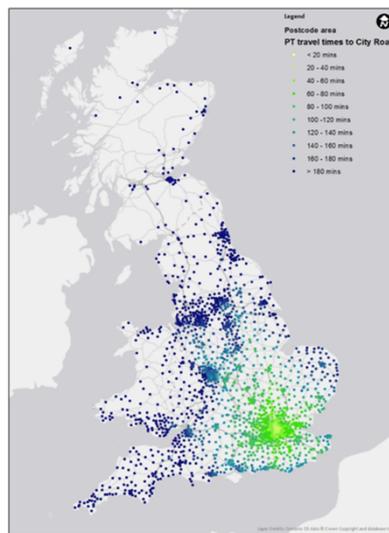
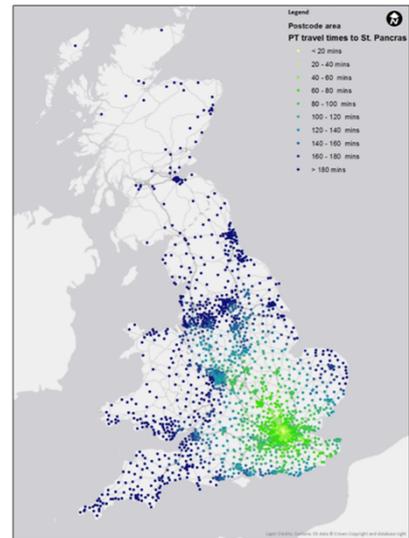


Figure 3: Public transport travel times to Moorfields Hospital at St. Pancras



6.2 The analysis showed that overall a relatively small number of patients (less than 1.5% would see travel times increase by more than 20 minutes, with the maximum increase being 25 minutes. Most of the increases are postcode areas that are to the immediate south or east of London. The [travel analysis report](#) is available from the consultation website.

6.3 Access to the proposed new site could 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.

6.4 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.

6.5 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 London Borough of Camden and other stakeholders as it progresses designs for the new site. For more information on access and travel times to the proposed location at St Pancras, please visit <http://oriel-london.org.uk/public-consultation/travel-and-access/>.

7. Accessibility

7.1 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. 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.

7.2 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.

8. Alternative options.

8.1 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.

9. Estimated cost to the NHS

9.1 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, and central government funding for transformation.

10. Public and patient involvement so far

10.1 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. A [comprehensive summary of these activities and feedback](#) is published on the consultation website.

10.2 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

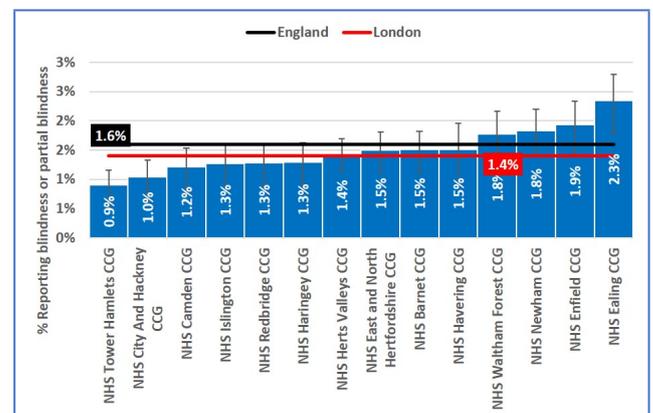
10.3 The following main themes highlight what matters to patients, carers and their families:

- 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.

11. Impact on equalities

11.1 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.

11.2 The total number of people registered as blind or partially blind within the 14 specified CCGs in the catchment area was 798 in 2017/18 according to QOF. Tower Hamlets CCG and City and Hackney CCG showed significantly lower proportion of registered patients living with blindness compared to both the London and England average, whereas Ealing showed a significantly higher prevalence compared to London and England. It is worth noting that not all patients with eye-related issues are classed as blind/partially blind.



11.3 The prevalence of type 2 diabetes indicates that, within the Moorfields catchment area, Camden, Hackney, Haringey, **Herts Valleys**, Islington, and **North and East Hertfordshire** have a significantly lower prevalence than the London and national rates

11.4 People with a learning disability are 10 times more likely to have serious sight problems and 60% of people with a learning disability may need to wear glasses. The QOF prevalence of learning disability within the Moorfields catchment area reveals that, Enfield, **Herts Valleys** and Islington CCG areas have a significantly higher proportion of patients with a learning disability

compared to the London region; however all CCGs within the catchment area have a significantly lower percentage of patients with a learning disability compared with national rates.

11.5 You can find our [initial equality impact assessment](#) on the consultation website. We will continue to investigate the impacts on equality and consider any issues as part of the decision-making business case following consultation.

12. The consultation process

12.1 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.

12.2 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.

12.3 [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.

12.4 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.

12.5 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.

12.6 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.

12.7 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.

13. Management of feedback

13.1 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.

14 Beyond this phase of consultation

14.1 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.

14.2 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/>.

