

SUPPLEMENTARY 1

HEALTH SCRUTINY COMMITTEE

Monday, 14 November 2022

**Agenda Item 6. New Moorfields Hospital Eye Hub at Stratford,
London (Pages 1 - 23)**

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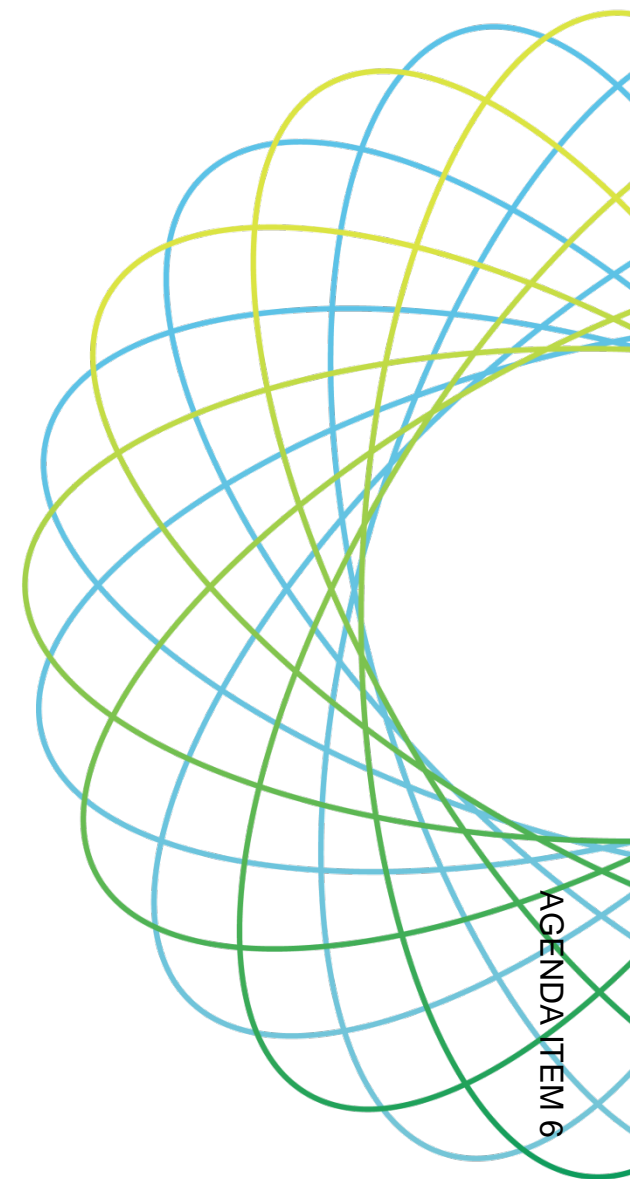


Moorfields at Stratford and Barking Community Diagnostic Centre

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Barking and Dagenham HSC
14th November 2022

Jon Spencer, Chief Operating Officer
**Dr Jonathan Clarke, Divisional Director and Glaucoma
Consultant**



AGENDA ITEM 6

In this presentation

1. **Introductory context**
2. **Proposal – Moorfields at Stratford**
3. **Proposal – Barking ophthalmology community diagnostic centre**
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 - Themes from feedback
 - Plan for patient involvement in planning the service
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Introductory context – a growing population

The population of London is growing. GLA figures show a mid-2020 population of 9m, estimated to grow to 9.78m in 2032 (8.56% growth) and 10.47m in 2042 (16.31%). NE London has the highest growth estimates, and this is particularly acute in Newham and Barking which both have notably large increases (see table 1.)

As our populations are known to be ageing, this growth will comprise greater numbers of older people needing access to eye care services. Our proposal is focused on addressing this new demand.

Borough/LA	Projected Population			Population Increase to 2031		Population Increase to 2041	
	2021	2031	2041	People	Percentage	People	Percentage
Barking and Dagenham	214,039	242,018	283,227	27,978	13.1%	69,188	32.3%
City of London	10,238	10,561	11,476	323	3.2%	1,238	12.1%
Hackney	278,987	292,823	306,744	13,837	5.0%	27,757	9.9%
Havering	260,393	280,322	287,553	19,929	7.7%	27,160	10.4%
Newham	352,644	425,160	462,662	72,516	20.6%	110,018	31.2%
Redbridge	303,932	318,750	327,130	14,818	4.9%	23,198	7.6%
Tower Hamlets	328,789	382,733	409,844	53,944	16.4%	81,055	24.7%
Waltham Forest	275,409	292,030	299,921	16,622	6.0%	24,512	8.9%
Grand Total	2,024,431	2,244,397	2,388,558	219,966		364,127	

Figure 1 – Population projection by Borough

Research commissioned by the RNIB, published in 2019, gave an insight into the broader societal impacts of sight loss and blindness:

- In 2013 there were an estimated 1.93 million people living with sight loss in the UK.
- The number of people living with sight loss is increasing each year and is set to double by 2050.
- Sight loss places a large economic cost on the UK, totalling an estimated £28 billion in 2008.

NHS Glaucoma Care: Pre-COVID Challenges

THE TIMES
WEDNESDAY SEPTEMBER 2 2020

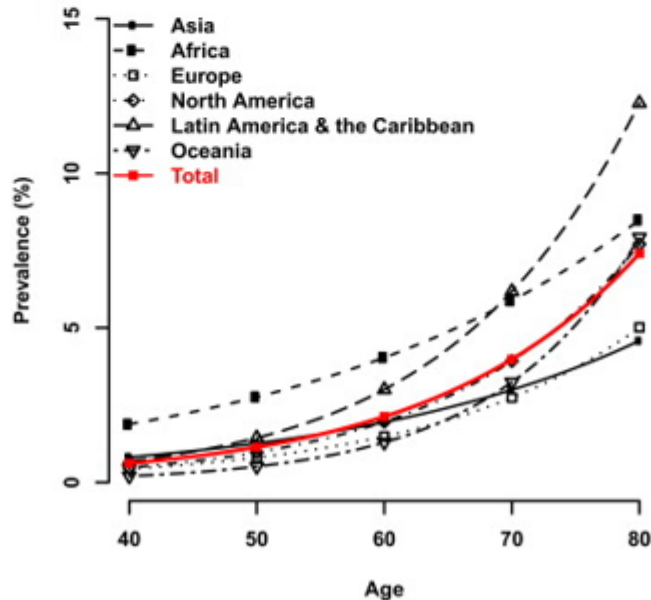
Log in

Patients went blind after appointment delays

Ben Ellery

Saturday October 26 2019, 12.01am, The Times

Fifteen hospital patients were left blind or with severe sight loss after staff shortages led to delays in their treatment, *The Times* can reveal.



LACK OF TIMELY MONITORING OF PATIENTS WITH GLAUCOMA

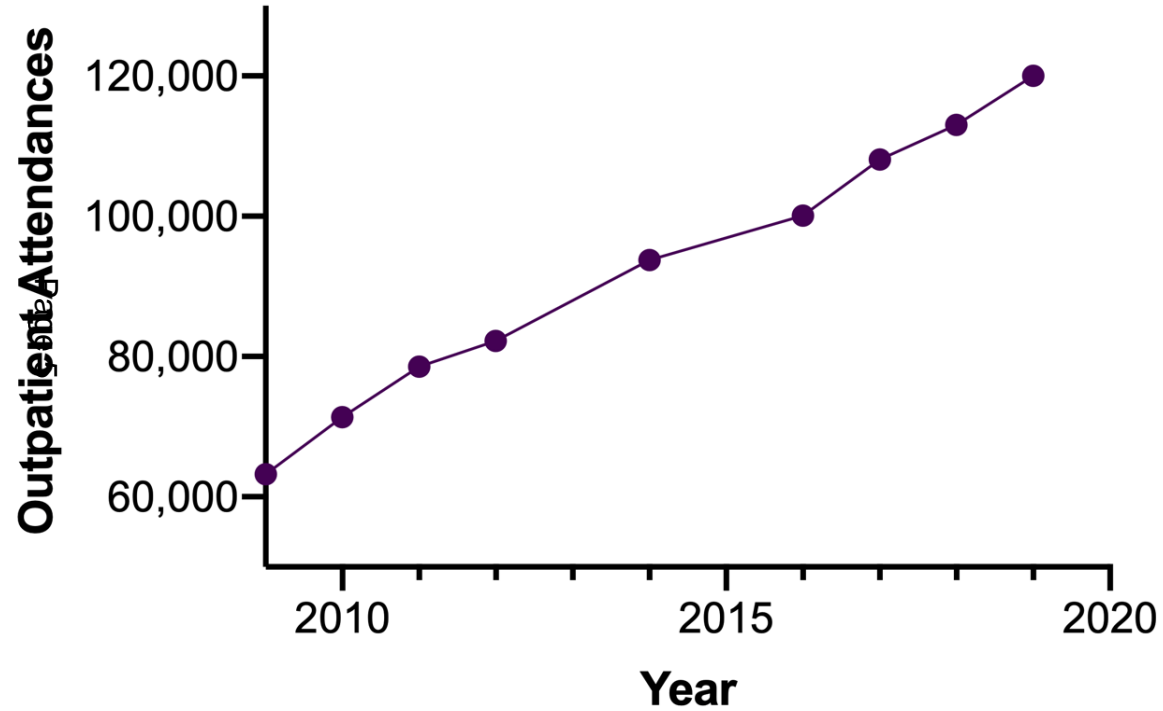
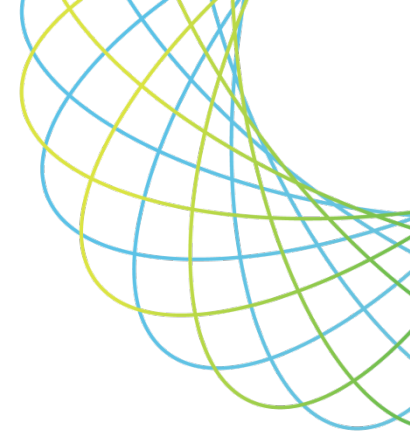
Healthcare Safety Investigation I2019/001

January 2020 Edition

- Maintaining timely follow up for glaucoma patients was a national challenge
- Ageing Population who Live Longer
- **Demand > Capacity**

Tham *et al.*, Ophthalmology (2014)

Moorfields Glaucoma Service: Pre-COVID Activity



Pre-Pandemic

- ▶ ≈ 120,000 outpatient attendances/year
- ▶ Over the past 5 years
 - 44% increase in outpatient activity
 - 55% increase in surgical activity (excluding cataracts)
- ▶ Established 3-tier system of stratified care
- Consultant Led / Optometrist Led / Asynchronous Diagnostic



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Accessing eye care

Addressing unmet need

Whatever plans are made for north east London residents, securing access to good quality eye care will be critical - and we know that there is unmet need even now.

Quality of Life

We can help. Investment in Moorfields' eye care will have significant positive impact at a population level as well as for individuals who will have a far better quality of life.

Innovation

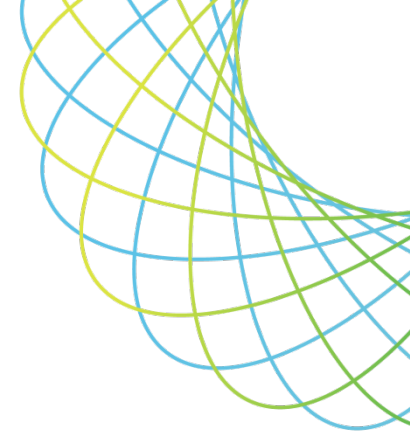
We have spent the last two years innovating to provide care during the covid pandemic, and have had a critical role in bringing down waiting lists and offering mutual aid to London providers under pressure.

Putting care where people live

And it doesn't necessarily need to be hospital-based provision – Moorfields has been at the forefront of putting care where people live, for example opening a diagnostic centre in Brent Cross Shopping Centre in 2021.

Committed to NE London

It is at the core of our purpose that no-one suffers from avoidable sight loss. We want to do all we can for the NE London population to whom our staff are strongly committed.



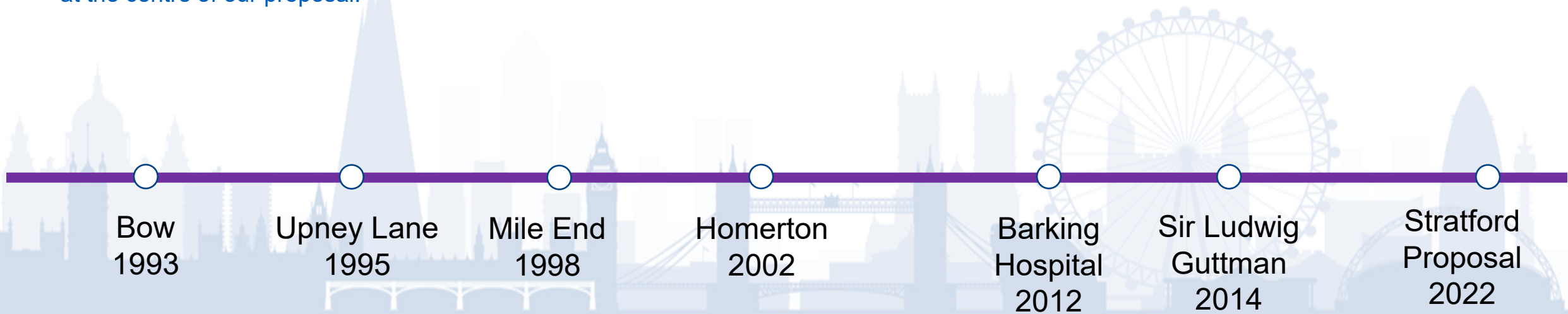
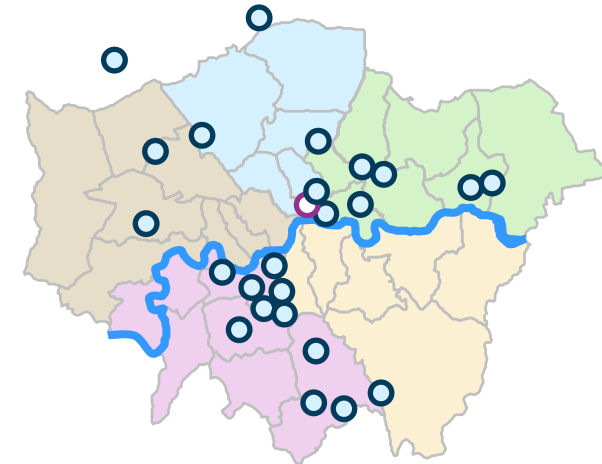
Moorfields' relationship with north east London

Moorfields has had a long history of providing care to residents of the north east London Boroughs. Perhaps this has been established longest in the City and Hackney Catchments given the location of City Road (from 1899); but we began expanding our network of services almost 30 years ago, opening a clinic in Bow.

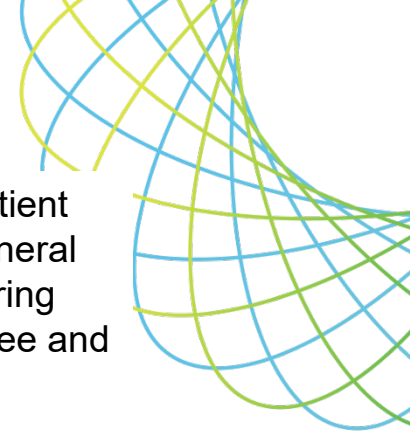
In 1995 we came to Barking Upney Lane, and Mile End in 1998. Homerton followed in 2002. We moved into Barking hospital in 2012 and the Sir Ludwig Guttman centre in Stratford in 2014.

We currently operate from 27 sites across London and the south east, and continue to develop our services so that our served populations can benefit from the latest innovations and have positive experiences of eye care. A good example of this innovation is our new diagnostic centres at Hoxton and Brent Cross, opened in 2021.

But Hoxton and Brent Cross are just one part of the picture. We are committed to giving the local residents of north-east London the best access to globally renowned high quality eye care too. This is at the centre of our proposal.



Moorfields services at Barking Community Hospital



	Barking
Services provided	Cataract, Glaucoma, General Ophthalmology
Outpatient attendances 19/20	8,123
Clinic rooms	5 (1 diagnostic and 4 consulting)
Injection/Procedure Rooms	0
Theatres	0

During financial year 19/20 there were 8,123 patient outpatient attendances - 60% Glaucoma, 23% Cataract and 17% General Ophthalmology. Glaucoma care involves long term monitoring whilst Cataract and General Ophthalmology are shorter, 'see and treat' pathways.

- Moorfields Glaucoma pathways have transformed in recent years – asynchronous diagnostic pathway to monitor patients and consultant led clinics to manage patients with unstable disease.
- Attend anywhere virtual pathway developed at Moorfields for General Ophthalmology to triage patients and reduce unnecessary visits.
- We have been unable to access Mile End theatres since October 2020. Since then, Moorfields Barking patients who require Cataract or Glaucoma surgery after being seen in clinic are transferred to St Ann's in Tottenham or City Road.
- No Medical Retina (MR) service at Barking. Moorfields NEL service is at Sir Ludwig Guttman (SLG) in Stratford.
- Lacks dedicated ophthalmic pharmacist and eye care liaison support due to lack of space.



Case for change

Outcomes

- Improved access to care due to capacity expansion.
- Integrate sites together to enable access to comprehensive eye services under one roof
- Local access to research.
- Enable the organisation to be agile, adapting their service models in response to changing clinical and technological advances including diagnostic lanes.
- Opportunities to tackle unwarranted variation in care across sites
- Enable the Trust to accommodate future changes.

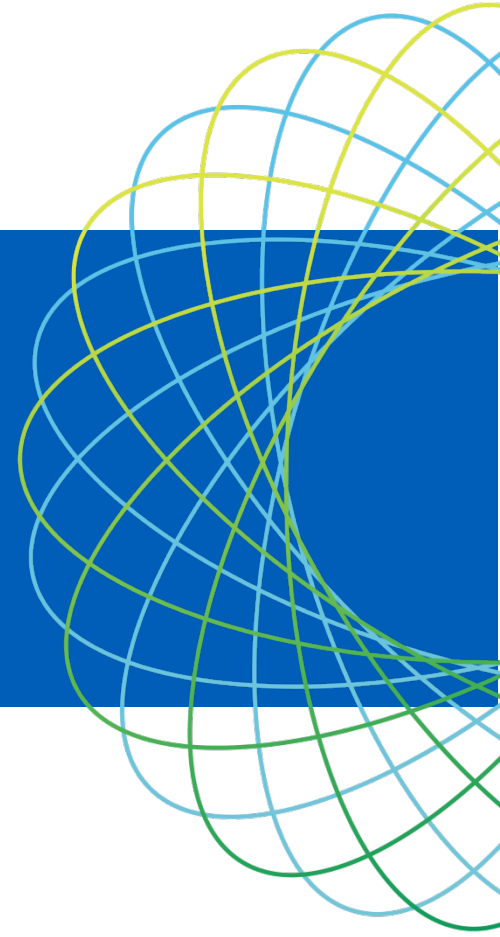
Improved experience

Examples of improved experience for patients and their carers include:

- Reduced travel time for surgical care.
- Improved facilities which addresses safety risks including temperature control, lack of fit for purpose rooms for laser/image equipment
- Improving access to, and visibility of, patient support services – eye care liaison officers and specialist pharmacy.
- Closer working with community and primary care providers to deliver services closer to home.
- Opportunity to collaborate and support other local providers for example, with access to diagnostics or surgery. Potential to reduce waiting times overall within the sector with this approach.



2. Moorfields at Stratford



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Moorfields at Stratford

TIF (Targeted Investment Funding) was approved in July 2022 to convert a 4 floor office block situated on the Broadway, Stratford into a comprehensive Ophthalmic diagnostic and treatment centre. It is proposed that our current sites at Mile End and Sir Ludwig Guttman (SLG) will close and care will transfer to Stratford. Barking will become a community diagnostic hub – a collaboration with BHRUT and Barts Health.

The Stratford site would be designed to support best practice pathways -

1. The ground floor diagnostic lanes would provide patients with quick and convenient 30 minute tests. Results will be reviewed by a clinician remotely, where a pathway decision will be made.
2. The middle two floors will serve as dedicated face to face clinic space with an injection and laser suite.
3. The top floor will undertake day case surgical procedures in 2 surgicube theatres.

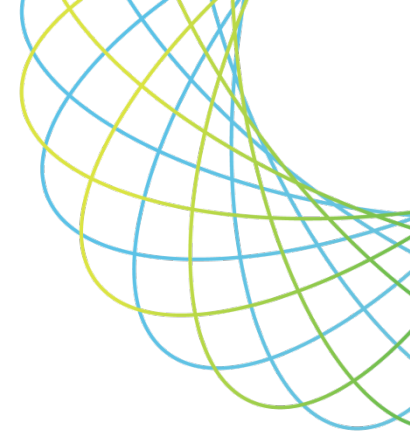
The new site will enable delivery of an additional 4,800 additional day cases per year and 4,500 outpatient appointments per year. The centre will have the necessary space, facilities and staff to fully support the immediate needs of elective recovery and for future growth at the level agreed with commissioners (3% per year).



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Site location



- 4 floor, 13,000 sqft stand alone building which was formerly used as the Mind charity offices.
- 4-5 minute walk from Stratford train and bus stations.
- Direct bus route 238 from Barking town centre and 1 min walk around the corner to the site.
- Patient drop off area to the rear of the property.
- There are also two paid car parks close by, Stratford Town Hall Car Park (0.1 miles away) and Stratford Multi-Storey Car Park (0.3 miles away). The Town Hall Car Park has 34 spaces, three of which are dedicated to disabled badge holders, and costs start at £2.30 per hour. The multi-storey car park has 430 parking spaces, 25 of which are dedicated to disabled badge holders, and costs start at £2.30 per hour.



3. Barking Ophthalmology Community Diagnostic Centre



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Barking Ophthalmology Community Diagnostic Centre (CDC)

Engagement with patients and colleagues last year brought out how valued the Moorfields service is to patients and referrers. There was consensus at the NEL CAG (Feb 2022) that a local Ophthalmology service should continue at the site and discussion with Barts and BHRUT leads shaped our thinking on the needs of the population of Barking and Dagenham.

The proposal, supported by the NEL Ophthalmology network, is to convert our current leased space into a diagnostic unit for Glaucoma, Medical Retina and General Ophthalmology. The vision is a collaboration between Moorfields, Barts Health and BHRUT to strengthen network working between providers and improve access.

The proposal is under development, supported by the Barking Hospital CDC programme.



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Barking current

Glaucoma asynchronous clinic – 2 days/week
Glaucoma clinic – 1 day/week
General Ophthalmology clinic – 1 day/week
Cataract clinic – 1 day/week



Barking proposed

Glaucoma asynchronous clinic – 5 days/week (MEH and BHRUT)
General Ophthalmology asynchronous clinic - 1 day per week (MEH)
Medical Retina asynchronous clinic – 5 days/week (BHRUT)
Expansion opportunity up to 7 days in time

Stratford

Glaucoma and Cataract clinics alongside surgery – expansion opportunity for future growth



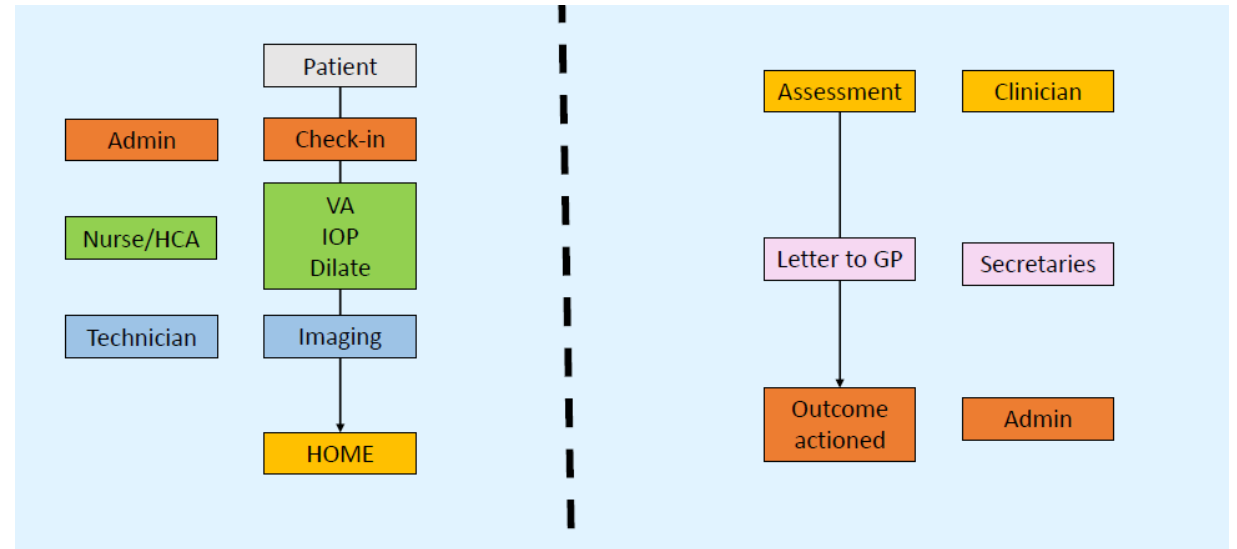
Case for change

Pathway developments to improve patient experience:

- Transition from traditional face to face clinic model in Medical Retina and Glaucoma to an **asynchronous diagnostic pathway**. Barking patients with stable disease will attend a dedicated diagnostic unit with testing machines arranged in lanes and will be supported by a single technician. Images are reviewed remotely by a clinician within 4 weeks. Moorfields hub at Hoxton in NCL sees visit times of 30-40 mins. Current waiting time at Barking 1-2 hours.
- Dissociation between the basic assessment/imaging and clinician assessment enables greater number of patients to be monitored with clinician time being focussed on patients with unstable disease who require face to face consultation and treatment.
- 25% of patients require consultant led care following asynchronous diagnostic visit, meaning the majority of patients remain on a diagnostic monitoring pathway and are seen in a timely and safe way.

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Patient pathway for asynchronous diagnostic pathways



Day 1

Weeks 1-4



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3. Feedback from patients



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Patient engagement on the proposal is underway to ensure the views of patients are taken into account in planning

Supportive feedback includes

“I hope the new site will be good to reduce waiting times”

- Surgery being closer to home – 82% of Barking patients see this as a positive change
- Reduced waiting times (both for appointments and when attending clinic)
- Access to Stratford site is within a few minutes walk of public transport/car park

Consistent concern themes are starting to come through, focussing our plans in response

Theme	Plans in response
Longer travel distance with health issues impacting ability to use public transport. 46% of Barking respondents so far have said it will be more difficult for them to attend	Needs assessment for each individual patient affected. Patient transport service may require development.
Increased cost of travel (34% cost more, 38% same, cost less 10%, 19% didn't know)	Explore patient transport service to meet needs.
Parking and drop off required	Full communication on parking options available close by. Plan to work with council on drop off bay and disabled parking immediately around the building.
Signage and wayfinding important	Specific patient group to be set up on wayfinding. Take learning from City Road 'green line' and public transport announcements.
Nervous about level of technology in the new building and complexity	Simple check-in kiosks for those who opt to use. Main staffed reception desk on ground floor to provide assistance to all patients.

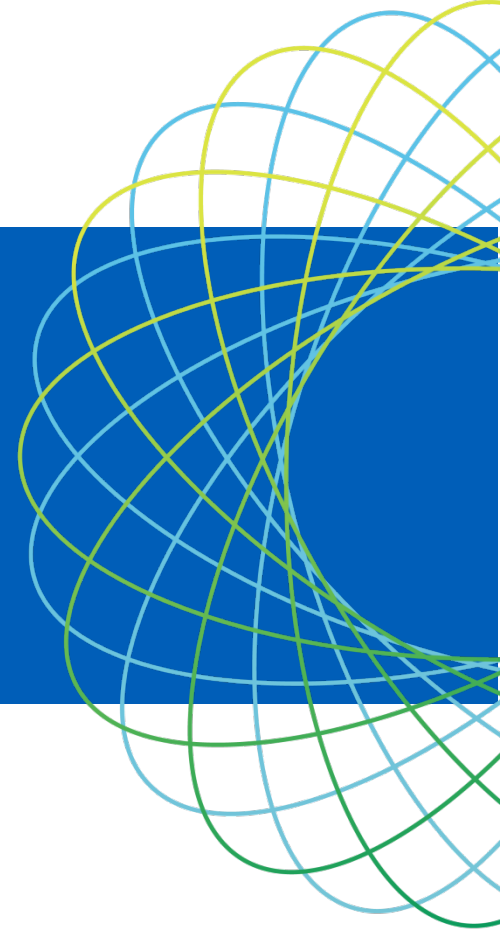


Planned patient involvement in planning the new service

- We will be transparent about the service change proposal and focus patient involvement on the design of the new service and pathways.
- Engagement event at Barking Community Hospital on 18th November.
- On site communication stall will remain at Barking for ongoing feedback.
- Patient representatives to enable co-design inc. specific group to look at signage and wayfinding.
- Continue to build on work to ensure suitability for visually impaired / disabled patients.



4. Request for your response



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Subject to the response

We plan to:

- Continue to incorporate Barking and Dagenham patient feedback into the proposal
- Work with ICB, BHRUT and Barts Health colleagues on defining the CDC more fully

Ideal timeline that we would like to follow:

Stratford

Page 22
March 2023 – internal works completed with the hope of enabling go-live of diagnostic and 1st floor outpatients.

May-August 2023 – bed lift construction completed to enable go-live of 2nd floor outpatients and surgicube theatres.

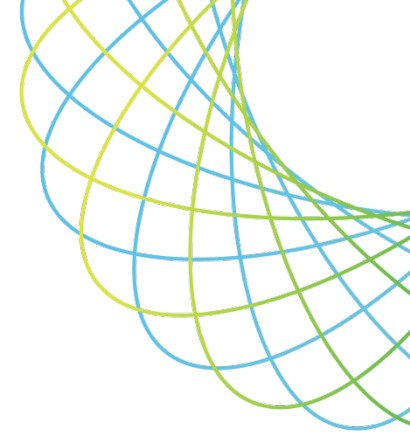
Barking CDC

To follow on from Stratford move, pending finalised project plan.



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Please provide us with your views / questions about the proposal



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