ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	AGENDA AND REPORT PACK	3 - 190

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NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday 29th January 2024, 10:00 a.m.
Committee Room 1, Hendon Town Hall, The Burroughs, London NW4 4BG

Contact: Dominic O'Brien, Principal Scrutiny Officer

Direct line: 020 8489 5896
E-mail:dominic.obrien@haringey.gov.uk

Councillors: Rishikesh Chakraborty and Philip Cohen (Barnet Council), Larraine Revah **(Vice-Chair)** and Kemi Atolagbe (Camden Council), Chris James and Andy Milne (Enfield Council), Pippa Connor **(Chair)** and Matt White (Haringey Council), Tricia Clarke **(Vice-Chair)** and Jilani Chowdhury (Islington Council).

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 11 below).

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. MINUTES (PAGES 1 - 10)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 30th November 2023 as a correct record.

7. WORKFORCE UPDATE (PAGES 11 - 50)

To provide an update on workforce issues in NCL.

The most recent previous update to the Committee on this issue was 30th September 2022. To view the minutes from this discussion please see Item 21 at: https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=697&MId=10431&Ver=4

8. DIABETES SERVICES (PAGES 51 - 66)

To receive a presentation about out of hospital care for adults with diabetes in North Central London.

9. OPHTHALMOLOGY SURGICAL HUB - ENGAGEMENT FINDINGS (PAGES 67 - 176)

To receive an update on the engagement findings report for the NCL Surgical Transformation Programme: Ophthalmology Surgical Hub.

10. WORK PROGRAMME (PAGES 177 - 184)

This paper provides an outline of the 2023-24 work programme for the NCL JHOSC.

11. NEW ITEMS OF URGENT BUSINESS

12. DATES OF FUTURE MEETINGS

Meeting dates for 2024/25 will be published shortly.

Dominic O'Brien, Principal Scrutiny Officer
Tel – 020 8489 5896
Email: dominic.obrien@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Friday, 19 January 2024

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Agenda Item 6

Minutes of meeting of the North Central London Joint Health Overview and Scrutiny Committee held on Thursday 30th November 2023, 10.00 am - 12.45 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Jilani Chowdhury, Philip Cohen, Tom O'Halloran and Matt White

29. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

30. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Larraine Revah (Camden), Cllr Kemi Atolagbe (Camden), Cllr Chris James (Enfield), Cllr Andy Milne (Enfield) and Cllr Rishikesh Chakraborty (Barnet).

Cllr Tom O'Halloran (Enfield) joined the meeting in place of Cllr Andy Milne (Enfield).

31. URGENT BUSINESS

None.

32. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

33. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

34. MINUTES

The minutes from the previous meeting were approved by the Committee.

RESOLVED – That the minutes of the meeting held on 11th September 2023 be approved as an accurate record.

35. START WELL PROGRAMME

Cllr Connor noted that, although the report covered the consultation approach, the papers did not include the consultation itself as this was not due to be launched until 11th December.

Sarah Mansuralli, Chief Strategy & Population Health Officer at North Central London Integrated Care Board (NCL ICB), introduced the report, explaining that this built on previous briefings and provided the Committee with the opportunity to comment on the approach to consultation. As an Integrated Care System, there was an overall focus on inequalities, value for money and social/economic development. The Integrated Care Strategy identified Start Well as a priority with a focus on service improvement and pregnant women's experience of care and the role of the workforce as being critical for population health.

Sarah Mansuralli explained that the Case for Change had been published in June 2022 with a strong evidence base for improving care at an early age having an impact on population health outcomes. The Start Well programme had commenced in November 2021 and had benefitted from extensive clinical and service user input with the development of best practice care models and understanding the case the changing the way that services were organised. In NCL the birth rate was declining but the complexities of births was increasing. There were high vacancy rates in birthing centres which could compromise the choice of services while there was imbalance of demand across services leading to an over/underutilisation of particular units. The number of deliveries at the Edgware Birth Centre was declining each year with just 34 deliveries in the previous financial year. In addition, the fabric of estates in NCL was not up to the standards required by best practice models.
The new models of care were designed to address these issues, making each unit clinically viable, maintaining choice and improving the patient experience. The documents provided to the Committee demonstrated that doing nothing was not an option as the existing model was no longer sustainable. The following changes were therefore proposed:

- To move to a model with four units providing maternity and neonatal care instead of five units.
- This would mean having three Level 2 units and one specialist Level 3 neonatal intensive care unit at University College London Hospital (UCLH).
- There would no longer be a Level 1 unit or a stand-alone birthing centre.
- Pathways for paediatric surgical care would be streamlined.

Anna Stewart, Programme Director for Start Well, set out details of the options being included in the public consultation:

- Option A involved the UCLH as the specialist Level 3 neonatal unit, with Barnet Hospital, North Mid Hospital and the Whittington Hospital as the three Level 2 units. Maternity and neonatal services at the Royal Free Hospital would be closed.
- Option B also involved the UCLH as the specialist Level 3 neonatal unit, with Barnet Hospital, North Mid Hospital and the Royal Free Hospital as the three Level 2 units. Maternity and neonatal services at the Whittington Hospital would be closed.
- Option A had been identified as the ICB's preferred option. The reasons for this were set out in the report, but were mainly because this would mean fewer staff needing to move to a new location and because Option A would mean some patients going to hospitals in North West London where there was capacity for this, while Option B involved some patients going to hospitals in North East London where capacity was more limited.

Anna Stewart also outlined details of a second issue in the public consultation which concerned the proposed closure of Edgware Birth Centre due to low levels of demand.

The third main issue in the public consultation related to proposals on paediatric services which would involve:

- Local units (at Barnet, North Mid, Royal Free and Whittington Hospitals) continuing to provide most emergency surgery for children aged 3 or older, general/urology surgery for children aged 5 or older and ear/nose/throat/dentistry day surgery for children aged 3 or older.
- A centre of expertise at Great Ormond Street Hospital including a surgical assessment unit for emergencies for babies and young children and emergency surgery for children younger than 3 years old or for general/urology surgery for children younger than 5 years old.

Sarah Mansuralli and Anna Stewart then responded to questions from the Committee about the options and general approach to the consultation:

- Cllr Clarke welcomed the preferred option being the one that retained services at the Whittington Hospital due to the large catchment area that could be affected. However, she asked how concerns identified with the Whittington unit on page 12 of the report would be addressed including the unit not meeting with modern best practice building standards and risks around infection control. Sarah Mansuralli responded that this part of the report set out the clinical drivers for the proposed changes but that the changes would also involve capital investment to improve facilities on one of the two sites (Whittington or Royal Free depending on the option selected). Clare Dollery, Medical Director at Whittington Health NHS Trust, added that the unit had very caring, well-trained staff who worked to ensure that the deficiencies of the old Victorian estate did not impact on outcomes for patients. However, she acknowledged that the lack of en-suite facilities was an issue for patients and that investment

was required to bring the estate up to the standard required. Mike Greenberg, Medical Director for Barnet Hospital (which managed the unit at the Royal Free), added that, as stated in the report, the Level 1 unit at the Royal Free was only 37% occupied in 2021/22. This impacted on the experience of the doctors and nurses in looking after sick babies, representing a clinical risk that was mitigated by the use of fixed term consultants but was not sustainable in the longer-term. He also reiterated the considerations about the additional staff disruption and patient flows associated with Option B. Clare Dollery and Mike Greenberg also highlighted the involvement of their staff in the stakeholder consultation group. Cllr Clarke welcomed these points but expressed the view that more information about the capital investment should be available and made clearer in documents relating to the consultation. **(ACTION)** Anna Stewart responded that the public consultation documents had not yet been approved by the ICB Board but, in their current form, explained that approximately £40m of capital investment would be provided for either option.

- Cllr Chowdhury expressed concern about the additional demand pressure on the Whittington unit and about potential difficulties with transport issues for patients going to the Whittington unit instead of the Royal Free unit. Michelle Johnson, Clinical Lead for the Start Well programme, said that not all patients from the catchment area would be going to the Whittington unit as a significant proportion would be going to hospitals in North West London (should Option A be chosen) and that the overall impact of the proposals would be to increase capacity and improve all maternity units.
- Asked by Cllr Connor about the monitoring of data on patient flows, Anna Stewart said that complex modelling had been carried out and that this was based on predictions about where patients would go. In most cases this would be their nearest unit, but patient choice was also considered. The model would need to be rerun as more information became available.
- Asked by Cllr Cohen for further details on the capital investment, Sarah Mansuralli explained that there was a technical document underpinning the pre-consultation business case that was linked to from the main report. Option A involved around £42m being provided to improve the Whittington unit while Option B involved around £39m being provided to improve the Royal Free unit. She added that the decision was clinically driven rather than financially driven, noting that the preferred option involved slightly more funding and that the proposed closure of the Edgware Birth Centre would not result in savings as the services would be offered elsewhere.

Chloe Morales Oyarce, Acting Assistant Director for Communications & Engagement at NCL ICB, then set out details of the public consultation itself which was proposed to launch from 11th December 2023 and remain open for 14 weeks. She explained that there had already been extensive engagement through the Start Well programme and that the new public consultation would involve working with partners including local authorities, NHS Trusts, voluntary sector organisations and others. Clear information would be provided on how people could participate in the consultation with various formats available online and via printed documents to enable a high level of

accessibility. There would also be some targeted engagement for certain groups including more deprived areas, BAME groups and geographical areas close to the units affected. Engagement with staff groups would also continue. More details about the consultation questionnaire and engagement techniques were included in the report to the Committee.

The Committee then asked further questions about the public consultation:

- Cllr Connor asked how realistically the direction of policy would be impacted if the feedback favoured Option B (or neither option) rather than the preferred Option A. Sarah Mansuralli said that both options were deliverable and that the proposals had been thoroughly tested by the London Clinical Senate in terms of clinical outcomes. Anna Stewart concurred with this and added that the consultation was not a referendum or vote but a more nuanced process where everything that was said and where these views were coming from would need to be carefully analysed with the detailed impact assessment updated as part of the process to reaching a decision.
- Asked by Cllr Connor how concerns about transport issues would be addressed through the consultation process, Sarah Mansuralli said that the ICB recognised that further mitigations may be needed but that these would need to be informed by the consultation.
- Cllr Connor commented that, as part of the consultation process, the public would need be made aware of the context that the Royal Free NHS Trust was in favour of Option A (which involved the closure of the existing unit at the Royal Free Hospital) as there was otherwise a risk of only the negative aspects of a unit closure being understood. Anna Stewart said that the consultation document would explain how the ICB conclusions had been reached and set out which organisations had been involved in that process. Sarah Mansuralli acknowledged that this might not necessarily be overtly clear to the public and so they would give this some further thought. **(ACTION)**
- Asked by Cllr O'Halloran about the potential pressure on hospitals in North East London under Option B, Anna Stewart said that, while both options were deliverable, the proposals under Option A were considered to be less disruptive both in terms of outflows and the expansion of the current neonatal unit.
- Cllr Clarke suggested that the graphic on page 16 of the agenda pack required further information about how units were being upgraded if it was to be included in the consultation. Anna Stewart responded that this illustrated what the outcome of either option would look like but reiterated that details of the capital investment would be included in the public consultation document and agreed to recheck how this would be framed. **(ACTION)**
- Cllr Connor queried whether details of any additional services that would be provided at the Royal Free or Whittington in the space vacated by a unit closure would be included in the consultation. Sarah Mansuralli said that it would be difficult to include this in the consultation as the Trusts had not yet reached decisions on this but acknowledged that there would be opportunities provided by the availability of new space. Mike Greenberg added that there

was huge demand on space at the Royal Free Hospital, including the possibility for a number of specialist services to expand.

- Asked by Cllr Chowdhury about engagement with BAME and more deprived communities, Chloe Morales Oyarce reiterated the engagement with partners, that the ICB had good relationships with community groups who could help to facilitate engagement and that there would also be targeted engagement based on where people could be reached such as Childrens Centres. She added that any suggestions for community contacts from Committee Members would also be welcomed.
- Cllr Cohen suggested that the mitigations around travel times and costs may need to be strengthened, particularly in relation to more disadvantaged communities. Anna Stewart responded that work with partners had been carried out on mitigating the disbenefits, including potential eligibility for reimbursement for travel costs in some circumstances. She added that the current service model already involved long journeys in some circumstances, for example when more complex care was required than could be offered at the local unit. These issues would be tested and analysed further as part of the public consultation.

Cllr Connor then summarised the main recommendations of the Committee on the public consultation as follows:

- The need for the public to be made aware of the underlying support of NHS Trusts for the proposals, including Trusts directly affected by the potential closure of a unit as this was particularly relevant to any local debate on this issue.
- The importance of clarity over the capital funding being provided under either of the main two options and the need to address any potential risks over the longer-term of insufficient capital funding to support the ongoing cost of Start Well programme, including any possible hidden costs.
- To engage with residents over the development of mitigations for people who may be affected by additional transport costs.
- To closely monitor and report back to the JHOSC on the ongoing modelling of patient flows as current predictions may not necessarily match the choices that patients subsequently make in future years.
- That any ‘before/after’ graphics illustrating the two options in the consultations documents should make clear how units are being upgraded as part of that reconfiguration.

36. ESTATES STRATEGY

Nicola Theron, Director of Estates for the NCL ICB, introduced this item noting that a number of specific questions asked by the Committee were addressed in the report. She highlighted the recent progress of the Estates Strategy including investment in the Primary and Community estate, with a number of new build and refurbishment projects set out in the report. An update was provided on the St Pancras

Transformation Programme and asset disposals were also described in the report with an uptick in 2027/28. The graphs on page 18 of the agenda pack illustrated the critical backlog maintenance of around £121m with the effective maintenance of estates essential to deliver good quality patient care.

Nicola Theron explained that there were corporate expenditure limits on the overall capital and leasing spend for NCL which was £178m this year. It was necessary to work carefully and creatively to use not just national capital but also other sources of funding. NCL was one of the few ICS areas to set aside 5% of the capital budget for primary/community services. The Community Investment Fund/Section 106 (CIL/S106) funding was a significant source of funding as illustrated in the report.

With regards to Local Estates Forums (LEFs), the list of local authority representatives was provided in the report and this included a good range of senior officers and policy leads but more limited representation from Councillors.

Nicola Theron then responded to questions from the Committee:

- With regard to the St Pancras Transformation Programme, Cllr Connor asked about risk and financial stability for the second site. Nicola Theron said that the Moorfields site was being delivered separately from the second site where there were a series of other transactions, including a partnership with the private sector that was adding skills and expertise to the project. The programme was operating in difficult market conditions in terms of disposals and construction. The objective was to align the whole long-term programme and various sources of funding with the objectives of optimising health outcomes and ensuring minimal disruption. Sarah Mansuralli added that the programme involved a sequence of planned transactions so there was always a risk concerning the transactions being completed within the planned timescales. There was therefore a lot of focus on risks and mitigations throughout the programme. Cllr Connor requested that progress with the project and the associated risks be included in the next update report to the Committee in 12 months' time. **(ACTION)**
- Asked by Cllr Connor about the 28% of NCL patients who access primary care from inadequate 'tail' estate, as illustrated on page 18 of the agenda pack, Nicola Theron said that the principle worked to was that health outcomes were better achieved in larger, better quality estates and the national policy was that commissioners should promote the delivery of services from 'tail' estate to 'core' assets.
- Asked by Cllr Cohen whether the Edgware disposal was linked to the overall major planning changes for Edgware town, Nicola Theron confirmed that this was dealt with as a separate issue.
- Cllr Cohen queried why 60% of the £9m allocated to NCL health from the planning system so far was from Barnet. Nicola Theron explained that this indicated the current degree of involvement between Barnet Council and the NHS in supporting development, including through S106 agreements such as a

long-lease on two units for primary care services in Colindale. Cllr White questioned whether other NCL boroughs were expected to contribute more in future. Nicola Theron said that there were a lot of asks for CIL/S106 funding so the aim was to work in a more integrated way across NCL. Barnet had contributed a high proportion recently due to the large amount of recent development in that Borough.

- Asked by Cllr Cohen how often the LEFs met, Nicola Theron said that this was typically once every two months.
- Cllr Clarke requested further explanation of the proportion of capital funding provided by the government and whether this was sufficient. Nicola Theron clarified that the Department of Health and Social Care provided the £178m referred to earlier but that the capital ask in NCL was around 5-7 times that amount to bring the whole NHS estate up to modern fit-for-purpose standards. This was why it was necessary to recycle and find other sources for capital investment.
- Asked by Cllr Clarke about the limited amount of affordable and key worker housing involved in the development resulting from the Edgware disposal and asked why the NHS did not make this a condition of the sale of the land. Nicola Theron responded that NHS Trusts were sovereign organisations and that 50% of the capital from the disposal would be reinvested back into the Edgware Hospital estate with the other 50% going to NHS PS (Property Services) to be reinvested elsewhere. She added that there was work ongoing throughout NCL to maximise the number of key worker units and that there was a balance to be struck between developing affordable housing and securing capital receipts to be recycled into new projects.
- Cllr Connor noted the high level of critical backlog maintenance for NCL ICS provided and requested further explanation on how this could impact on frontline services. Nicola Theron said that hospital Trusts had a lot of capacity to plan how to manage a backlog and that, while they were sovereign organisations, the ICB had a role in working with providers to ensure that there was a consistency of approach on risk registers, the management of critical items and ensuring that the system as a whole was not exposed to unmitigated risk. She also noted that around 70% of the £178m capital spend in NCL was allocated for maintenance issues. She acknowledged that the critical backlog maintenance figures had risen in recent years with various contributory factors including aging assets, greater mechanical/ventilation requirements resulting from Covid and two hospitals with RAAC concrete issues. Sarah Mansuralli added that there was a huge evidence base on the importance of delivering care in a fit for purpose environment and the ICB was constantly seeking to attract capital from a range of sources. Nicola Theron commented that all Integrated Care Systems across the country were facing similar issues and that it was necessary to make the case nationally to the Treasury that more capital resources were required to bring the NHS estate up to the required standard.

Cllr Connor proposed that the next update report in 12 months' time should include:

- A progress update on the St Pancras Transformation Programme, particularly the various transactions relating to the second site and the associated risks.
- A breakdown of the critical backlog maintenance by provider, including details of the year-on-year changes and any identified potential risks to patients. **(ACTION)**

It was also suggested by the Committee that there should be a clearer understanding of how the planning departments of local authorities could work with health partners on CIL contributions. **(ACTION)**

37. FERTILITY POLICY - IMPLEMENTATION

Penny Mitchell, Director of Population Health Commissioning for NCL ICB, introduced this item, reporting that the implementation of new NCL Fertility Policy, which had begun almost 18 months previously, had gone well with strong communications activities and a number of benefits demonstrated. There was now greater collaborative working with primary care and specialist providers and the policy was embedded as standard commissioning activity. She emphasised the gratitude of the ICB to the residents who had been involved in the development of the policy and also thanked the Committee for their previous input.

Cllr Connor concurred regarding the effective communication and engagement process, added that this had supported by financial backing for the services and expressed her hope that good communications with clinical colleagues and GP practices would continue following the implementation of the policy.

Sarah Mansuralli added that the policy had been part of the broader approach of the ICB in addressing inequity of provision and variation in outcomes for residents which was also a theme of other programmes including Start Well and the Community Health/Mental Health review.

38. WORK PROGRAMME

The updated Work Programme was noted by the Committee and Members were reminded to provide any suggestions for future agenda items to the Chair and the scrutiny officer.

39. DATES OF FUTURE MEETINGS

- 29th January 2024
- 18th March 2024

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

North Central London Integrated Care System

NCL JHOSC Workforce Update

29th January 2024

Introduction

North Central London Integrated Care System

The last update to the NCL JHOSC was in September 2022. This paper seeks to set out what we have achieved since then and to highlight our key achievements as well as identify the forward plan for 2024/25.

The NCL ICS People Strategy was published on 9 May 2023. Since then, we have moved into implementation, creating three delivery boards around our 3 priorities of Workforce Supply, Development and Transformation. We have begun implementing the year 1 delivery plan “laying the foundations” and started to progress the priorities for years 2-5.

It has been a challenging year, overshadowed by unprecedented levels of industrial action, lower staff morale and long waiting lists. However despite this backdrop we have been able to make good progress. The focus for the NCL ICS People Strategy is to develop a sustainable health and care workforce to deliver on the ambition of the population health strategy. Keeping our focus on ensuring we are looking to the future and developing our future workforce as well as delivering on the fourth purpose of an ICS – social and economic contribution – involving strong partnership working with local authority and VCSE as well as NHS partners, is critical.

Despite our current context, NCL is working well together as a system and we are in a strong position to continue to deliver on our strategic ambitions. The NCL ICB have invested in a permanent resource to lead system workforce across NCL to demonstrate our commitment to workforce as a strategic priority

To highlight the strength of our collaboration across the sector, this paper includes a spotlight on one of our flagship workforce programmes. We have been one of ten pathfinders in England to support the NHS signing the Care Leavers Covenant by Amanda Pritchard, NHS CEO, back in October 2022. Our NCL Care Leavers Pathfinder Programme (called the NHS Universal Family) seeks to support those individuals with lived experience of the care system into careers in the NHS at the point they are ready to leave care. This is a collaboration across the NHS, LAs inc. employment hubs; Higher Education Institutes and the voluntary and charity sectors.

Contents

North Central London Integrated Care System

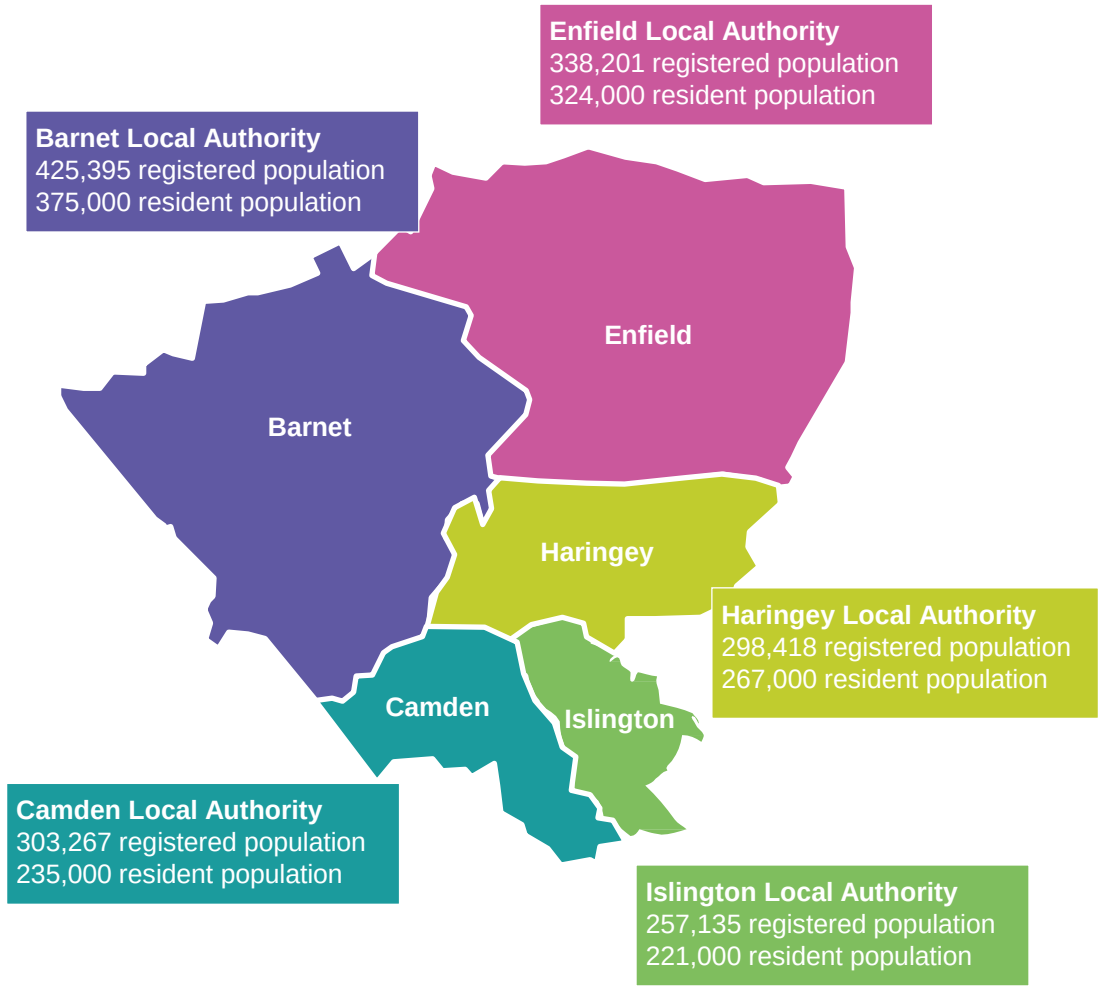
North Central London Integrated Care System

Our population and our people

An overview of our local residents demographics across NCL and also our staff demographics.

The NCL population

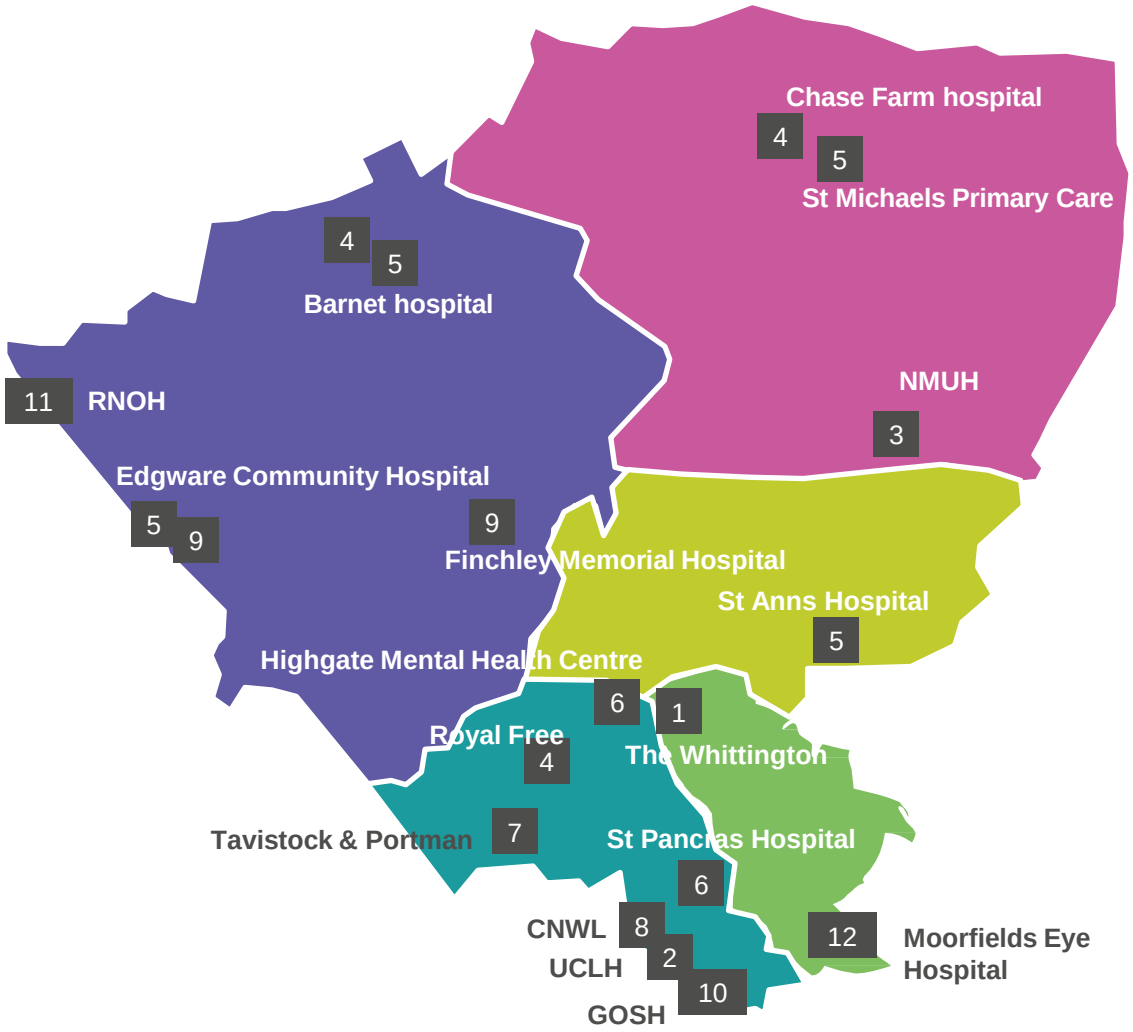
North Central London Integrated Care System



- North Central London (NCL) is made up of five boroughs: Barnet, Camden, Enfield, Haringey and Islington.
- Around 1.6 million residents live in North Central London, with a relatively young population in some boroughs compared to the London average.
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language.
- Significant variation in life expectancy between most affluent and most deprived areas.
- Approx. 200,000 people in NCL are living with a disability.

The local NCL health and care system is a complex environment

North Central London Integrated Care System



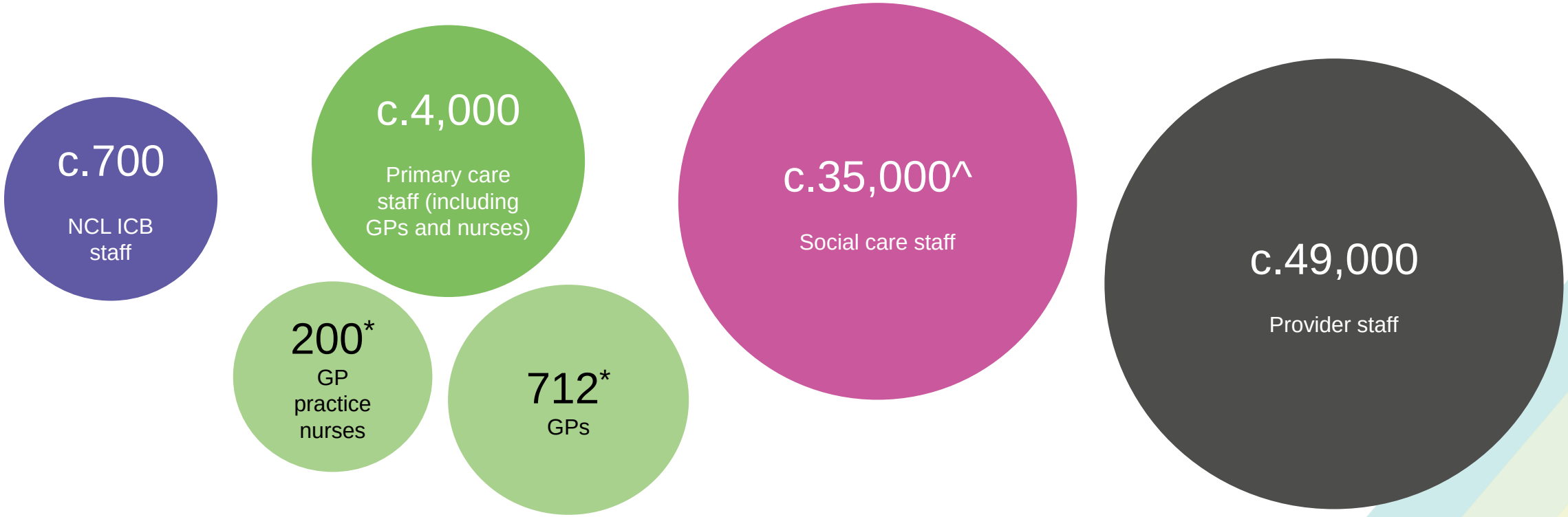
- NCL has the highest number of specialist trusts in London
    1. Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)
    2. Royal National Orthopaedic Hospital (RNOH)
    3. Moorfields Eye Hospital NHS Foundation Trust
    4. The Tavistock and Portman NHS Foundation Trust

- There are 182 GP practices within NCL
- There is a high level of geographic and demographic variation across our workforce

The NCL health and care workforce

North Central London Integrated Care System

There are more than **88,000 people** working across health and care in NCL.



** Data returns from Primary Care and Providers*
^ Data from Skills for Care

23

BME Representation by Pay Band

North Central London Integrated Care System

% of BME Staff

	Band Grouping	BEH	C&I	GOSH	MEH	NMUH	RFL	T&P	UCLH	WH	NCL
Non-Clinical	Band 5 and Under	53%	60%	65%	63%	61%	55%	56%	66%	67%	60%
	Bands 6 and 7	54%	51%	45%	54%	60%	49%	41%	49%	51%	50%
	Bands 8A and Above	33%	31%	27%	29%	47%	31%	24%	27%	28%	30%
	Total	**51%**	**48%**	**55%**	**57%**	**59%**	**49%**	**43%**	**49%**	**60%**	**52%**
	Percentage Point Difference: 8A and above v Band 5 and Under	**-20%**	**-28%**	**-38%**	**-34%**	**-14%**	**-24%**	**-32%**	**-39%**	**-39%**	**-30%**
Clinical	Band 5 and Under	74%	67%	45%	77%	86%	75%	43%	70%	64%	71%
	Bands 6 and 7	56%	45%	22%	65%	71%	53%	24%	49%	46%	48%
	Bands 8A and Above	36%	20%	20%	49%	62%	36%	18%	28%	33%	31%
	Total	**61%**	**52%**	**30%**	**69%**	**79%**	**63%**	**23%**	**56%**	**51%**	**57%**
	Percentage Point Difference: 8A and above v Band 5 and Under	**-38%**	**-47%**	**-25%**	**-28%**	**-23%**	**-38%**	**-26%**	**-42%**	**-31%**	**-39%**
Medical & Dental	Consultants	39%	25%	32%	47%	59%	44%	33%	36%	44%	40%
	Other	46%	32%	54%	64%	61%	58%	34%	48%	46%	53%
	Total	**43%**	**28%**	**43%**	**55%**	**60%**	**52%**	**34%**	**43%**	**45%**	**48%**
	Percentage Point Difference: Consultants v Other	**-7%**	**-7%**	**-22%**	**-16%**	**-2%**	**-14%**	**-1%**	**-12%**	**-3%**	**-13%**
Total Staff	**Total**	**58%**	**49%**	**39%**	**63%**	**72%**	**58%**	**32%**	**53%**	**53%**	**55%**
	Unknown Ethnicity	**5%**	**6%**	**6%**	**11%**	**7%**	**2%**	**4%**	**5%**	**21%**	**7%**

RAG rating used to show relative rank of NCL providers: green does not necessarily indicate equality
Ethnicity recording: high levels of unknown ethnicity at MEH and WH
NB – RNOH data not yet received so missing from NCL total

North Central London Integrated Care System

An overview of the NCL ICS People Strategy

NCL ICS People Strategy

North Central London Integrated Care System

Our North Central London Integrated Care System vision for workforce is for there to be ‘One Workforce’ delivering joined-up, preventative and person-centred care for North Central London.

The NCL People Strategy was developed to set out how we will develop an integrated approach towards the development of ‘One Workforce’ across NCL’s health and care providers. The People Strategy is aligned with the NHS Long Term Plan, the NHS People Promise and the wider ICS requirements of a people function. The strategy was co-designed with system colleagues and reflects our ambition for how our workforce will operate and evolve over the next 5 years.

The People Strategy sets out the focus areas that we have collectively identified as having the potential to deliver the highest impact. The delivery of the strategy will be across the different levels of the system – region; ICS; organisation; borough (place); neighbourhood – setting out as far as possible, where the right place to deliver the ambitions are.

The NCL Workforce Programme compromises of a number of system projects and workstreams that sit within three key strategic pillars and enablers to deliver our ambition. The strategic pillars are:

Workforce Supply – Optimising the volume of staff with the right skills and values to achieve our population health improvement outcomes across NCL, sustainably.

Workforce Development – Continuously improving staff, systems and processes to maximise the talent and assets we have across North Central London

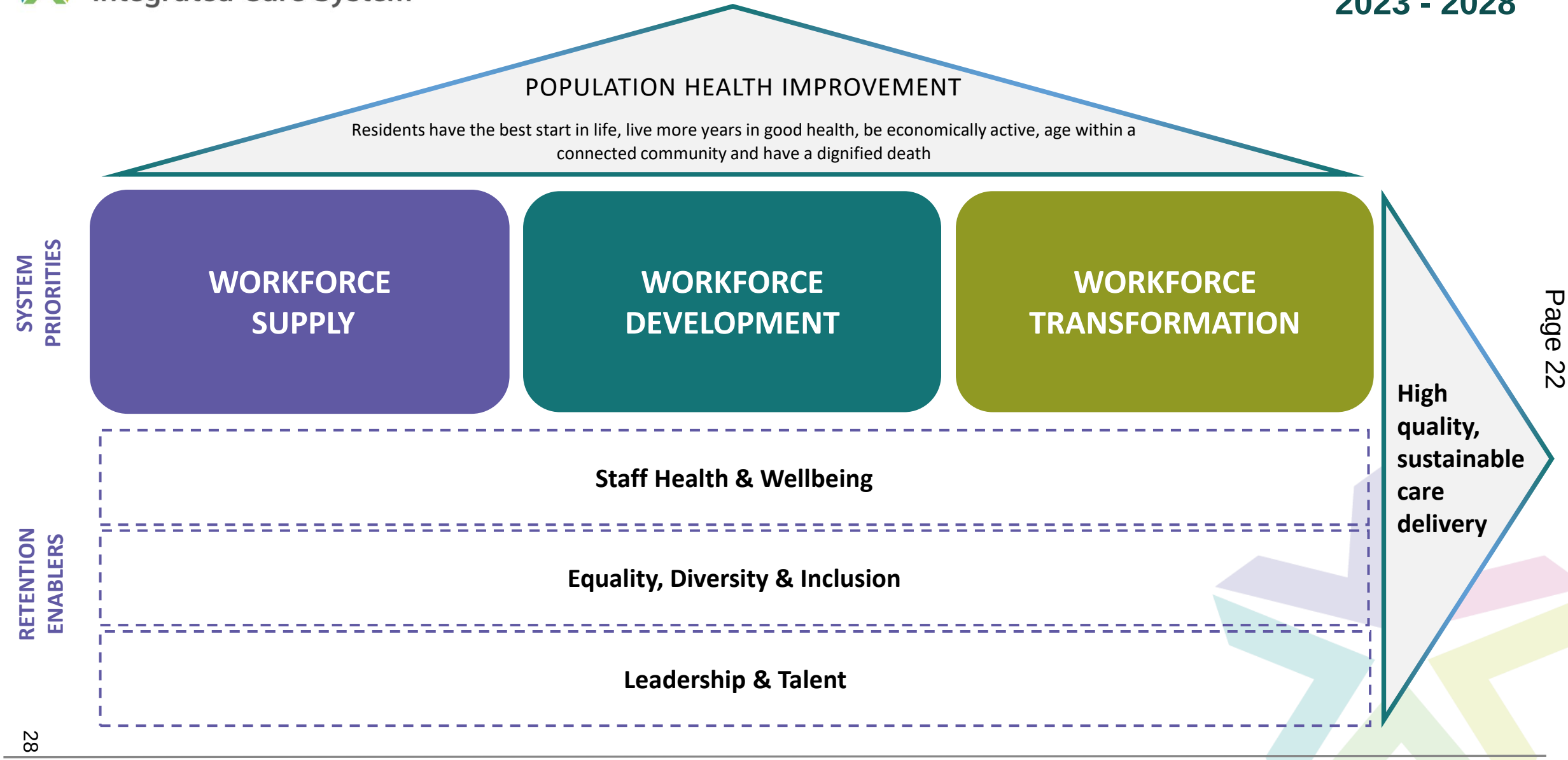
Workforce Transformation – Utilising technology to drive productivity and efficiency improvements, and further connect our workforce with advanced data and analytics

North Central London Integrated Care System

	What were our **challenges**?	What has changed?
Bank and Agency usage	▪ 15% of Staff are Bank/Agency; a 3% increase in year ▪ 49% of the increase in Mental Health staff attributed to Bank	▪ **7% decrease** in Bank and agency October 2023 v October 2022 ▪ Against an **increase** in Mental Health staff of **4.6%**
High Attrition	▪ Turnover at 19.3% and vacancy rates at 16% in some staff groups ▪ 1/3 of staff over 55 who could retire in the next 10 years ▪ The combination of these factors relates to a potential workforce gap of 17% in the next five years	▪ Overall turnover at 13.2% (**reduction of 1.9%**) and overall vacancy rates at 9.4% (**reduction of 0.9%**). However, **Medical** vacancy has **increased** by **2.8%** to 5.8% ▪ Programs of work in train around recruiting Young People, such as the Care Leavers project and work with the Health and Social Care Academy
Workforce Supply Gap	▪ Forecast demand for services leading to a prediction of a need to increase staffing by over 6% in the next five years ▪ Higher leaver rates, particularly in early career due to cost of living in NCL.	▪ Targeted focus on specific staff groups ie healthcare support workers and international recruitment into specialist mental health clinical posts ▪ Focus on housing supply in Trusts such as Royal Free

North Central London Integrated Care System

NCL ICS People Strategy 2023 - 2028



Mapping the NHS Long Term Workforce Plan (LTWP) to the NCL People Strategy

North Central London Integrated Care System

The NHS Long Term Workforce Plan identifies 3 key priorities:

Train

Grow the workforce

By significantly expanding domestic education, training and recruitment, we will have more healthcare professionals working in the NHS. This will include more doctors and nurses alongside an expansion in a range of other professions, including more staff working in new roles

Retain

Embed the right culture and improve retention

By improving culture, diversity, leadership and wellbeing, we will ensure up to 130,000 fewer staff leave the NHS over the next 15 years

Reform

Working and training differently

Working differently means enabling innovative ways of working with new roles as part of multidisciplinary teams so that staff can spend more time with patients. It changes how services are delivered, including by harnessing digital and technological innovations. Training will be reformed to support education expansion

NCL ICS People Strategy

WORKFORCE SUPPLY	WORKFORCE DEVELOPMENT	WORKFORCE TRANSFORMATION
WORKFORCE DEVELOPMENT	RETENTION ENABLERS	

29

NHS Long Term Workforce Plan

North Central London Integrated Care System

What have we achieved in 2023?

Key Achievements since March 2023

North Central London Integrated Care System

Workforce Newsletter launches to communicate successes and to wider participation in programmes

System Leadership Development Training has started across five cohorts with a total of 100 participants

Joined up analytics to have a better view of workforce profiles

Shaping of priority areas and system role of **Transformation**

Creation of unique **roles and apprenticeships** for **Care Leavers**

15 registered practitioners enrolled to be **upskilled in anaesthetics practice**

Apprenticeship Expert Panel established to shape the work and develop a standardised NCL framework from the scoping data

Nursing System Leadership Development with 22 clinical fellows being assigned a system sponsor and project within NCL.

Staff Health and Wellbeing continued to be prioritised through the Wellbeing Bus for primary & social care and widened MH offer

Resources Website for **Clinical Placement Expansion** launched in June 2023

Digital app NCL Waiting Room for CAMHS patients with resources for young people, parents, and carers. (nclwaitingroom.nhs.uk)

458 International Nurses have arrived in NCL since Jan 2023

Future Leaders positive action development programme with 30% taken up exec positions

230 participants in **Children & Young People Mental Health Education in Acute Settings** sessions

Funding and training plan for **Oliver McGowan Training** to ensure Health and Social Care staff in NCL have the right skills to provide care to autistic people with a learning disability

OLIVER'S CAMPAIGN

Implemented guidance on **Professional Nurse Advocates (PNA)** and developed NCL questionnaire to collect data on activities

24 care experienced young people engaged leading to **4 applications** and more sign ups to Health & Social Care academies

Recruitment of **Trainee Health Psychologist** with links to existing system projects (e.g. Digital Waiting Room)

October 2023 cohort being finalised with **72 Trainee Nurse Associates (TNA) onboarded** to commence the programme

Building out the ambition: 5-year targets under development

North Central London Integrated Care System

	WORKFORCE SUPPLY		WORKFORCE DEVELOPMENT		WORKFORCE TRANSFORMATION	
	DATA	SUPPLY ROUTES	FLEXIBILITY	ENHANCED CAPABILITY	INNOVATION	WAYS OF WORKING
YEAR 1	Scope enhanced data analytics with system partners to determine the data sharing, quality and access requirements needed to support 'one workforce'	Identification of routes into health and social care careers. Focus on increasing opportunities for school and care leavers.	System-wide mapping of requirements for the development of an 'NCL passport' to support enhanced staff portability	Identification of high impact roles that could unlock care delivery i.e. poly-potential, generalist or advanced clinical practice	Identify opportunities to accelerate, enhance and scale innovation across the system	Development of the workforce model to support the implementation of the Long-Term Conditions management in Primary Care
	Develop in-depth understanding of local labour markets; demographics and profiles to better target training and employment	Scope out opportunities to develop high-impact approach to apprenticeships across North Central London.	Development of an approach to flexible employment to support portfolio or blended careers to further attract and retain staff	Partner with higher-education institutions to develop staff upskilling and training programmes aligned to system priorities	Identify, develop and support the delivery of the change management requirements for the NCL digital strategy	Integrated Neighbourhood Workforce model defined to realise the ambitions of the Fuller Review of Primary Care
YEAR 2/3	Build data modelling capability (inc. system-wide metrics/benchmarks) to drive service efficiency and workforce productivity	Review workforce gaps and opportunities for rotational placements across sector boundaries to support future skills and training model	Expansion of collaborative staffing mechanisms and existing centralised corporate services to support sharing of staff (demand, vacancy, internal recruitment)	Redesign People processes to reflect policies supporting workforce flexibility / portability	Development of a funded innovation pipeline; test and learn process and established partnerships w/ Education & Industry	Roll-out digital upskilling to workforce across the system
YEAR 4/5	Invest in automated data gathering and analysis; utilisation of big datasets to drive workforce planning and decision making	Systematic delivery of workforce interventions, consistently aligned and refreshed in line with Population Health goals	Realise collaborative, inclusive culture framework with systems developed to action feedback from staff (inc. system-wide staff survey and EDS2, WRES/DES)	Develop an enhanced partnering strategy with university and educational institutions to train staff	Piloting of digital solutions aligned to priority staffing groups / pathways	Identify priority solutions (and training) to deliver at scale; engage partners and resource projects

Delivery against the People Strategy Year 1 Priorities

North Central London Integrated Care System

WORKFORCE SUPPLY

SUPPLY ROUTES	Scope out opportunities to develop high-impact approach to apprenticeships across North Central London.	Mapping exercise across all 10 Trusts, Primary and Social Care complete	Development of Apprenticeship Framework in line with the NHS Long Term Workforce Plan	Market analysis commissioned on the NHS employee proposition appeal to young people
	Identification of routes into health and social care careers. Focus on increasing opportunities for school and care leavers.	Care Leavers programme established and bid submitted to UK Shared Prosperity Fund to scale current offer	Developed and strengthened relationships with Health & Social Care Academies, North London Partners Shared Services, Prince's Trust, Job Centre Partners and borough employment leads	NHS Health Care Support Worker programme in NCL working with partners to recruit locally through development programmes (Generation, Ingeus, Prince's Trust)
DATA	Develop in-depth understanding of local labour markets; demographics and profiles to better target training and employment	High level labour market data identified	Engagement with key employability contacts across the system	Strengthened links with Local Authority employment hubs and OHID colleagues re data
	Scope enhanced data analytics with system partners to determine the data sharing, quality and access requirements needed to support 'one workforce'	Established collaboration forum with NHS England Workforce Transformation & Education and other London ICBs	Pilot of zero touch automation in HR within the ICB in development	Integrated Planning pilot to determine alignment of workforce, activity and finance completed in CAMHS and elective care

Delivery against the People Strategy Year 1 Priorities

North Central London Integrated Care System

WORKFORCE DEVELOPMENT

ENHANCED CAPABILITY

- Partner with higher-education institutions to develop staff upskilling and training programmes aligned to system priorities
- Collaboration with higher education partners through the NCL ICS People Board and Delivery Boards
- Launch of a training pilot to support staff managing distress in acute Settings
- Development of a clinical academic hub at Middlesex University
- Identification of high impact roles that could unlock care delivery i.e. poly-potential, generalist or advanced clinical practice
- Development of Advanced Practitioner pathway in NCL
- Nationally funded Trainee Health Psychologist hosted by Tavistock and Portman.

FLEXIBILITY

- Development of an approach to flexible employment to support portfolio or blended careers to further attract and retain staff
- Training Hub providing fellowship opportunities for newly qualified and early career GPs and General Practice Nurses and nurses new to practice to develop and support career development
- System-wide mapping of requirements for the development of an 'NCL passport' to support enhanced staff portability
- NHS staff movement agreement extended to primary care
- Flexible working pilot at Royal Free London NHS FT
- London wide work on "staff passport"

Delivery against the People Strategy Year 1 Priorities

North Central London Integrated Care System

WORKFORCE TRANSFORMATION

WAYS OF WORKING

- Integrated Neighbourhood Workforce model defined to realise the ambitions of the Fuller Review of Primary Care
- Kick off of development of NCL primary care strategy including workforce implications
- London Region led deliberations on the Future of Primary Care; including feedback and interviews with Londoners and patient groups
- Development of the workforce model to support the implementation of the Long-Term Conditions management in Primary Care
- 100% GP practices signed up to the new LTC management model
- Early scoping workshops and discussions to develop the workforce model

INNOVATION

- Identify, develop and support the delivery of the change management requirements for the NCL digital strategy
- Working with the Digital team to input on Digital Strategy refresh
- Identification of 'quick wins' in access guides and increasing utilisation.
- Focus on current workforce digital transformation such as Virtual Wards
- Identify opportunities to accelerate, enhance and scale innovation across the system
- Innovative Models of Care
  AI and Digital Skills training
- Mentor development programme
- Early work on the identification of the impact of digital on workforce productivity

Workforce Awards 2023/2024

North Central London Integrated Care System

Nursing Times Awards 2023

Care of Older People award
Moorfields' Eye Envoy programme

Nursing Times Workforce Awards 2023

Best Recruitment Experience
NCL ICS – Graduate Guarantee Programme

Shortlisted for Best Workplace for Learning and Development
NCL ICS – CPEP Project: expansive learning in practice

RCN Nursing Awards 2023

Nurse Researcher of the Year
Roxanne Crosby-Nwaobi from Moorfields

North Central London Integrated Care System

Spotlight on NCL Care Leavers Project

A Pathfinder for NHSE Universal Family Programme

Background and Context

North Central London Integrated Care System

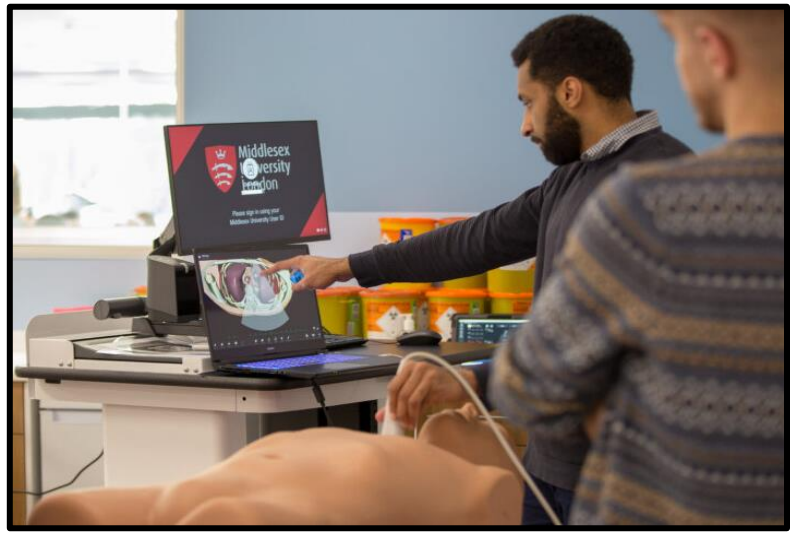
In July 2016, the Government published a major policy document **'Keep on Caring'** to support young people from care to independence. A key policy commitment in the paper is a strategic pledge to introduce a **Care Leaver Covenant**. The Covenant is **a promise made by the private, public and voluntary sectors to provide support for care leavers aged 16-25** to help them to live independently.

On Thursday 27 October 2022, NHS Chief Executive Amanda Pritchard made a commitment to supporting care leavers, announcing that NHS England would be signing the Care Leavers Covenant. From this the NHSE Universal Family Programme was created. The programme aimed to work with Covenant to develop a 'Care Leaver's Offer' in 10 pilot ICB's, supported centrally for ICBs to take forward the covenant in their communities.

NCL were successful in becoming one of 10 ICB's chosen as a 'pathfinder' for the NHSE Universal Family Programme. The programme kicked off in early 2023.

NCL Care Leavers: Our Ambition

North Central London Integrated Care System



Support 25> care experienced young people into roles within NCL by spring 2024

Develop a collaborative, NCL system approach; utilise existing assets, tackle barriers in recruitment processes

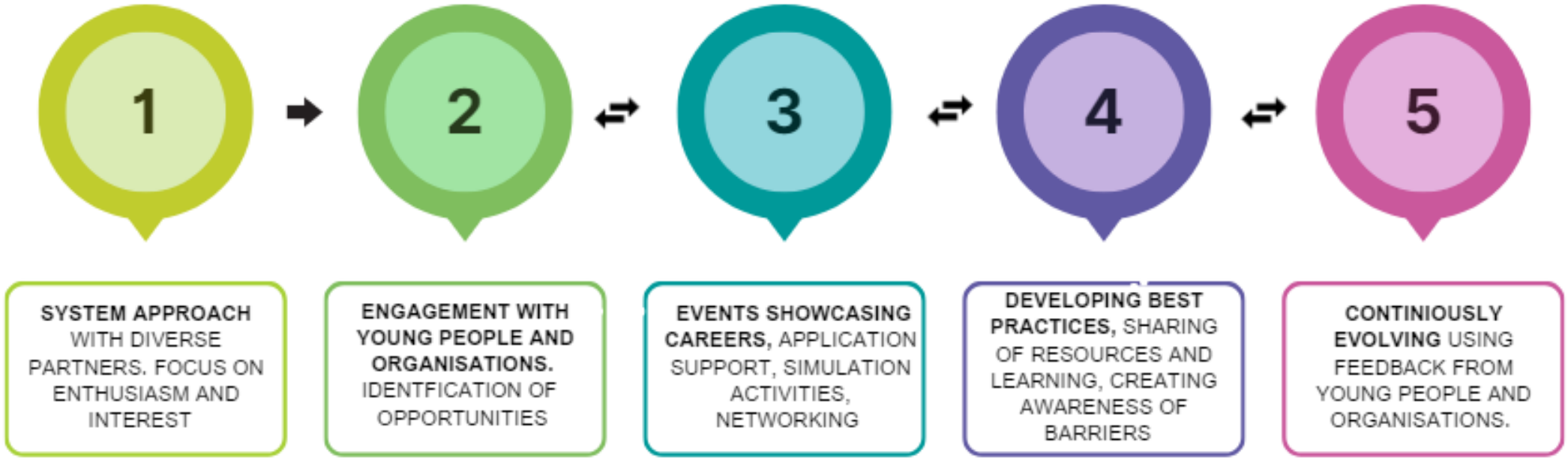
Engage with care experienced young people; recognise how they add value in our organisations

Showcase the diverse range of opportunities in health and social care

Develop a community of best practice, connect with other pathfinders, utilise feedback, develop case studies

NCL Care Leavers: Our Approach

North Central London Integrated Care System



North London Mental Health Partnership
Better Mental Health. Better Lives. Better Communities.
north central london TRAINING HUB
NHS Royal Free London NHS Foundation Trust
ISLINGTON For a more equal future
DRIVE FORWARD MOMENTUM MADE BY YOU
NHS University College London Hospitals NHS Foundation Trust
North Central London Health and Social Care ACADEMY
Middlesex University London

NCL Care Leavers: Reflections to date

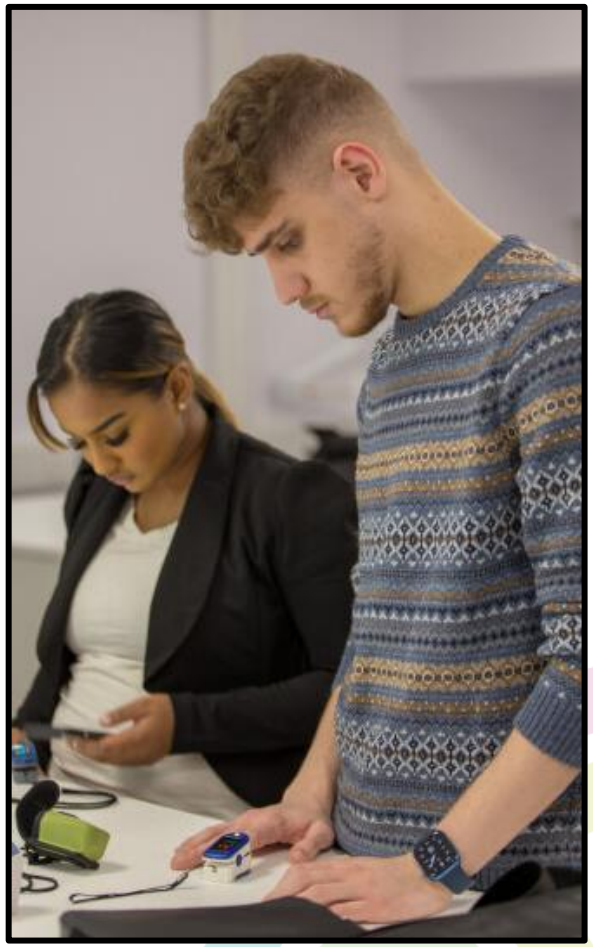
North Central London Integrated Care System

Successes

- Enthusiasm and engagement
- System wide inputs
- Delivery of three career events for young people (~30 YP engaged)
- Growing momentum of outcomes
- Positive feedback from attendees
- Report from UCL MBA Health Student

Challenges

- Co-ordination across the system
- Capacity and resource availability across organisations
- Young people's view of health services and careers (a need to myth bust)
- Slow timelines in realisation of outcomes
- Process barriers and organisational awareness



Looking Forward…

North Central London Integrated Care System

- **More events and engagement** – focus on diverse opportunities, engaging with young people and outcomes
- **Learning from delivery so far** – focus on tackling barriers in recruitment, organisational awareness
- **Training for managers**, webinars and FAQ's: focus on trauma informed approaches

"The event was very inspiring listening to care experienced staff who now are directors and managers in the NHS"

"***More events*** like this would be great"

Thank you!

North Central London Integrated Care System

"Inspiring introduction for young people to ***a massive range of interesting, accessible and sustainable roles*** that include opportunities for training and progression."

"All the staff where very open and helpful***, I really enjoyed it today meeting new people***. There is a lot of Interesting jobs I never knew about which I think is amazing"

North Central London Integrated Care System

Looking Ahead

Planned Activities

North Central London Integrated Care System

Shared alumni collaboration portal for System Leadership Development Programmes

100 System Leadership Development participants completing first learning session by January, with all cohorts complete by January 2025

Improve access to Workforce Data in NCL

Design and deliver targeted **Care Leavers** webinars

Facilitating establishing a strong link between **Health and Social Care Academies** and the Healthcare Providers to enable collaboration and data sharing

Engage directly with primary care organisations and social care organisations for **priority access roles** for **Care Leavers**.

Review **NCL Clinical Placement Capacity** and plan for potential increases in 2024/2025

Increase the number of trained and active **Professional Nurse Advocate (PNA)**

650 participants of **CYP Mental Health Education in Acute Settings** sessions by **Feb 2024**, with an evaluation to follow completion

Five trainers able to independently deliver System Leadership Development course across NCL, with one also fully qualified in delivering Emergenetics®

Sharing best practice across the sector and scaling up programmes

Sharing learning resources and best practice in **retention** across NCL ICS

Development of NCL Data collection tool for Professional Nurse Advocates to assess impact

Developing shared approach to staff development to aid **retention**

All 22 **Nursing and Midwifery System clinical fellows** completing in Feb 2024

NCL System Wide **Apprenticeship Strategy and Framework** to be endorsed prior to April 2024

Support bulk recruitment of community roles across CNWL, North Mid, Whittington and CLCH

Train the trainer capacity for **Oliver McGowan Mandatory Training** in place by 1st April 2024

OLIVER'S CAMPAIGN

5,000 eligible staff completing part 2 of the Oliver McGowan Mandatory Training by **March 2023/24**

Further develop innovative delivery methods for **delivery of training** such as onsite virtual reality

25 **Care Leavers** into education, training, and employment across system

Move Products to Power BI

Embed the new **System Workforce Team** and undertake detailed planning

Mental Health Support pilot to inform plans for an **NCL Health and Wellbeing Offer** for 2024/2025

Building out the ambition: 5-year targets under development

North Central London Integrated Care System

WORKFORCE SUPPLY

DATA

YEAR 2/3

Build data modelling capability (inc. system-wide metrics/benchmarks) to drive service efficiency and workforce productivity

- Key Performance Indicator Development
- Workforce Productivity Tool Development with NHS England Workforce Training & Education

SUPPLY ROUTES

Review workforce gaps and opportunities for rotational placements across sector boundaries to support future skills and training model

- Continuation of International Recruitment Programme
- Approval of NCL Apprenticeship Framework
- Development and Implementation of WorkWell Partnership Programme
- Expansion of NHS Universal Family Programme - Care Leavers
- NCL Health & Wellbeing Hub Proposal
- Future Leaders (Newly Defined Leadership Programme)
- Health & Social Care Academies

WORKFORCE DEVELOPMENT

FLEXIBILITY

YEAR 2/3

Expansion of collaborative staffing mechanisms and existing centralised corporate services to support sharing of staff (demand, vacancy, internal recruitment)

Further development of Staff Passports
Further development of Portfolio Careers

ENHANCED CAPABILITY

Redesign People processes to reflect policies supporting workforce flexibility / portability

- Oliver McGowan Training Programme
- Graduate Guarantee
- Retention Support Programme
- Nursing, Midwifery and AHP Retention
- Public Health Masterclass Training

WORKFORCE TRANSFORMATION

INNOVATION

YEAR 2/3

Development of a funded innovation pipeline; test and learn process and established partnerships w/ Education & Industry

Continued engagement and partnership working with Higher Education Institutes to define and implement future education requirements

WAYS OF WORKING

Roll-out digital upskilling to workforce across the system

- Integrated Neighbourhoods (Fuller)
- NCL Digital Interventions to support Workforce Transformation

Summary and next steps

North Central London Integrated Care System

- The NCL ICS Workforce Programme has made significant progress on the priorities of the People Strategy through “laying the foundations” and are **moving into delivery** phase of the People Strategy. As we move into 2024/25 we are embedding the ICS People Function, meeting national requirements*.
- Our focus will be to continue on the **5-year implementation plan** of our ICS **People Strategy** with continued emphasis on the three pillars of Supply, Development and Transformation, which are closely aligned with the NHSE Long Term Workforce Plan priorities of Train, Retain and Reform
- The new System Workforce Team will join in Q4 and that will start to drive forward the priorities for years 2 to 5
- The main opportunity outside of care afforded to ICBs working in partnership with their Local Authority colleagues is the joint programme between DWP and DHSC which was announced in the Spring budget, called the Work Well Partnership Programme. The aims of which fit perfectly with the Live Well outcome framework measure within the NCL ICS Population Health and Integration Strategy. This is to increase the number of people with long term conditions, physical or learning disabilities or mental health needs back into work. At the time of writing the NCL ICB was working in collaboration across the system to put in an expression of interest to become one of the fifteen national vanguard sites (deadline 22 January 2024).

- * Building strong integrated care systems everywhere – guidance on the ICS People Function - https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf

North Central London Integrated Care System

Appendices

- Detailed workforce profiles
- Information on how safe staffing levels are managed

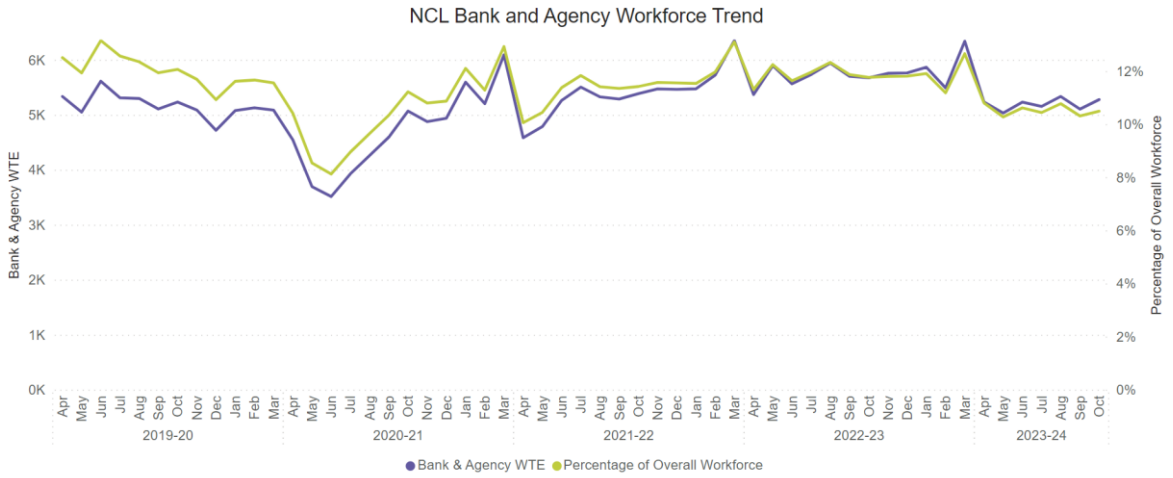
North Central London Integrated Care System

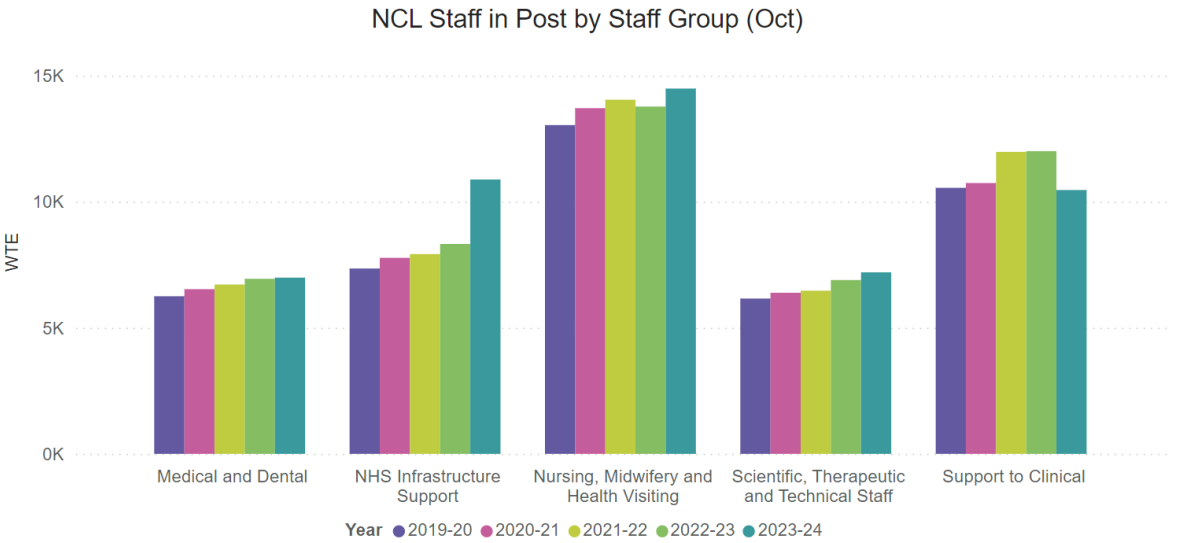
Workforce profiles

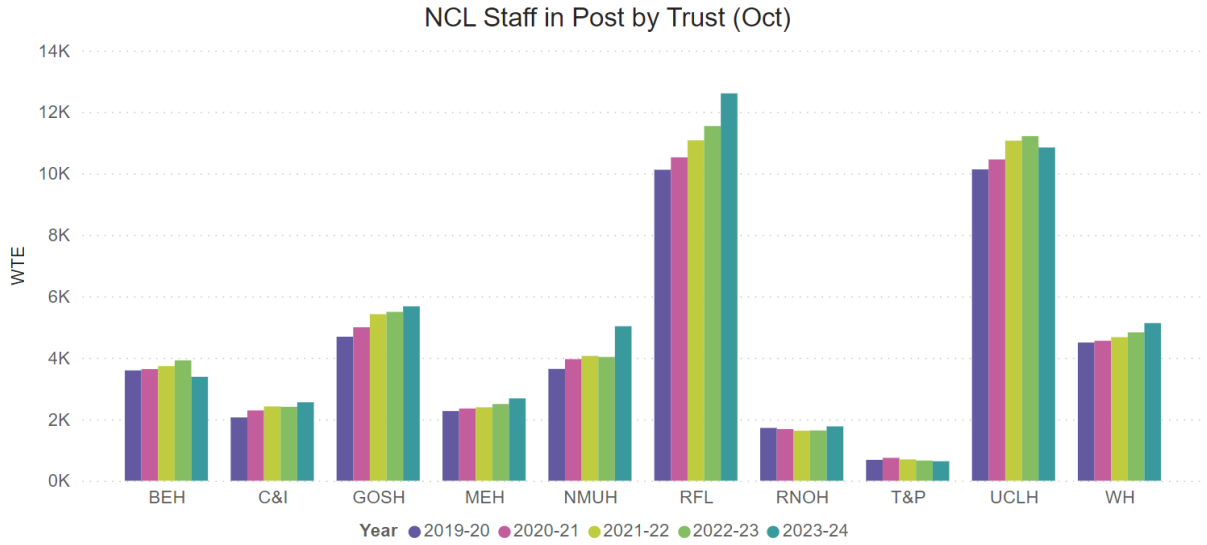
Provider profile and vacancy rates
Social care workforce profile 2022/ 23

NCL **Provider** Workforce Profile

North Central London Integrated Care System







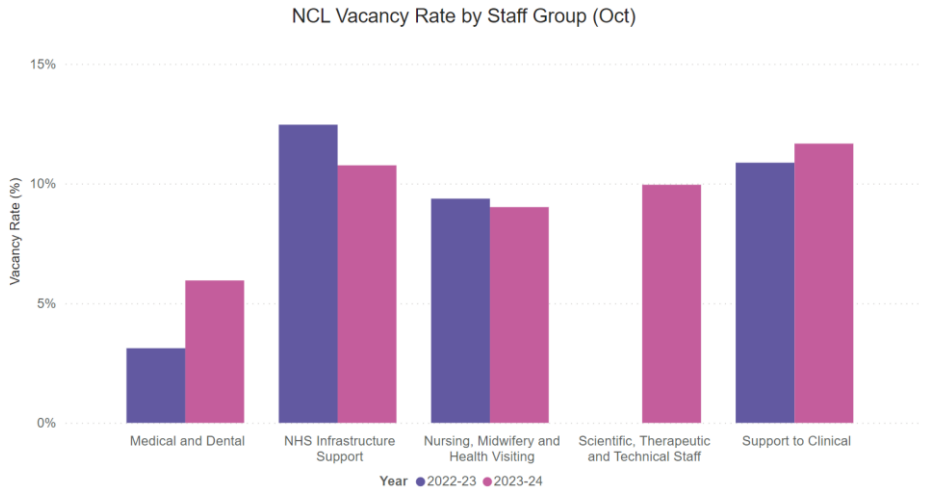
	Total WTE	Substantive	Bank	Agency
As of Oct-23	50,309	45,031	4,335	943
Total WTE Growth (Oct-19 – Oct-23)	6,910	6,867	53	-10
	15.9%	18.0%	1.2%	-1.0%
Total WTE Growth (Oct-22 – Oct-23)	2,082	2,477	-349	-47
	4.3%	5.8%	-7.4%	-4.7%

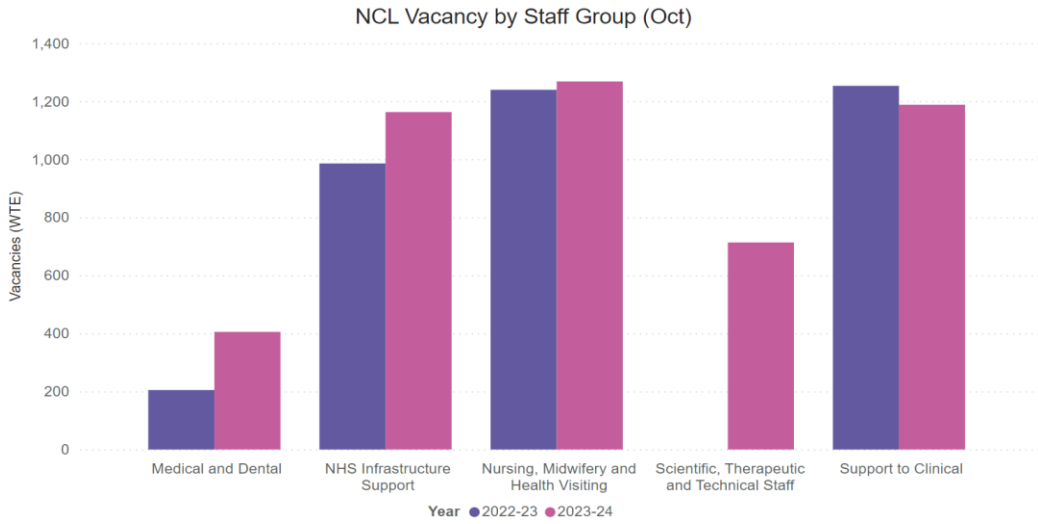
To note: We are looking to build on the drivers for workforce changes incl. Vaccination Staff in future versions.

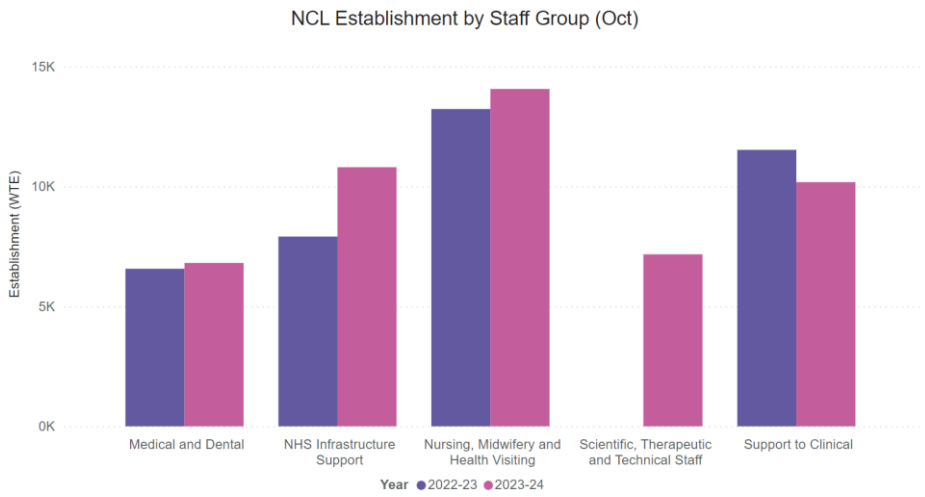
Source: Finance Trust Returns
As of November 2023

NCL **Vacancy** Rate – By Staff Group

North Central London Integrated Care System







The Medical and Dental vacancy rate (5.8%) is significantly lower than all other staff group. The next lowest is Nursing, Midwifery and Health Visiting (9.0%).

NHS Infrastructure Support (10.8%) and Support to Clinical (11.7%) held the highest Vacancy Rate in October.

Nursing (1,268 WTE) and Support to Clinical Staff (1,188 WTE) had the largest number of vacancies in October.

No vacancy data available for Tavistock and Portman
Establishment is calculated as: Vacancy + Substantive Staff in Post.
Vacancy Rate is calculated as: Vacancy / (Vacancy + Substantive Staff in Post).

Source: Financial Returns, Operating Planning Submissions
As of Oct 2023

NCL Social Care Workforce (2022/2023)

North Central London Integrated Care System

You are viewing data for **North Central London**

Key findings 2022/23

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This page contains information about the **local authority** and **independent** sectors only

In the **local authority and independent sector:**

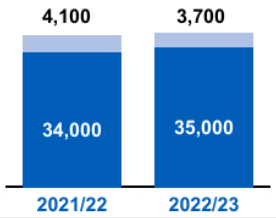
38,000 total posts

35,000 filled posts

26,000 FTE filled posts

(full-time equivalent filled posts)

Change in **filled posts** and **vacancies**



There was a change of **1,000 filled posts (3%)** since 2021/22 in **local authority and independent sectors**

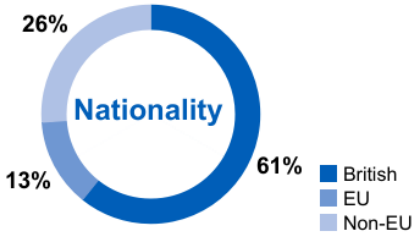
Average hourly pay for care workers

Local authority

£14.76

Independent sector

£10.77



30% of workers were on **zero-hours contracts**

11.7% average **vacancy rate** in 2022/23

The average **turnover rate** was **20.4%**

32% were **aged 55 or above**

You are viewing data for **North Central London**

Workforce projections 2022/23

Download PowerPoint

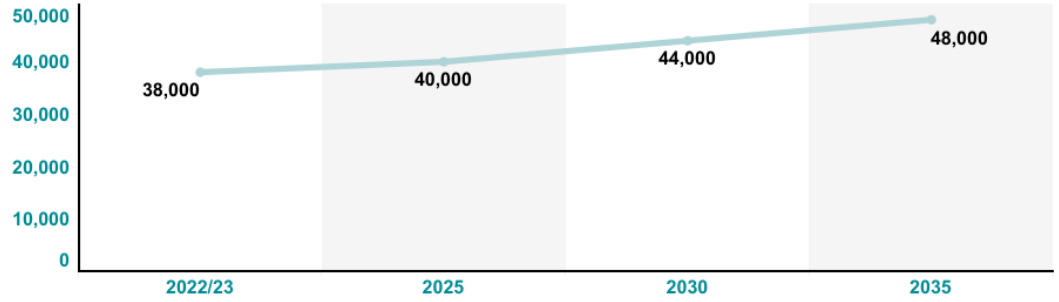
This model projects the size of the workforce if it grows proportionally to the number of people aged 65 and over in the population. Population information has been taken from *poppi.org.uk*. Please note that demand due to replacing leavers will be in addition to the figures shown below.

This workforce includes adult social care total posts employed by local authorities and the independent sector only.

If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of total posts needs to **increase by +27%** (10,000 additional posts).

This would take the number of **total posts in 2035** to around **48,000**.

Projected number of total posts in adult social care required by 2035



Key Risks:

- High turnover rate of 20%
- Ageing workforce: 32% over 55
- Low independent sector average pay v other sectors
- Requirement to increase workforce in line with ageing NCL population

52

Page 46

Data and infographics from [My ICS area (skillsforcare.org.uk)]

North Central London Integrated Care System

Safe Staffing information

An update on how safe staffing levels are managed within in NCL

Safe Staffing in NCL

North Central London Integrated Care System

- All NHS Trusts are required to determine safe and effective staffing establishments to deliver high quality care to our patients through the use of evidence based tools, assessing clinical outcomes and professional judgement, as described in the National Quality Board's 2016 Guidance.

- As an integral part of developing their Sustainability and Transformation Plans in 2016, local health and care systems were required to to develop local plans for how they develop, support and retain a workforce with the rights skills, values and behaviours in sufficient numbers and in the right locations. This guidance continues to apply to ICBs and in NCL there is a comprehensive programme to support the nursing and midwifery workforce and the challenges around recruitment and retention to ensure we have the right staff to deliver safe and effective care.

- Trusts are required to confirm their staffing governance processes are safe and sustainable through their *Annual Governance Statement* signed off by the Chief Nurse and Medical Director

- Safe Staffing is reported through NCL ICB Quality and Safety Committee. Workforce and Staffing is one of the 4 quality pillars in NCL ICB.

NCL Capital Nurse Workforce Programme

North Central London Integrated Care System

In NCL the Capital Nurse Workforce Programme supports safe and effective staffing through a number of targeted projects:

Recruitment to vacancies

The nursing workforce in NCL has increased by 424 fulltime nursing posts in the past 12 months. We collaborate across the ICB to enable this increase through:

- NCL Graduate Guarantee Scheme
- International Recruitment
- Nursing Associate Programme
- Local Internationally Educated Transition programmes
- Return to practice programme

Development of a pipeline into nursing – As part of the 50k more Nurses Programme the Capital Nurse programme has:

- Improved HCSW recruitment and retention – in NCL we have reduced our HCSW vacancy rate from 12.5% in Oct 2022 to 9% in October 2023
- Developed career pathways from HCSW to RN
- Supported the training of NAs through a collaborative recruitment and placement programme – 95 placements being offered in March 2024

Improving retention and staff experience - to ensure we have a stable and safe workforce

- All trusts are required to meet the 5 high impact actions for improving staff retention – this is being supported by the NCL retention lead and steering group
- The NCL programme is focussing on offering flexibility to ward based workers and ensuring staff have access to supervision and support when working in NCL
- Current scoping for the support and supervision for staff has identified a number of offers: PNA, PMA, Action learning sets, access to psychologists (in critical care)

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North Central London Integrated Care System

Diabetes in NCL

January 2024

Summary

North Central London Integrated Care System

- These slides provide a summary of *out of hospital* care for adults with Diabetes in North Central London (NCL).
- We include information on Diabetes prevalence, performance and management and our approach to making care for those living with Diabetes or other Long Term Conditions (LTCs) proactive, equitable across our five Boroughs and outcomes focused.
- There is opportunity for partners to work together to deliver improvements for people with Diabetes and other Long Term Conditions. Many people live with multiple LTCs and this is especially true for people with Type 2 Diabetes. As we take a 'population health' approach and focus on prevention, we have identified a particular opportunity in NCL for early intervention with people aged 20-44 who are at risk of developing multiple conditions.
- We are also working as a system to address inequalities - tackling the root causes of poor health, putting more investment into proactive care, ironing out variation in the offer between boroughs from primary and community services and ensuring resources are available to support engagement from communities who have historically experienced the greatest gaps in outcomes.
- Diabetes and other LTCs are also a real opportunity for patient led care and innovation. For example, Continuous Glucose Monitoring (CGM) is a game-changing innovation in Diabetes care enabling improved self-management. This is now being systematically rolled out across NCL through a multi-year programme.

We are a system focussed on prevention, early intervention and proactive care

North Central London Integrated Care System

We need to move from being a collection of health and care organisations that…	to become a population health system that…	so that our residents….
are reactive and demand-driven with a high-proportion of resources focused on urgent care	is needs-driven, prioritising prevention and proactive care	stay well and in control of their health
treats individual conditions not the drivers of poor health	sees the whole person and takes action on prevention and the wider determinants of health	feel heard and confident that their care is right for them
are focussed on their services and part of the pathway	integrates care around the person and communities	feel that the system is coordinated and communicates well
are focussed on illness and dependence	works to improve life chances, prevent illness and promote physical and mental well-being	can live more of their life in good health

National legislation and initiatives, such as the Health and Care Act 2022, the Fuller Stocktake and the CORE20PLUS5 framework, have given us an opportunity to develop and act on our ambitions. These are outlined further in Appendix 2.

The Root Causes of Diabetes

North Central London Integrated Care System

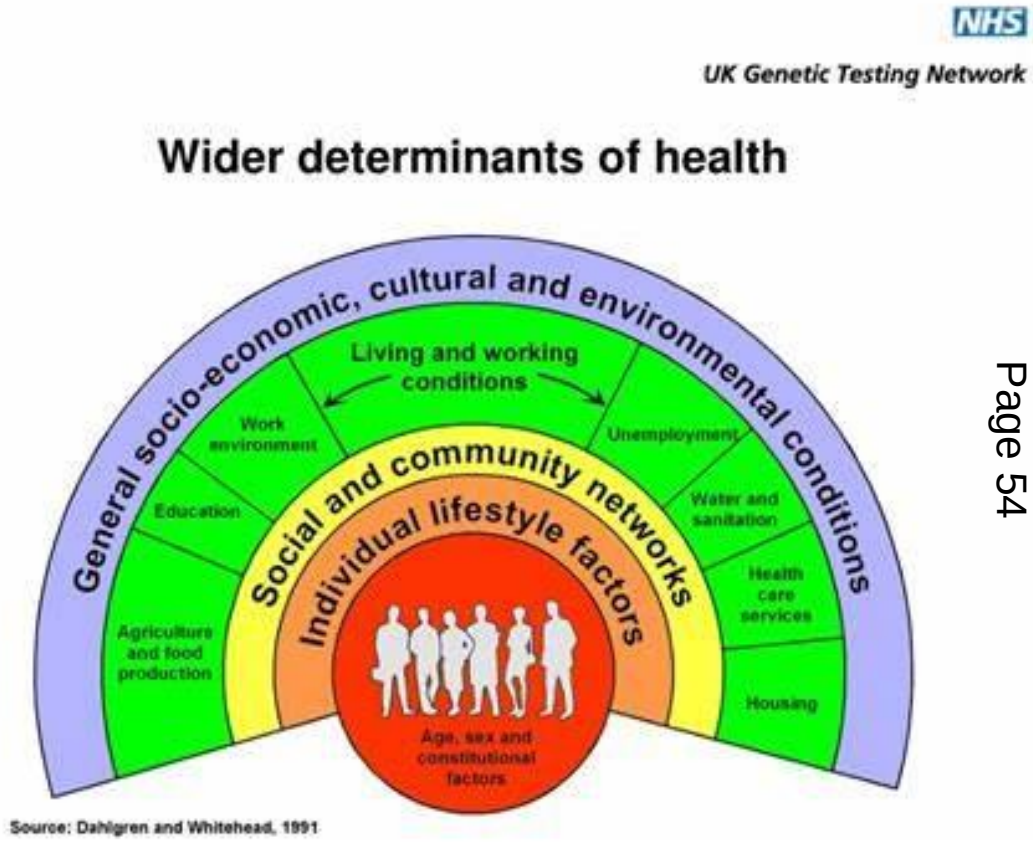
The Wider Determinants of Health are all the non-medical reasons for poor health outcomes for some groups. These include:

- Housing
- Employment
- Food security
- Overweight and Obesity
- Alcohol consumption
- Tobacco dependency

As an Integrated Care System, NCL is committed to working in partnership to tackle these issues that affect our population and drive variation and health inequalities.

At a local and hyper-local level, practical projects are reaching into communities. Examples include:

- Haringey Health Champions
- Community Workers for Pathway to Remission



What is Diabetes?

Diabetes is a condition that causes someone's blood sugar level to become too high.

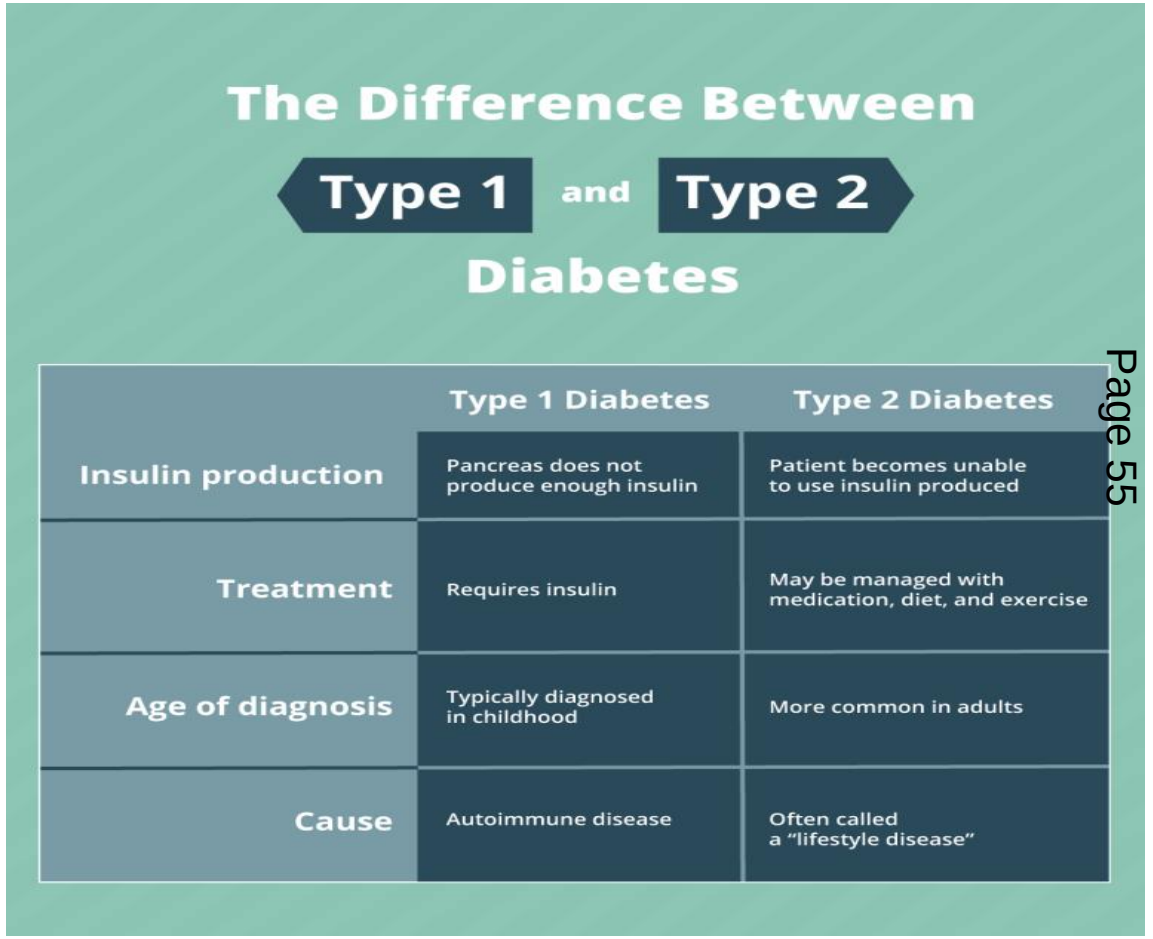
There are 2 main types of diabetes:

- Type 1 diabetes – a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin
- Type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin properly

Type 2 diabetes is far more common than Type 1 Diabetes. In the UK, over 90% of all adults with Diabetes have Type 2.

Diabetes prevention and treatment often requires changes to diet and lifestyle. Detection is key so Diabetes can be properly managed.

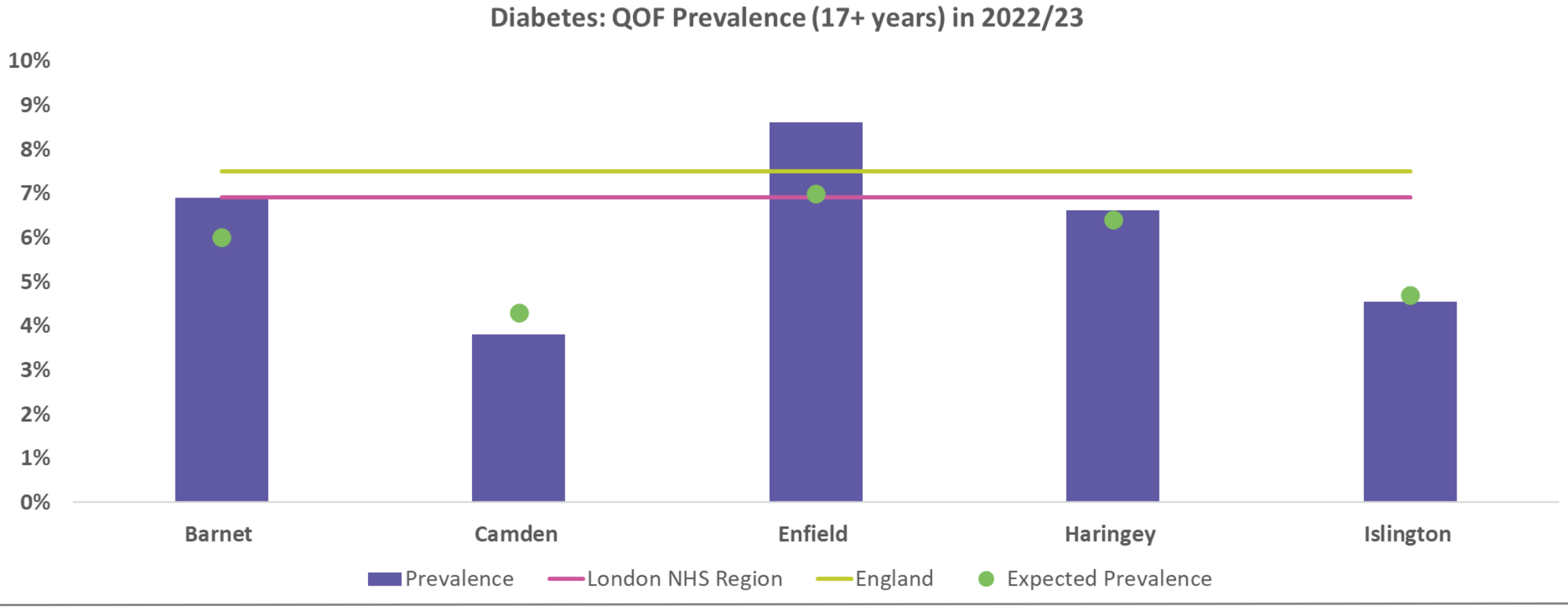
Once diagnosed patients self-monitor and self-manage and receive support from primary care and others (e.g. medications and check-ups). There are evidence based interventions (*the 8 care processes*) and outcomes (*3 treatment targets*) that we work to achieve for all.



Detection of Diabetes

North Central London Integrated Care System

To ensure we are effectively detecting Diabetes in our population we look at how many people we would expect to have Diabetes (expected prevalence), how many we know of (prevalence / those diagnosed) and work to close the gap. We also benchmark ourselves against London and England averages, although prevalence is impacted by population demographics, deprivation and other factors local to us. Data for 22/23 (the latest data available) is shown below.

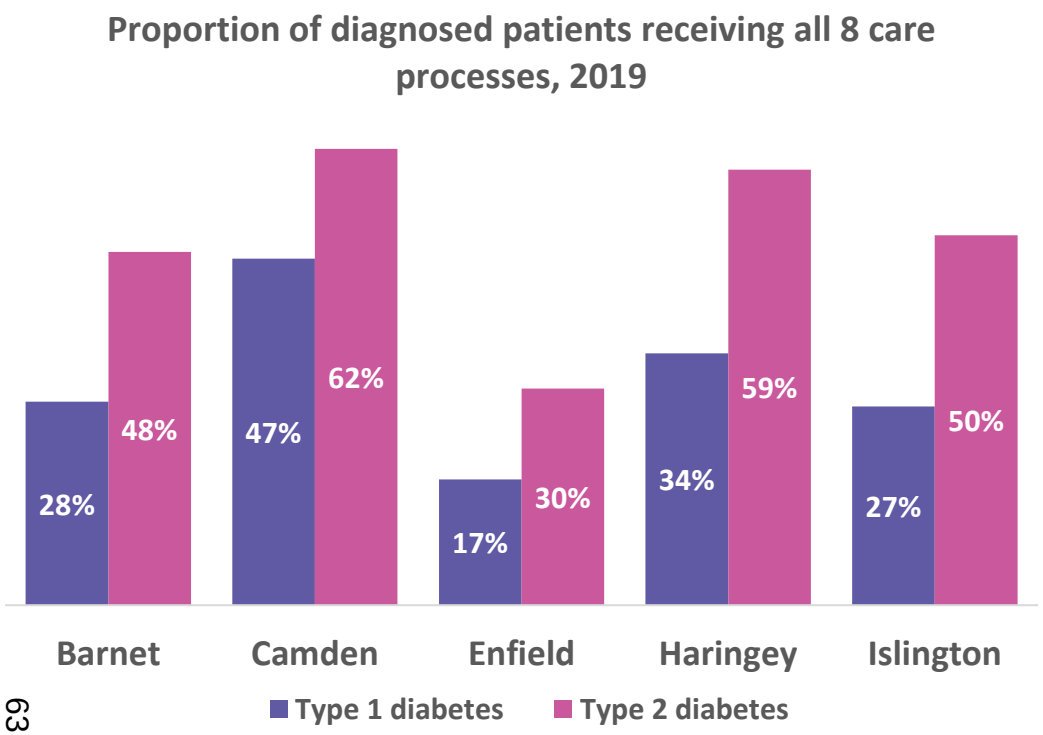


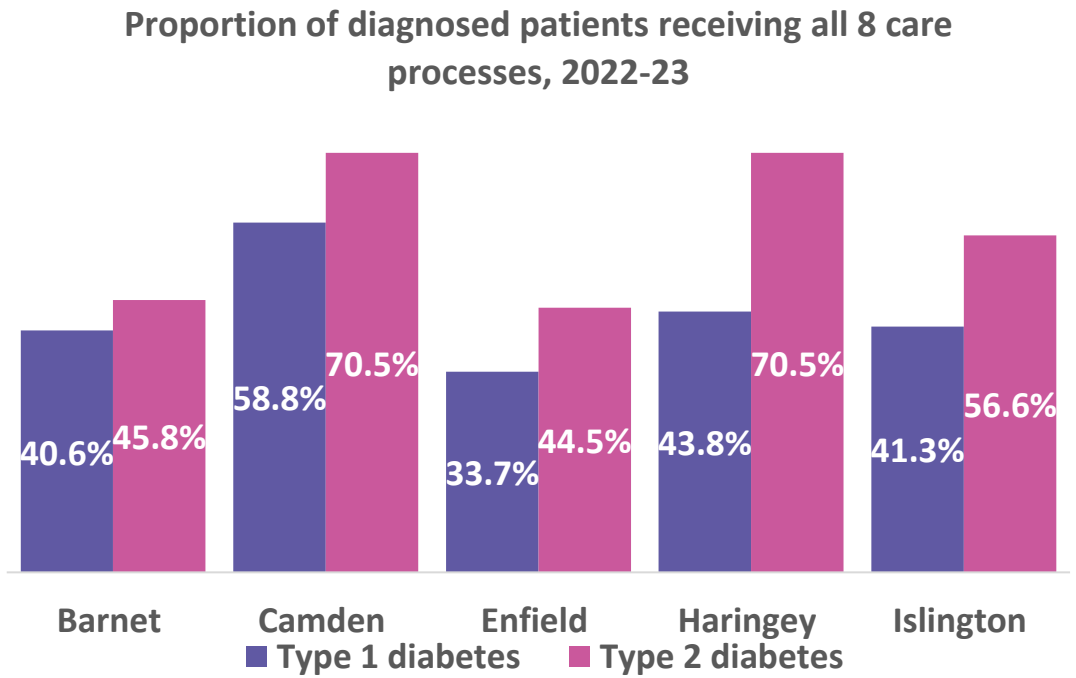
Source: Fingertips, Note: London 2022/23 figure is NHS London Region

The 8 care processes

North Central London Integrated Care System

We want to improve Diabetes care and reduce variation between boroughs and communities. The 8 care processes are evidence based & NICE supported. The care processes include monitoring, blood pressure management, serum cholesterol, body mass index, kidney checks, smoking cessation and regular foot examinations. Primary and Community based services support this work, linking with partners as needed. Patients and professionals have shared responsibility around effective management. There has been continued focus on Diabetes in NCL over the last few years (with some disruption during COVID) and the % of diagnosed patients receiving all 8 care processes has been increasing:





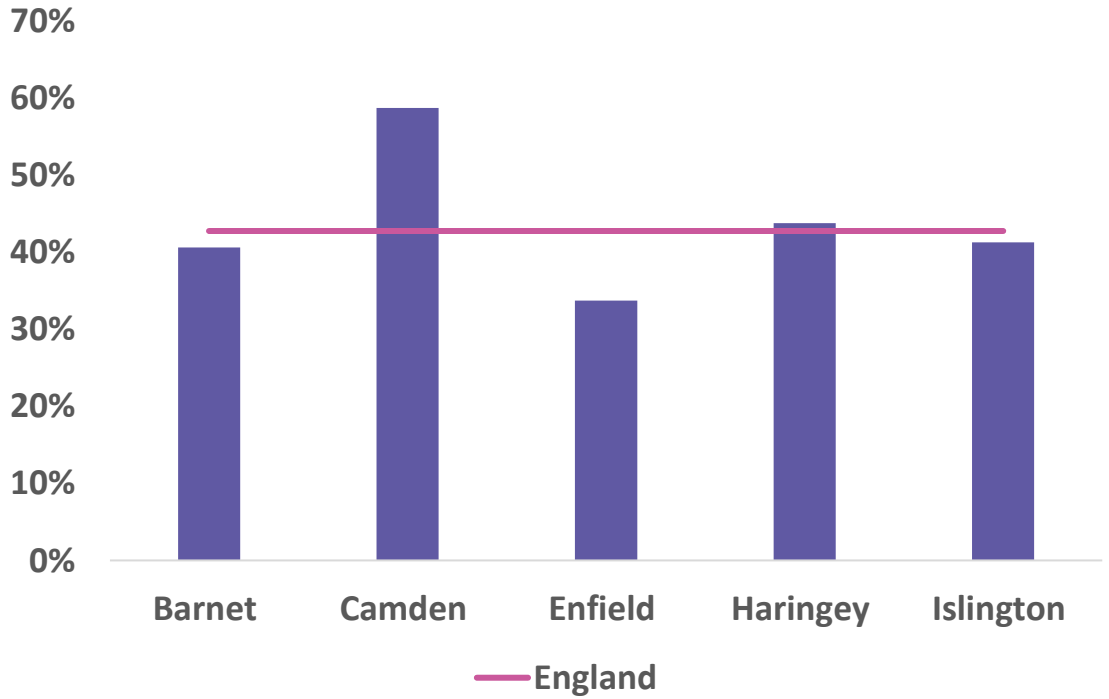
- Source: National Diabetes Audit, Note: The graph on the left is analysis done by CF

The 8 care processes

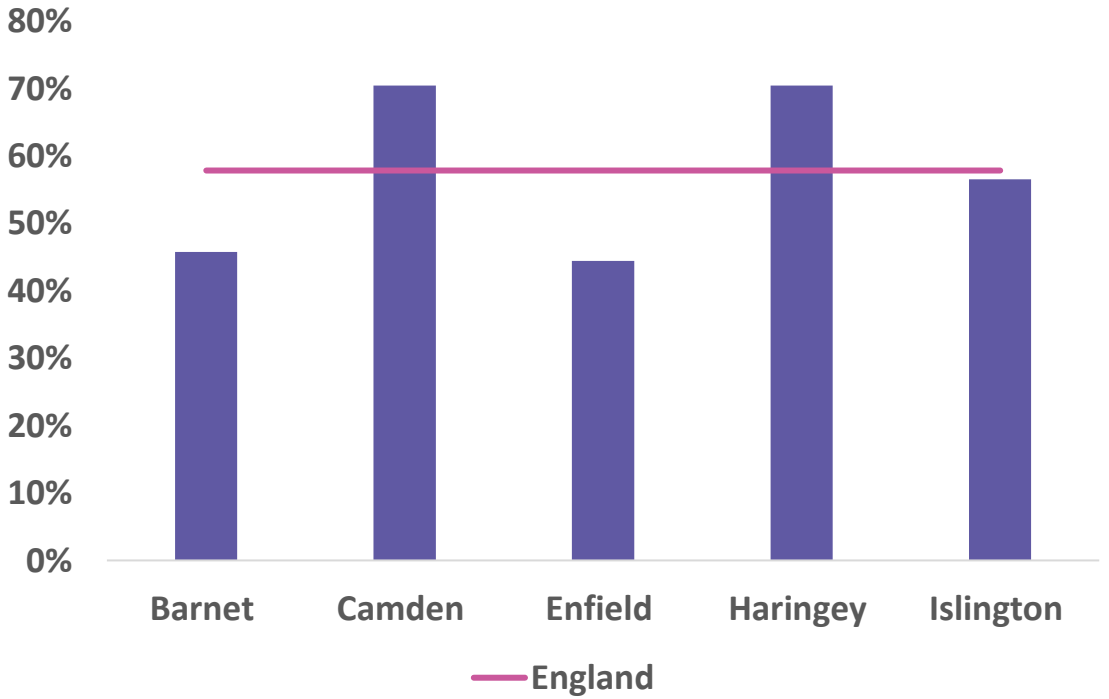
North Central London Integrated Care System

We benchmark reasonably well against England averages for treatment of Type 1 and Type 2 Diabetes (with comparison supported by the National Diabetes Audit) but there is significant variation between Boroughs. Diabetes outcomes are key primary care outcomes for 24-25, our priority is achievement of local targets which are tailored to the local population.

Proportion of patients with Type 1 diabetes receiving all 8 care processes, 2022-23



Proportion of patients with Type 2 diabetes receiving all 8 care processes, 2022-23

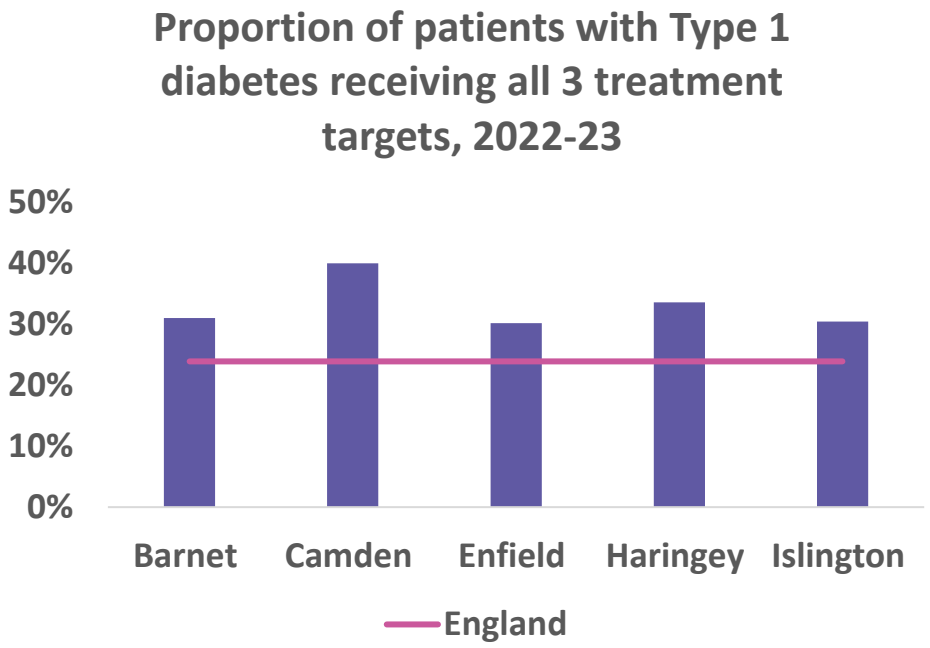


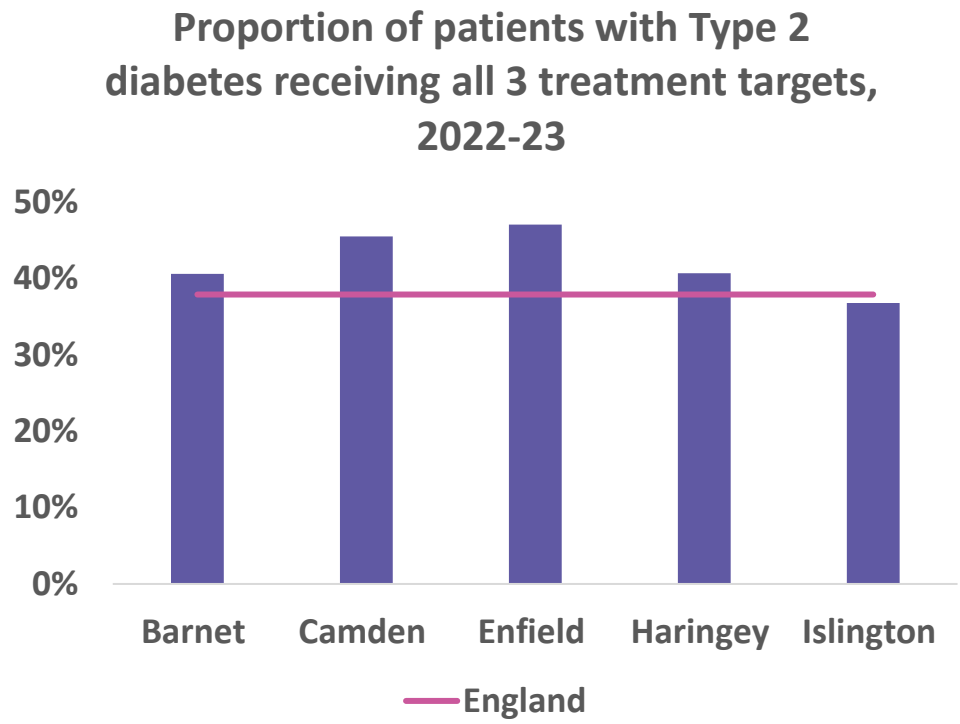
Source: National Diabetes Audit

The 3 Treatment Targets (3TTs) is the other key diabetes outcome

North Central London Integrated Care System

The 3TTs are also supported by NICE. They are a combination of blood test, blood pressure and medication goals that together reflect good diabetes control. NCL performs well against the 3TTs when compared to the England average, but the % of diagnosed patients meeting all 3 targets is still relatively low, so this remains a key focus for us:





Source: National Diabetes Audit

New technology offers opportunity for people to take control of their health and self-manage their condition

North Central London Integrated Care System

What is Continuous Blood Glucose Monitoring (CGM)?

CGM is a small device that sticks to the skin. It measures glucose levels continuously throughout the day and automatically transmits blood sugar readings, data and alerts to a reader or smartphone. CGM can help patients and care professionals see:

- if glucose levels are going up or down
- how glucose levels change over time
- what happens to levels when asleep

It can support better management and reduced complications. CGM allows users to predict and prevent acute events that may lead to admission or attendance at A&E. Recently NICE expanded their recommendations on who is eligible to receive CGM:

- Diabetes in Pregnancy
- Adults - Type 1 Diabetes
- Adults – Type 2 in certain circumstances
- Children and Young People

Rolling out CGM in NCL

CGM is already available in NCL for some Type 1 diabetics

NCL ICB has approved the funding to extend access to CGM as per the updated NICE guidelines

A pan-London working group was established to develop and approve implementation documents for the NICE recommendations of rolling out CGM for eligible patients.

NCL is in the process of adopting the London pathways via widespread engagement to ensure appropriate and equitable access

Over a 5 year period, we plan a gross increase in activity of 4000 new prescriptions for CGM.

Community Services Core Offer for Diabetes

North Central London Integrated Care System

Current operating models vary by Borough

- Diabetes service for Type 2 patients, support self-management and agree care plans.
- Support Patients with Type1 Diabetes who disengage or DNA hospital care
- Management between Primary and Secondary care referrals inwards and out. MDT led by a diabetes medical consultant.
- Links with psychological services.
- Provide online structured education programme on diabetes management for primary and secondary care staff.
- Give support to social services and care homes.

Standardising best practice across NCL

The ambition for consistent diabetes support across NCL is being **implemented as part of the Community Service Core Offer** *(diabetes and podiatry service descriptions right)*. Investment has been made in Enfield's community diabetes service.

The **NCL Diabetes Collaborative** has set ambitions for 5 best practice areas:

- Education (for Healthcare Professionals)
- Diabetes self-management education (behaviour change)
- Standardisation of the Skill Mix within MDTs
- Weight management
- Digital infrastructure

Core Offer descriptions

Core offer care function: Diabetes (LTC management)

Overview

Description of the care function

Specialist community diabetic support for adult patients which enables development of enhanced self care and management. Includes 1-1 clinic appointments, home visits and group education sessions.

Support the use of technology to help patients manage their condition

Capabilities required

Specialist diabetic and podiatry nurse competencies, clinical psychology input who can carry out assessments and deliver short term psychoeducation; delivery of DESMOND

Who the care function is for

Adults diagnosed with Type 1 and 2 diabetes who require support beyond that provided by primary care

How the function is accessed

Via primary care (via central point of access) and diabetic clinic. Patient initiated follow up

Operations

Point of delivery	Hours of operation	Response time for first contact	Ongoing contact and response
Community clinics, leisure facilities, service users' homes and places of work/study, virtual or face to face	9-5 Mon-Fri. with some flexibility to meet needs of patients and families	Same day for advice to primary care; two weeks for initial patient contact	Four week follow up Patient initiated follow up

Integration with wider health and care system

Integrated with acute diabetic clinics; available for advice and support to primary care, community nursing, other community health services. Contributes when required to complex care MDTs

Core offer care function: Podiatry

Overview

Description of the care function

The podiatry service provides assessment, diagnosis, advice, treatment and referral for a wide range of foot conditions although the expectation is that most patients will have high risk Type 1 diabetes. Nail cutting is only provided for patients with high risk foot conditions (eg sensation loss and reduced circulation

Supports individuals with compromised tissue viability associated with vascular disorders, diabetes and other underlying medical conditions that affect their feet, and support wound management.

Works closely as part of the Diabetes team given interface with management of diabetic patients.

Service users and their families and carers trained and supported to actively participate in the management of their condition.

Capabilities required

Podiatrists and foot care assistants

Who the care function is for

Adults requiring assessment, treatment and advice on foot conditions.

How the function is accessed

Referral through central point of access by GP or other health professional. Can also be through self-referral

Operations

Point of delivery	Hours of operation	Response time for first contact	Ongoing contact and response
Community clinics or in service user's home if house-bound	9-5 Mon-Fri with some flexibility	New patients within 4 weeks Urgent referrals within 1 week	As required up to twice weekly review

Integration with wider health and care system

Provide expert advice and support to primary care, community nurses, and other specialist services including diabetes, MSK and AHPs.

Integration with orthotics services.

Direct referral for podiatric surgery as required

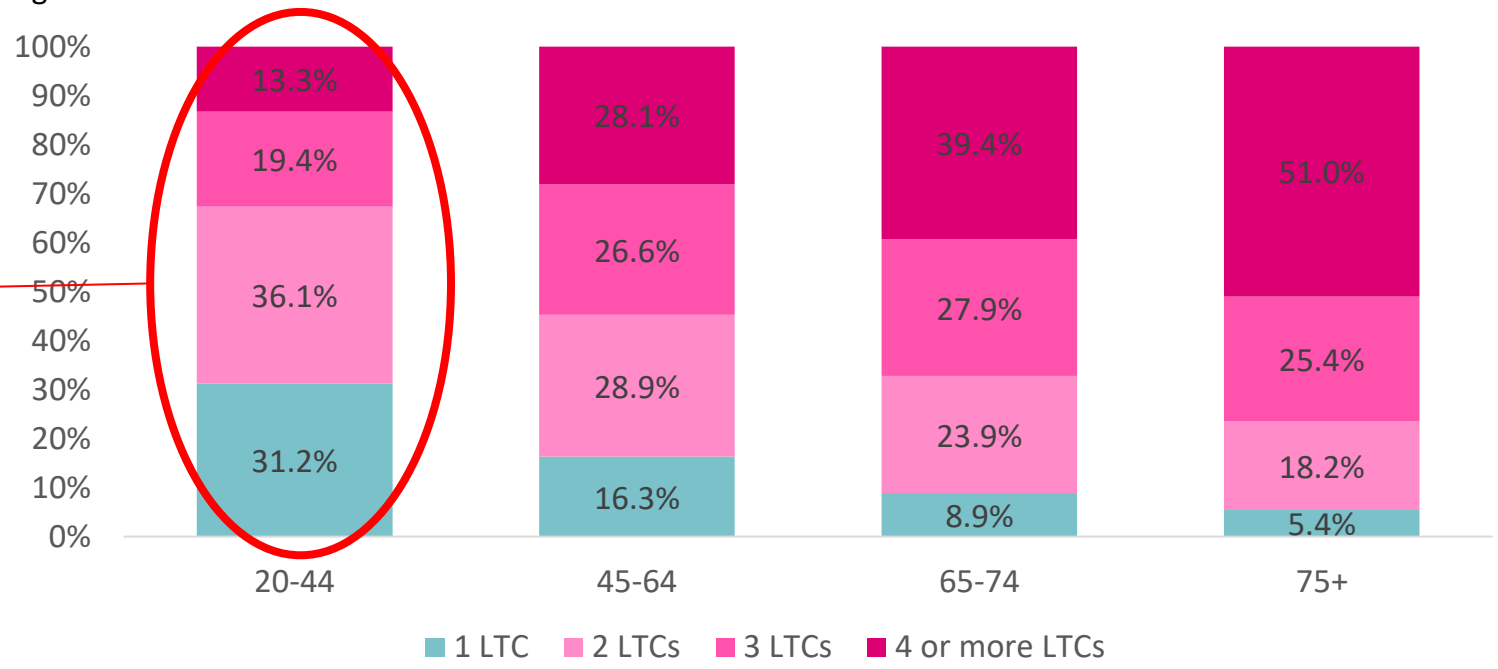
Support acute hospitals with ward in-reach for high risk podiatry referrals

Diabetes and multimorbidity

Multimorbidity (multiple Long Term Conditions and complexities) is one of the biggest challenges our patients and health services face. People with Diabetes are more likely to develop other conditions and accumulate more diagnoses as they age. There is a real opportunity for us to intervene earlier when younger people have only 1 or 2 diagnoses. If this is managed effectively we can change their outcomes, improve their lives and make our services more sustainable.

Proactive care opportunity - early intervention to reduce burden of multiple LTCs

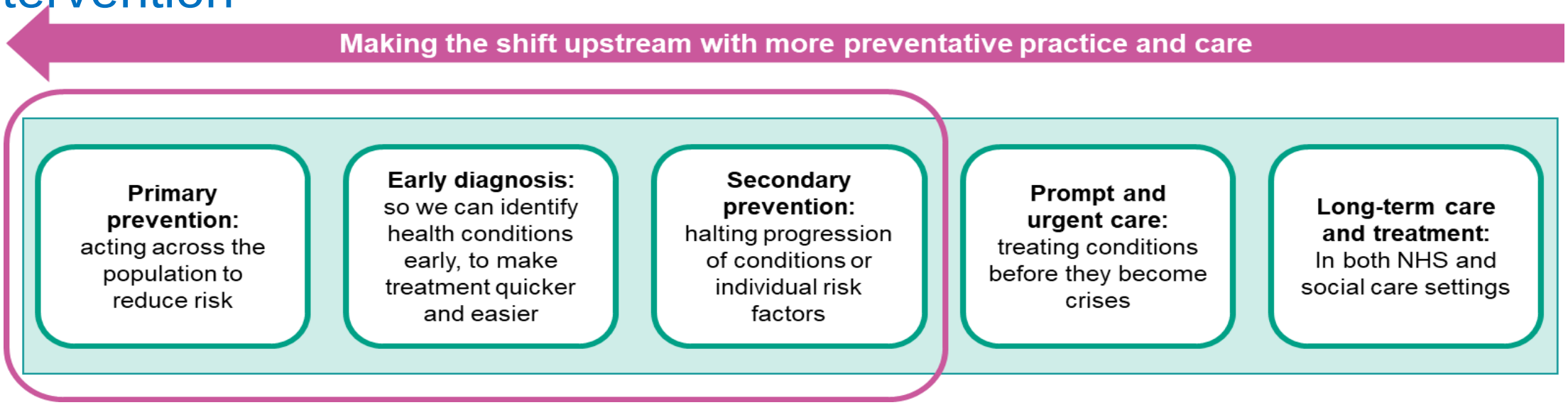
Proportion of patients diagnosed with diabetes comorbid with any other long term conditions (LTCs), 2020, split by age.



Source: NEL Specialist Business Intelligence, Patients comorbid with diabetes and Long Term Conditions (LTCs)

Proactive care is at the heart of NCL's approach to diabetes with the emphasis on partnership and early intervention

North Central London Integrated Care System



System collaboration to address the key risk factors:

- Overweight and obesity
- Physical activity
- Smoking
- *wider determinants of health*

- **Primary care**
- NHS health checks and early diagnosis
- Structured education
- LTC Year of Care
- Risk stratification
- Path to remission

- **Community care**
- Diabetes Specialist Nurses
- Diabetes Foot Care Nurses
- Structured Education
- Support to care homes
- Diabetes Provider Collaborative

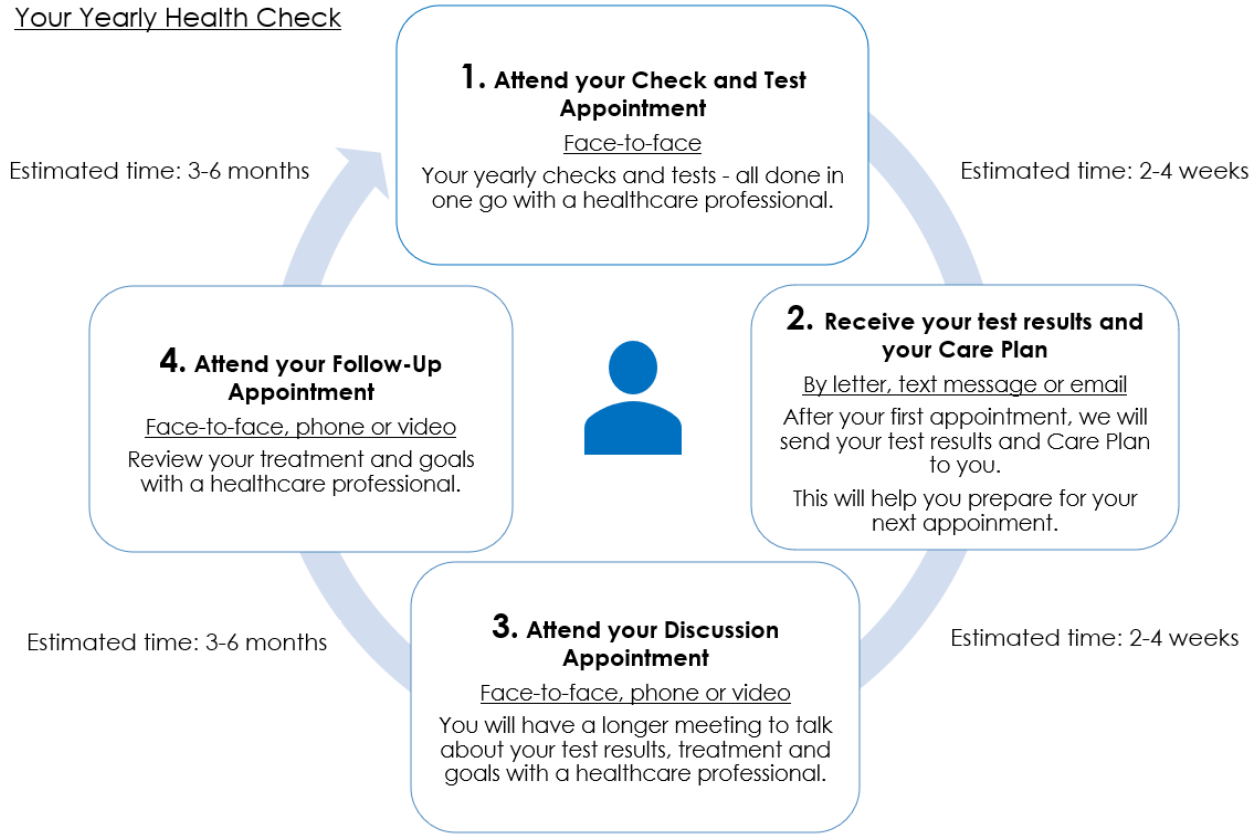
- **Secondary care**
- Specialist services
- Ambulatory Acute Foot Service (Royal Free)

69

New Long Term Conditions (LTC) primary care model for NCL - focussed on proactive care, personalisation and multimorbidity

Diabetes is a core condition in the new model. The model gives us an unprecedented opportunity to work across our whole system to drive out variation and improve outcomes. There is interest across London in our work and opportunity to expand the model over time to cover other conditions and patient groups. If supported it will drive neighbourhood working:

- **Stratified response delivered over the year** - matching workforce, and frequency of contact, to level of risk. Patients will be invited based on their level of complexity.
- **Holistic and personalised** - includes personalised care and support planning, lifestyle interventions & care coordination alongside medical care. Will cover all the patients LTCs (including mental health) ensuring a 'whole person approach'..
- **Not GP-centric** - wider primary care workforce contribute supporting deliverability and effective use of resources.
- **Benefits primary, community and secondary care** and supports greater integration.
- **Supported by population health management tools**– to identify cases, understand variation and target communities with poorer outcomes



Next steps

North Central London Integrated Care System

Area	Description	Timeline
Primary care outcomes	• Setting Borough and GP practice improvement goals with first focus on 8 care processes • PCN weighted payments will target communities with poorer outcomes	First goals set in Q4 23-24
Core Offer investment	• Progressing 5 borough Diabetes Collaborative implementation plan to share agreed best practice elements • Continue transformation of diabetes services in line with Core Offer description	24/25
Diabetes community provider collaborative	The collaborative has five workstreams, **1**. Education for healthcare professionals, **2.** Behavioural change (patient education), **3.** Standardisation of skill mix, **4.** Weight management, **5.** Digital enablers.	underway
Rolling out CGM in NCL	Continue roll-out of CGM and monitoring of impact	
Ongoing work with the UCL Health Alliance about a refreshed network for Diabetes	• Establishing new collaborations that link the NHS with wider system partners • Taking a population health approach – using data to understand variation and drive improvement • Weight management network to consider role of new interventions to reduce risk factor of overweight and obesity	New networks in 24-25

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North Central London Integrated Care System

North Central London Integrated Care System:

Engagement Findings: Eye Surgery Hub Proposal

January 2024

1. Contents

North Central London Integrated Care System

North Central London (NCL) Integrated Care System (ICS) presented to the NCL Joint Health Oversight Scrutiny Committee (JHOSC) meeting in June 2023 on the proposed changes to Ophthalmology surgery in NCL and the development of an eye surgery hub. JHOSC requested additional information in relation to four areas. These slides outline:

2. JHOSC

North Central London Integrated Care System

In June 2023 JHOSC requested additional information in relation to four areas. This table summarises the response to these requests.

JHOSC	Response
The additional journey times being asked of residents, balanced against the potential benefits of being treated earlier	**Slide 5. Benefits and Impacts - outlines the benefits of the proposal balanced against the impacts for residents.** In summary, some patients may have to travel further but the changes will deliver significant benefits. Patients will be able to change to a provider closer to them. Our engagement shows that patients are willing to travel if they are seen sooner.
The potential impact on disadvantaged communities who could be disproportionately affected by the changes	**Slide 8. Health Inequality Impact Assessment – outlines a summary of the impact on health inequalities and proposed mitigations.** In summary, our HEIA indicates that the service changes may impact more on older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers. We reached out to these groups as part of the engagement and their feedback was incorporated into the issues raised (see slides 6 and 7). We have identified mitigations to address these issues and support any groups that may be impacted by the changes. These include Pathway Navigators to support vulnerable patients; clear patient information in a variety of formats; and accrediting surgical hubs to national standards which address access issues and appointment times.
The financial implications, including knock-on-effects (positive or negative) on other NCL hospitals	**Slide 9. Impact on Services – outlines a summary of the impacts on the three sites and services affected by the changes.** In summary the additional capacity created at Whittington and RFL will be used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with their in-year forecast position. They would achieve this through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. Two services will need to move from Edgware Hospital to accommodate moves: RFL pain management; and CLCH community podiatry. Pain management will temporarily move to Hadley Wood and community podiatry still to confirm best option for relocation.
Learnings from the previous experience of developing surgical hubs in NCL	**Slide 10. Learning from NCL Elective Orthopaedic Centres – outlines a summary of a review of the mitigations for the previous consultation on the NCL Elective Orthopaedic Centres** In summary, NCL undertook a review of planned Orthopaedic services from 2018-2022. As part of the review, a consultation was undertaken inviting views on the proposals and a HEIA was produced. Mitigations were identified and grouped into five themes, providing information on how the model of care could be further adapted to meet the needs of residents. The northern and southern Elective Orthopaedic Centres (EOCs) have recently reviewed the implementation of, and effectiveness of, the mitigations. The learning from this has been incorporated into the mitigations for the issues raised in the engagement on the proposal.

3. Summary of Eye Surgery Proposal

North Central London Integrated Care System

There are over 260,000 adult patients waiting for elective care in North Central London (NCL) hospitals currently, of which 30,000 are waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing.

Evidence shows that surgical hubs can increase elective capacity, increase efficiencies, reduce cancellations, improve clinical outcomes, and improve working conditions for staff.

NCL wants to build on our innovation of developing Elective Orthopaedic Centres and explore the possible expansion of surgical hubs into other specialities. The first proposed programme of change is Ophthalmology.

NCL has engaged on the proposal and two changes have been approved (see Appendix 1 for Governance) to where some adult patients have their planned Ophthalmology surgery (see map on next slide):

1. Create a hub for Ophthalmology surgery at Edgware Community Hospital
    a. This hub will provide surgery for adults for 'simple' surgical conditions like cataracts
    b. This will bring together all Ophthalmology surgery currently provided at Whittington Hospital and some activity from Royal Free Hospital and Chase Farm Hospital into one site at Edgware Community Hospital where a number of higher volumes of surgical procedures can be undertaken
2. A number of complex Ophthalmology surgeries and procedures that need to co-locate with other specialities will remain at both Chase Farm Hospital and Royal Free Hospital

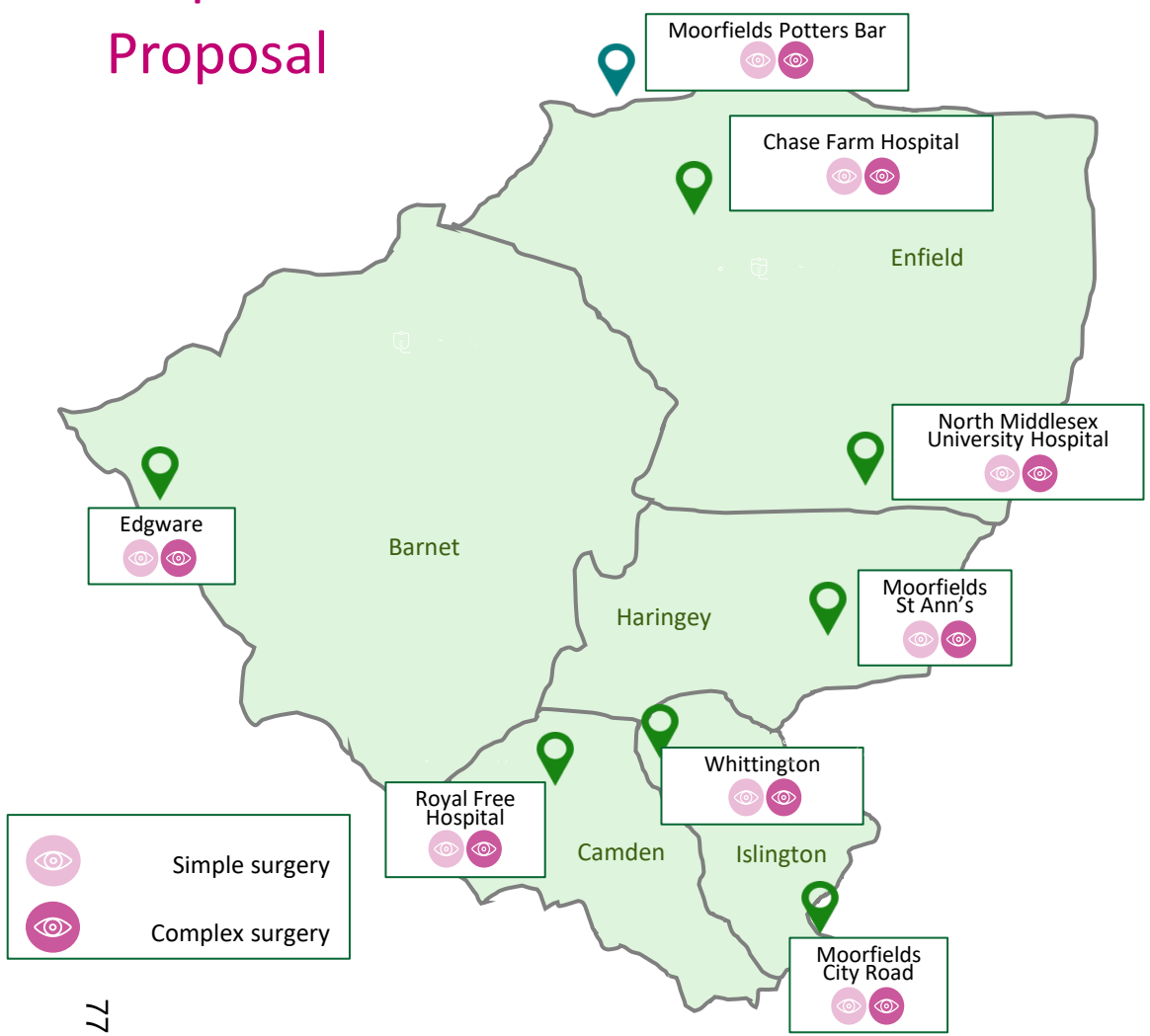
Existing Ophthalmology surgery services will continue at North Middlesex University Hospital, Moorfields sites (City Road Campus, St Ann's Hospital, and Potters Bar Community Hospital) and independent sector providers contracted to provide services for the NHS. Patients will continue to attend their local or preferred hospital for diagnostic tests and outpatient appointments.

Overall, following engagement on the proposals, the feedback we received has been largely supportive. Following engagement we can state that residents are, generally, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are put in place. (See Appendix 2 for the full report)

4. Map of Changes to Eye Surgery

North Central London Integrated Care System

Map Prior to Proposal



Map Post Proposal

77

Patients can also have planned eye surgery with independent sector providers contracted to provide services for the NHS

5. Benefits and Impacts

North Central London Integrated Care System

Of the approximately 25,000 procedures delivered a year in NCL, the approved changes would affect approximately 5,000 procedures.

By doing more procedures on fewer sites the evidence suggests we can improve the efficiency and productivity of our theatres. In NCL this translates to the following benefits:

We are creating extra capacity for an additional **3000 procedures a year**

We could reduce waiting times by **approximately 4 weeks**

Surgical Hubs improve **clinical outcomes** and **patient experience**

Separating staff, beds and theatres from urgent care should reduce the risk of surgery being **cancelled** last minute

Bringing together clinical teams across NCL develops the **best expertise and equipment** for surgery

For some patients the proposed changes may mean their travel to hospital would be impacted. Analysis indicates that patients who would need to move under these proposed changes may need to travel an average of 19 minutes more using public transport at 8am, or 14 minutes more using car at 8am. For a handful of patients, who predominantly live near Chase Farm Hospital (CFH), they may need to travel 70 minutes more by public transport to Edgware Community Hospital (ECH). For a handful of patients who currently attend Whittington Hospital (WH), they may need to travel 30 minutes more by car to ECH.

For the majority of patients travelling by public transport there will be no change to the number of buses that they will need to get to travel to ECH if they want to remain as a Royal Free London (RFL) patient. For some patients they may need to get an additional 1-2 buses or to change to a tube/train journey to get to ECH. However, in all of these scenarios there is the option for patients to transfer to a provider who may have a site that will be nearer for them to travel to (e.g., Moorfields Eye Hospital (MEH) City Road, MEH St Ann's, MEH Potters Bar Community Hospital, North Middlesex University Hospital (NMUH)). Patients will continue to exercise their right to choose which trust to attend and therefore may choose a trust closer to them.

Our engagement shows that the majority of patients are willing to travel further if they are seen sooner (see slides 6-7). The proposed changes will create extra capacity for an additional 3,000 sight-saving procedures a year which could reduce waiting times by up to four weeks. Surgical hubs also improve clinical outcomes and patient experience, and reduce the risk of surgery being cancelled last minute. Most patients will only need to travel to Edgware Community Hospital once or twice in their lifetime for ophthalmology surgery.

Further information can be found within the final report (Appendix 2).

6. Summary of Engagement

We carried out a range of engagement activities over eight weeks, from 21 August to 16 October, reaching over 600 patients, public and wider stakeholders. We undertook a range of methods including engagement events, site visits, focus groups and surveys.

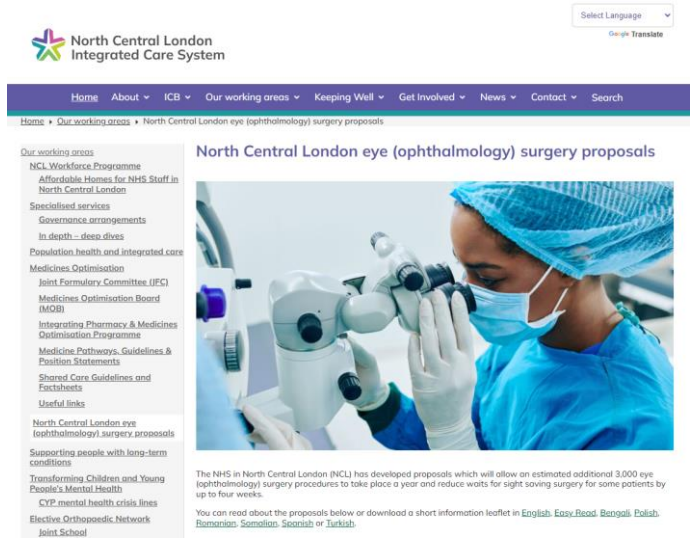
We ensured we targeted the groups identified through our HEIA as most impacted by the proposed changes (older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers).

This included:

- Engagement Events – 175 residents via nine events.
- Site Visits – 62 service users via three site visits at Whittington Hospital and Chase Farm Hospital.
- Focus Group – an in-depth focus group with six residents.
- Staff Engagement – 11,000 Royal Free London staff via the intranet; individual communications with staff directly impacted.
- Stakeholder Engagement – 310 GPs, local Community Optometrists, neighbouring ICBs, local MPs and councillors with a health remit via direct emails.
- Voluntary, Community and Social Enterprise (VCSE) Sector – 96 VCSE groups supporting older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities and carers.
- System Meetings – Presentations at the NCL Joint Health Overview and Scrutiny Committee (JHOSC), the Islington Health & Wellbeing Board, the NCL Clinical Advisory Group, NCL's Community Partnership Forum, and the NCL GP Webinar.
- Survey – 138 people completed a survey on the proposal.

Overall, the feedback we received has been largely supportive of the proposals. Following engagement we can state that residents are, generally, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are be put in place. (See Appendix 2 for the full report)

North Central London Integrated Care System



Webpage

Patient leaflet translated in Turkish

Easy read version of survey

7. Feedback and Mitigations (1/3)

There were seven key themes from the engagement with some proposed mitigations to the issues raised. Below are the actions that will be taken to support implementation and ensure that the feedback from residents is taken forward to mitigate inequalities of access.

You Said	We Will (including actions)	Lead	Review Date
1. We want **well trained and supportive staff** delivering the best clinical care	• We will ensure that the staff who provide Ophthalmology services are compliant with the national standards (referred to as Getting It Right First Time (GIRFT) Standards) for ophthalmology which will enable them to deliver the best clinical care. Currently all trusts monitor surgical performance of clinicians, undertake training of surgeons, ensure surgery is supervised by consultants and have muti-disciplinary teams managing patients on the day of surgery. • Royal Free Hospital (RFH) will submit quarterly GIRFT returns which will be completed by operational and clinical teams. Returns will be shared with entire Ophthalmology team. • An action plan will be developed by the service to respond to any areas requiring intervention – this again will be owned jointly by operational and clinical teams. • GIRFT updates and the action plan will be overseen by RFH divisional management team as part of routine monthly performance management oversight.	Trusts	Mar 2024 Apr 2024
2. We want a choice of **appointment** times that are convenient for us and that run on time	• We will work with surgical hub sites to embed best practice for surgery as defined by the GIRFT surgical hub accreditation standards. This is a means of recognition that hub sites are meeting top clinical and operational standards and includes that they consider staggered appointment times. • Review of Moorfields Eye Hospital hub accreditation of St Anns and City Road sites with NHSE. • Surgical hub at Edgware will be enhanced further by developing Edgware as a GIRFT best practice centre for Ophthalmology. This will include more space to deliver additional appointments / treatments. This will support an increase in choice for patients. • Surgical pathways to be developed to offer bilateral cataract procedures, reducing the number of appointments needed. • Ophthalmology outpatient clinic hub to be developed at Edgware, offering greater capacity and with facilities designed with GIRFT principles as the driving force. RFH aims to commence enabling works to establish a clinic hub pending appropriate approval.	Trusts / ICB	Apr 2024 Jun 2024 Jun 2024 Sep 2024

7. Feedback and Mitigations (2/3)

You Said	We Will (including actions)	Lead	Review Date

3. We want **someone to talk to** for advice and support for vulnerable patients	• We will explore the role that Pathway Navigators can provide to support vulnerable patients when asked to attend a different site for their surgery. These are currently operating in Whittington Health and UCLH for orthopaedics and are a named lead that follow the (vulnerable) patient and ensure that both the patient is aware of where they need to go and what they need to do as well as ensuring sites have everything in place to support the specific needs of the patient. Whilst RFH do not have specific roles to support vulnerable patients, there are several services and teams who are available to support throughout a patient's pathway. These include:
	  • Admissions team
	  • OAC (Outpatient Appointment Centre)
	  • Operational management teams
	  • Clinical teams (Nursing and Dr)
	  • Learning Disability teams
	  • PALS (Patient Advise and Liaison Service)
	• Initiate review of pathway navigation functions and other associated support to develop greater consistency across these teams across all sites.
		ICB / Trusts	Apr 2024

4. We want to discuss with a GP or optician our **choices** for surgery and how to change hospital if we want to	• We will ensure patients are aware of their right to choose where they receive eye surgery and ensure that adequate information is available to referrers and patients to enable an informed choice. Patients currently have access to information via the NHS app, ERS National Patient helpline, NCL trust patient portals and helplines. • Communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website.	ICB	Feb 2024

7. Feedback and Mitigations (3/3)

You Said	We Will (including actions)	Lead	Review Date
5. We want a choice of how we receive **information** and for it to be clear and accessible, with a named contact if we need to discuss it	• We will work with sites to ensure that the information included in referral and appointment letters meets patients' requirements and meeting best practice information standards. • Patient letters to be reviewed as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care). • NCL ICB intends to commission an Ophthalmology Single Point of Access (SPoA) to assist patients in choosing a provider at the point of referral. Through this SPoA patients will receive information including distance from home, waiting time for first appointment, and average waiting time for surgery (if appropriate).	ICB	Feb 2024 Jun 2024
6. We want support with **travel** if we cannot afford it or need help	• We will work with sites to ensure that clear travel information, which includes how to access support with travel, is available to patients. Currently NHS funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. Patients in receipt of certain benefits or on low income can access support with healthcare travel costs and national teams are looking to streamline the process to access this. • Review of travel information on Trust websites to meet the requirements expressed in the patient engagement.	Trusts / ICB	Feb 2024
7. We want any **theatre capacity** that is freed up by the changes to help reduce waiting lists in other areas	• We will continue to ensure that there will be no fallow capacity in the system. This means that any theatre capacity being freed up at one site, will be used to help tackle waiting lists in other surgical specialties. • RFH wide review of theatres has been established to ensure the use of the theatre estate is optimised. This supports the use of theatres, utilisation, future surgical hub reviews and an overarching theatre strategy. The trust remains committed to reducing waiting times and will continue to do so throughout 2024/25 and beyond. Development of the Ophthalmology Surgical Hub will support this objective. • Ophthalmology surgical hub business case approved by RFH Local Executive Committee (LEC) in December 2023. To be presented to Group Executive Management Meeting (GEMM) in January 2024 • Edgware theatre utilisation consistently achieved 85% in 23/24. Performance monitoring to continue monthly at Northern Surgical Hub Group.. • Review increase in activity through Planned Care Programme Board.	Trusts / ICB	Feb 2024 Monthly Mar 2024

8. Health Inequality Impact Assessment

North Central London Integrated Care System

Our Health Inequality Impact Assessment (HEIA) indicates that the service changes may impact more on older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers. We worked with partners with links to the community to specifically target our engagement to these groups. Their feedback was incorporated into the issues raised (see slides 6 and 7).

The majority of respondents within these groups would find it acceptable to travel further for surgery if they could be seen sooner, with the exception of those who identified as carers. We were unable to determine deprivation levels of respondents through the survey; however, we received feedback that the proposals could result in additional travel costs which may impact greater on those who are more deprived. Feedback from residents also included concerns about older and more vulnerable patients who may struggle to travel to some sites and their reliance on family/carers to attend hospital. Residents would value a choice of convenient appointment times and the ability to talk to someone for advice and support.

We have identified mitigations to address these issues and support any groups that may be impacted by the changes (see slide 7).

These include:

- Pathway Navigators – these will provide support to vulnerable patients, particularly in the HEIA cohorts, when asked to attend a different site for their surgery. This will ensure that both patients and sites are clear about the specific needs and requirements of the patient
- Clear patient information in a variety of formats – this will particularly support patients in the HEIA cohorts that have specific disabilities and/or whose primary language is something other than English
- GIRFT surgical hub accreditation - this is a means of recognition that surgical hub sites are meeting top clinical and operational standards and includes that they consider issues with access and staggered appointment times which is particularly important for the HEIA cohorts including older people (and their carers) who may have limits on travel time and people with disabilities and their carers.

Although some of the impact is mixed, there is no single group or characteristic that is disproportionately impacted.

"Providing support phone numbers to someone who is both knowledgeable and has access to your medical records and can get further information or help if needed in a timely manner."

Above is a quote from a resident on the theme of support for vulnerable patients

The full report (Appendix 2) outlines a full Health Equalities Impact Assessment, a demographic breakdown of survey responses and the voluntary and community groups in the various cohorts that we targeted.

9. Impact on Services

North Central London Integrated Care System

Estates	Impact	Solution	Review Date
Whittington Hospital Day Treatment Centre	No eye surgery on site, freeing up one theatre for 2.5 days/week.	• Additional capacity used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with in-year forecast position. This would be achieved through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. • Move Whittington's simple day case procedures from main theatres to the day treatment centre, giving more capacity for more complex procedures. • Business case approved in December 2023 for two additional anaesthetists to support general anaesthetics lists for more complex procedures. This capacity will support the broader system across NCL.	• Review increase in activity through Planned Care Programme Board in March 2024.
Chase Farm Hospital	Fewer ophthalmology procedures, freeing capacity.	• Additional capacity used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with in-year forecast position. This would be achieved through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. • More capacity created to support Orthopaedics, Gynaecology, ENT, and/or Urology.	• Review increase in activity through Planned Care Programme Board in March 2024.
Edgware Community Hospital	Additional theatre needed for proposal. RFL pain management (requiring 1 day/week) and CLCH community podiatry service (requiring 0.5 day/week) need to vacate the second theatre.	• Temporarily move RFL pain management to Hadley Wood. • Explore options to move CLCH community podiatry including: Sundays at Edgware Hospital; using some of the freed capacity at Whittington Hospital; or using theatres in the independent sector.	• Business case to be approved by RFL governance in January 2024. • CLCH podiatry to confirm best option for moving their surgery in January 2024 • Review increase in activity through Planned Care Programme Board in March 2024.

10. Learning from NCL Elective Orthopaedic Centres (1/2)

North Central London Integrated Care System

NCL undertook a review of planned Orthopaedic services from 2018-2022. As part of the review, a consultation was undertaken inviting views on the proposals and a HEIA was produced. Mitigations were identified and grouped into five themes, providing information on how the model of care could be further adapted to meet the needs of residents. The northern and southern Elective Orthopaedic Centres (EOCs) have recently reviewed the implementation of and effectiveness of the mitigations.

Theme	Orthopaedic Mitigation Review	Link to Ophthalmology Mitigations
Transport and Travel	Initially, there were some concerns reported from patients travelling between North Middlesex University Hospital (NMUH) and Chase Farm Hospital (CFH), but most patients are reported to be willing to travel between sites. The northern EOC reported that a handful of patients from NMUH have expressed reluctance to travel to CFH and choose to have their surgery at NMUH. The northern EOC wish to explore in more detail the reasons behind some patients' reluctance to travel. Information on how to access trust sites, including by public transport and parking information, is available to patients. Documentation in relation to patient choice and transport options, including how to access transport support and claim for travel costs, is available on the NCL ICS website. Patient Navigators (originally termed Care Coordinators) identify patients who have additional transport requirements and support them with accessing any support they may be eligible for. From January 2020, two new bus routes serve CFH, which include stops at local tube and rail stations. The introduction of the extended routes has improved access to the hospital for patients, visitors, and staff. The EOCs also make reasonable adjustments for those patients who are unable to transfer, especially those with severe co-morbidities and/or mobility issues.	• We will review of travel information on Trust websites to meet the requirements expressed in the patient engagement. • We will review patient letters to be as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care). • We will communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website. • We will look to get consistency of patient navigators across NCL to support vulnerable patients in ophthalmology.
Patient Choice	All NHS patients continue to have a right to choose where they go for their care, in consultation with their GP. The range of options for patients are available on the e-Referral Service, including independent sector and out of area NHS hospitals. A patient can ask at the point of referral to be referred to a hospital or provider that is not within one of the two EOC partnerships. Information in relation to the changes was produced to enable GPs to have informed discussions with patients on their choices. The changes were also presented to GPs at the NCL GP webinar and included within the GP Bulletin. The northern EOC have reported that some patients find the choices they can make confusing. Further work is required to ensure patients have information that is easy to understand and accessible to them on their choices, along with the benefits of choosing to have surgery within surgical hubs.	We will communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website.

10. Learning from NCL Elective Orthopaedic Centres (2/2)

North Central London Integrated Care System

Theme	Orthopaedic Mitigation Review	Link to Ophthalmology Mitigations
Delivering Patient-Centred Care	The role of the Patient Navigator has been identified as a key component of the model of care within the EOCs and have been very well received by patients and clinical teams. Patient Navigators support vulnerable patients to navigate the pathway and access the right support at the right time. They act as a single point of contact for patients and carers with queries related to their elective Orthopaedic care and they ensure patient care is coordinated between trusts within the partnerships. An NCL-wide Orthopaedic care coordinator framework has been developed, which sets out the core competencies required for the role.	We will look to get consistency of patient navigators across NCL to support vulnerable patients in ophthalmology.
Communication and Information Sharing	Patients with communication requirements are identified during the assessment and referral process, and requirements are included in the care needs plan shared between the EOCs. The Patient Navigator role provides assistance and signposting to relevant support services including mental health, speech and language, and learning disability services. My Health Matters passports or folders are widely used by learning disability service users across NCL, which contains important information about the individual patient's needs as to when they visit the hospital for inpatient stay or outpatient appointment. Easy read documents and online information are available to patients with learning disabilities to help make the patient experience as positive as possible. Other support provided by NHS trusts to patients with communication needs includes staff awareness training, and access to BSL translators.	• We will look to get consistency of patient navigators across NCL to support vulnerable patients in ophthalmology. • We will review patient letters to be as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care).
Leading at Network Level	The NCL Orthopaedic Clinical Network was established to ensure consistency of implementation, monitoring benefits, sharing of information and best practice, peer review and challenge, and ensuring mitigations have been adopted. The NCL Orthopaedic Clinical Network is an exemplar of how clinical and operational leaders working across various organisations can come together and improve quality and equity across the entire patient pathway within a speciality.	We will review increase in activity through Planned Care Programme Board, bringing together partners across health and care in NCL and includes links with the clinical network for Ophthalmology.

11. Next Steps

North Central London Integrated Care System

Based on the feedback, mitigations and actions already in place we are going to take the following next steps:

1. Implement changes to services in February 2024.
2. Communicate changes to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website in February 2024.
3. Make changes to patient letters, following the review via the Clinical Interface work, so that information meets patients' requirements as set out in the engagement in February 2024.
4. Make changes to travel information on Trust websites so that information meets patients' requirements as set out in the engagement in February 2024.
5. Ophthalmology surgical hub business case to be approved by Royal Free London Group Executive Management Meeting (GEMM) in January 2024
6. Review current pathway navigation functions in April 2024.
7. Monitor implementation of changes to ophthalmology and initial impact on activity, equity and health inequalities via the NCL Planned Care Programme Board in April 2024.
8. Further develop wider surgical transformation programme targeting other specialties and building on experience with Orthopaedics and Ophthalmology from February 2024.

Appendix 1: Governance

North Central London Integrated Care System

The Eye Surgery Proposal has been developed and approved through the following governance:

- NCL Ophthalmology Board (monthly) – clinical leadership in the development of the proposal
- NCL Surgical Transformation Programme Board (STPB - monthly) – system leadership in the development of the proposal
- NCL Transformation Board (4 April 2023) – links to the broader NCL Transformation Programme
- NCL Joint Health Oversight and Scrutiny Committee (JHOSC - 26 June 2023) – approval to commence engagement on the proposal
- NCL Clinical Advisory Group (CAG - September 2022, 26 July 2023, 15 November 2023) – system clinical oversight of the proposal
- NCL System Management Board (SMB - 23 Nov 2022, 18 January 2023, 1 November 2023) – system leadership oversight of the proposal
- NCL Strategy and Development Committee (SDC - 6 Dec 2023) – approval of the proposal

North Central London
Integrated Care System

North Central London

Surgical Transformation Programme

DRAFT Ophthalmology Surgical Hub Engagement Findings Report

December 2023

Contents

1. Executive summary

There are over 260,000 adult patients waiting for elective care in North Central London (NCL) hospitals currently, of which 30,000 are waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing.

Evidence shows that surgical hubs can increase elective capacity, increase efficiencies, reduce cancellations, improve clinical outcomes, and improve working conditions for staff.

NCL wants to build on our innovation of developing Elective Orthopaedic Centres and explore the possible expansion of surgical hubs into other specialities. The first proposed programme of change is Ophthalmology.

Proposed changes to planned Ophthalmology surgery

We are proposing to make two changes to where some adult patients have their planned Ophthalmology surgery:

1. To create a hub for Ophthalmology surgery at Edgware Community Hospital
    a. This hub would provide surgery for adults for 'simple' surgical conditions like cataracts
    b. This would bring together all Ophthalmology surgery currently provided at Whittington Hospital and some activity from Royal Free Hospital and Chase Farm Hospital into one site at Edgware Community Hospital where a number of higher volumes of surgical procedures can be undertaken
2. A number of complex Ophthalmology surgeries and procedures that need to co-locate with other specialities will remain at both Chase Farm Hospital and Royal Free Hospital

Existing Ophthalmology surgery services would continue at North Middlesex University Hospital, Moorfields sites (City Road Campus, St Ann's Hospital, and Potters Bar Community Hospital) and independent sector providers contracted to provide services for the NHS. Patients would continue to attend their local or preferred hospital for diagnostic tests and outpatient appointments.

Benefits and impacts on patients

Of the approximately 25,000 procedures delivered a year in NCL, the proposals would affect approximately 5,000 procedures.

By doing more procedures on fewer sites the evidence suggests we can improve the efficiency and productivity of our theatres. It is estimated that an additional 3,000 procedures a year could be undertaken by introducing the proposed changes which could reduce waiting times by up to four weeks. Surgical hubs improve clinical outcomes and patient experience. The risk of surgery being cancelled last minute due to emergency care pressures should reduce.

We know from previous engagement and working with Healthwatch that in some cases patients are willing to travel if they are seen sooner. However, for some patients the proposed changes may mean they would need to travel an average of 19 minutes more using public transport. For a handful of patients, they may need to travel 70 minutes more to Edgware Community Hospital. Most patients will only need to travel to Edgware Community Hospital once or twice in their lifetime for Ophthalmology services. In the proposed model patients would continue to exercise their right to choose which trust to attend and therefore may choose a trust closer to them.

Our HEIA indicates that the proposed service changes may impact more on older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers. We reached out to these groups as part of the engagement and their feedback was incorporated into the issues raised.

Summary of engagement

We carried out a range of engagement activities over eight weeks, from 21st August to 16th October, reaching over 600 patients, public and wider stakeholders. We ensured we targeted the groups identified through our HEIA as most impacted by the proposed changes (older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers). This included:

- Engagement Events – 175 residents via nine events
- Site Visits – 62 service users via three site visits at Whittington Hospital and Chase Farm Hospital
- Focus Group – an in-depth focus group with six residents

- Staff Engagement – 11,000 Royal Free London staff via the intranet; individual communications with staff directly impacted
- Stakeholder Engagement – 310 GPs, local Community Optometrists, neighbouring Integrated Care Boards (ICBs), local MPs and councillors with a health remit via direct emails
- Voluntary, Community and Social Enterprise (VCSE) Sector – 96 VCSE groups supporting older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers
- System Meetings – Presentations at the NCL Joint Health Overview and Scrutiny Committee (JHOSC), the Islington Health & Wellbeing Board, the NCL Clinical Advisory Group, NCL's Community Partnership Forum, and the NCL GP Webinar
- Survey – 138 people completed a survey on the proposal.

Overall, the feedback we received has been largely supportive of the proposals. The conversations we had during engagements events were particularly insightful. As a result, we can state that residents are, generally, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are be put in place. The perceived impact of the proposals and resistance to the changes were tempered by our confirmation that patients retain the right to choose where they receive care.

Detailed feedback on the proposals and ideas on what mitigations could be put in place to reduce the impact, should the decision be made to proceed with the changes, are included in this report. We have summarised the top seven key themes below in the 'You Said, We Will', which includes specific actions:

You Said, We Will

You Said	We Will (including actions)	Lead	Review Date
1. We want well trained and supportive staff delivering the	• We will ensure that the staff who provide Ophthalmology services are compliant with the GIRFT[1] standards for the specialty which will enable them to deliver the best clinical care.	Trusts	

[1] Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved. GIRFT is part of an aligned set of programmes within NHS England. The programme has the backing of the Royal Colleges and professional associations.

You Said	We Will (including actions)	Lead	Review Date
best clinical care	Currently all trusts monitor surgical performance of clinicians, undertake training of surgeons, ensure surgery is supervised by consultants and have muti-disciplinary teams managing patients on the day of surgery. • Royal Free Hospital (RFH) will submit quarterly GIRFT returns which will be completed by operational and clinical teams. Returns will be shared with entire Ophthalmology team. • An action plan will be developed by the service to respond to any areas requiring intervention – this again will be owned jointly by operational and clinical teams. • GIRFT updates and the action plan will be overseen by RFH divisional management team as part of routine monthly performance management oversight.		Mar 2024 Apr 2024
2. We want a choice of appointment times that are convenient for us and that run on time	• We will work with surgical hub sites to embed best practice for surgery as defined by the GIRFT surgical hub accreditation standards. This is a means of recognition that hub sites are meeting top clinical and operational standards and includes that they consider issues with access and staggered appointment times. • Review of MEH hub accreditation of St Anns and City Road sites with NHSE. • Surgical hub at Edgware will be enhanced further by developing Edgware as a GIRFT best practice centre for Ophthalmology. This will include more space to deliver additional	Trusts / ICB	Apr 2024 Jun 2024

You Said	We Will (including actions)	Lead	Review Date
	appointments / treatments. This will support an increase in choice for patients. • Surgical pathways to be developed to offer bilateral cataract procedures, reducing the number of appointments needed. • Ophthalmology outpatient clinic hub to be developed at Edgware, offering greater capacity and with facilities designed with GIRFT principles as the driving force. RFH aims to commence enabling works to establish a clinic hub pending appropriate approval.		Jun 2024 Sept 2024
3. We want someone to talk to for advice and support for vulnerable patients	• We will explore the role that Pathway Navigators can provide to support vulnerable patients when asked to attend a different site for their surgery. These are currently two operating in Whittington Health and UCLH for orthopaedics and are a named lead that follow the (vulnerable) patient and ensure that both the patient is aware of where they need to go and what they need to do as well as ensuring sites have everything in place to support the specific needs of the patient. Whilst RFH do not have specific roles to support vulnerable patients, there are several services and teams who are available to support throughout a patient's pathway. These include: • Admissions team • OAC (Outpatient Appointment Centre) • Operational management teams • Clinical teams (Nursing and Dr) • Learning Disability teams	Trusts / ICB	

You Said	We Will (including actions)	Lead	Review Date
	• PALS (Patient Advise and Liaison Service) • Initiate review of pathway navigation functions to develop greater consistency across these teams across all sites.		Apr 2024
4. We want to discuss with a GP or optometrist our choices for surgery and how to change hospital if we want to	• We will ensure patients are aware of their right to choose where they receive eye surgery and ensure that adequate information is available to referrers and patients to enable an informed choice. Patients currently have access to information via the NHS app, ERS National Patient helpline, NCL trust patient portals and helplines. • Communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website.	ICB	Feb 2024
5. We want a choice of how we receive information and for it to be clear and accessible, with a named contact if we need to discuss it	• We will work with sites to ensure that the information included in referral and appointment letters meets patients' requirements (as specified in Section 5) and meeting best practice information standards. • Patient letters to be reviewed as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care). • NCL ICB intends to commission an Ophthalmology Single Point of Access (SPoA) to assist patients in choosing a provider at the point of referral. Through this SPoA patients will receive information including distance from	ICB	Feb 2024 Jun 2024

You Said	We Will (including actions)	Lead	Review Date
	home, waiting time for first appointment, and average waiting time for surgery (if appropriate).		
6. We want support with travel if we cannot afford it or need help	• We will work with sites to ensure that clear travel information, which includes how to access support with travel, is available to patients (this is partially covered by the action on patient letters above). Currently NHS funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. Patients in receipt of certain benefits or on low income can access support with healthcare travel costs and national teams are looking to streamline the process to access this. • Review of travel information on Trust websites to meet the requirements expressed in the patient engagement (Section 5).	Trusts / ICB	Feb 2024
7. We want any theatre capacity that is freed up by the proposed changes to help reduce waiting lists in other areas	• We will continue to ensure that there will be no fallow capacity in the system. This means that any theatre capacity being freed up at one site, will be used to help tackle waiting lists in other surgical specialties. • RFH wide review of theatres has been established to ensure the use of the theatre estate is optimised. This supports the use of theatres, utilisation, future surgical hub reviews and an overarching theatre strategy. The trust remains committed to reducing waiting times and will continue to do so throughout 2024/25	Trusts / ICB	

You Said	We Will (including actions)	Lead	Review Date
	and beyond. Development of the Ophthalmology Surgical Hub will support this objective. • Ophthalmology surgical hub business case approved by RFH Local Executive Committee (LEC) in December 2023. To be presented to Group Executive Management Meeting (GEMM) in January 2024 • Edgware theatre utilisation consistently achieved 85% in 23/24. Performance monitoring to continue monthly at Northern Surgical Hub Group. • Review increase in activity through Planned Care Programme Board.		Jan 2024 Monthly

2. Introduction

2.1 Background

There are over 260,000 adult patients[2] waiting for elective care in North Central London (NCL) hospitals currently, which is 60,000 more than before the Covid-19 pandemic.

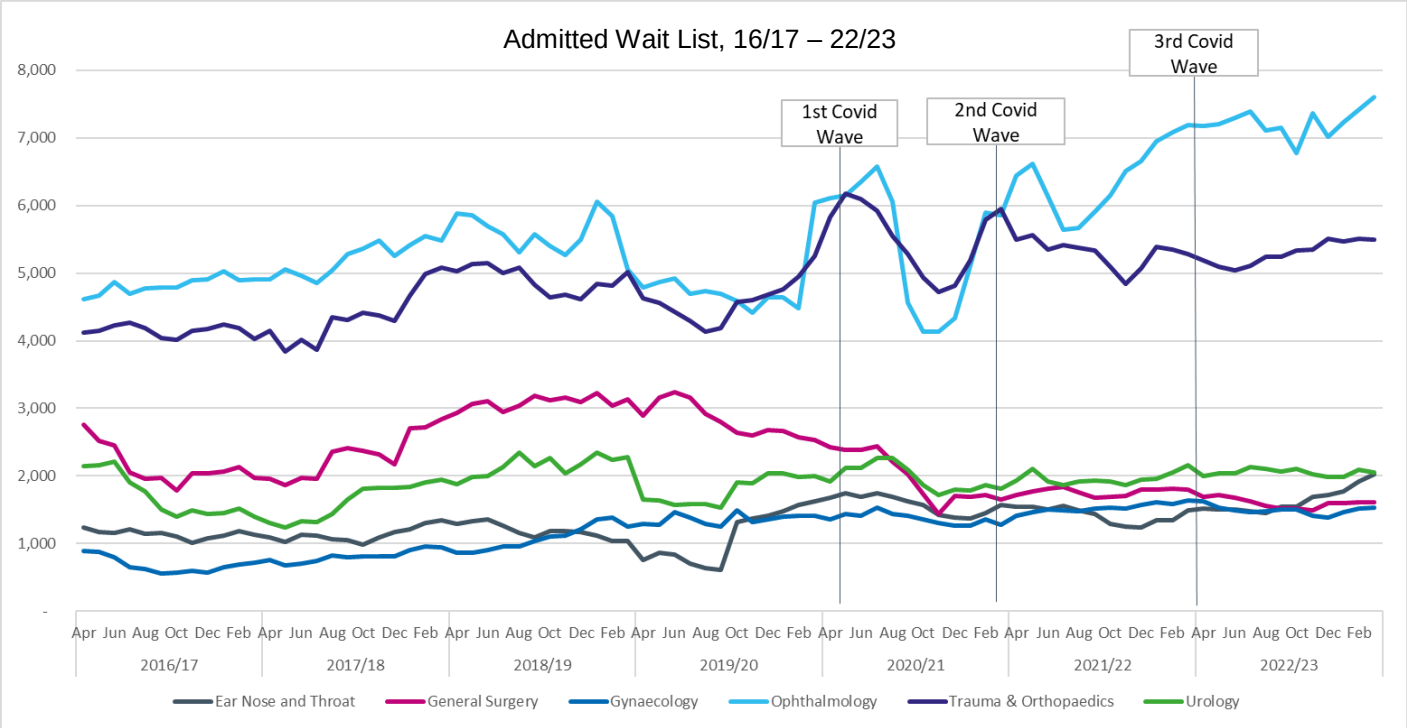
Out of the 260,000 patients that have been seen in hospital, 30,000 are now waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing. These risks can impact on people's ability to work, connect to their community, care for others, and live their life to the fullest.

75% of surgical procedures are in one of the six core surgical specialities:

- Gynaecology
- ENT
- Ophthalmology
- General Surgery
- Urology
- Orthopaedics

NCL hospitals are finding it a challenge to meet this growing demand. Surgical waiting lists have grown by 32% between 2016 and 2023, whilst surgical activity has grown by 8%.

[2] This programme is not reviewing children and young people's services, or maternity and neonatal services. These services are being reviewed as part of the Start Well programme.



Graph 1. Admitted waiting list growth from April 2016 to March 2023 for the top six surgical specialities.

NCL has delivered a large programme to try and reduce our waiting lists. A number of these programmes continue to deliver additional capacity. We have:

- Built more theatres. NCL received TIF (Targeted Investment Fund) money to invest in six surgical schemes across NCL acute trusts: (1) MEH increasing capacity in the Stratford Ophthalmology Hub to repatriate North East London patients currently using NCL sites (this is nearing completion); (2) additional day case theatres in the new NMUH Day Surgery Unit; (3) RFL additional day case capacity in the RFH Inpatient / Day Case Unit; (4) RNOH development of an Orthopaedic Specialist Surgery Hub with four additional theatres; (5) development of the UCLH Queen Square Short Stay Neurosciences Unit; (6) and the relocation of Day Case Recovery at WH (this has now been delayed until April 2024)
- Redesigned clinical pathways so that we make better use of prevention, screening, diagnostics, and community health services before a referral is made
- Improved theatre productivity to reduce wasted time and resources
- Delivered more evening and weekend clinics
- Used some of the independent sectors spare capacity
- Hospitals with a bit more capacity offered mutual aid to hospitals that were particularly struggling with capacity
- Supported GPs to make better referrals with advice and guidance

- Notified GPs via ‘capacity alerts’ of extremely long waits at specific hospitals before a referral is made
- Improved access to diagnostics by building two new community diagnostic centres
- Developed an innovative information system that links data across different hospitals, primary care, and other care settings (‘HealtheIntent’).

This programme has led to some great successes whereby NCL have managed to reduce the number of people waiting more than 104 weeks or two years (due to Covid-19) from a few hundred to zero in less than a year.

However, despite this great work and improvements in our activity, this is still not enough to meet the growing demand we have in NCL. There is also a national shortage of certain staff groups (e.g., theatre nurses, anaesthetic staff) which will limit the ability to deliver more of the same. We need to do something different, working together as a system.

2.2 Surgical Hubs

NCL has a history of innovation in the organisation of surgery. Over 1,200 patients and members of the public were engaged and consulted on proposals to change planned surgery for bones, joints, and muscles (planned Orthopaedic surgery). This led to the development of surgical hubs.

Surgical hubs are sites where only elective procedures take place. Staff and resources (such as beds and operating theatres) are kept separate from emergency care, reducing the risk of cancelling elective surgery especially when emergency demand increases over winter. Additionally, more operations in one place results in better outcomes for patients. Separating planned and emergency care can also lead to lower infection rates.

Known as Elective Orthopaedic Centres in NCL, they have doubled the number of surgeries for hip and knees, as well as operations being more accurate with faster recovery times. Patients have told us how beneficial they have found the Elective Orthopaedic Centres.

From June 2022 to June 2023, London saw a 20% growth in its Orthopaedic waiting lists, mainly due to the impact of the Covid-19 pandemic and the NHS industrial action. During this same period NCL saw a much slower growth rate of 10% along with good progress in reducing long waits and improving theatre efficiency. So even in challenging times the Elective Orthopaedic Centres are making a good impact for Orthopaedic patients.

Patient Case Study
Hairdresser Mark, age 61, had a total hip replacement in the Southern Elective Orthopaedic Centre in NCL:
"**The service was fantastic from start to finish. I was well communicated with the whole way through. I was up and walking with a crutch the afternoon of my surgery, went home the following day and started back at work two weeks later**."

National evidence[3] shows that surgical hubs can deliver the following benefits:

- Increased elective capacity, e.g., 14% increase in activity at Gloucestershire Hospitals
- Increased efficiency in theatre utilisation, reduced length of stay, reduced cancellations, faster admissions, and transfers of patients, e.g., >85% in theatre utilisation at the NCL Southern Elective Orthopaedic Centre
- Improved quality in clinical outcomes, reduction in complication rates, improved patient satisfaction, reduced trauma admissions, and improved responsiveness of urgent care, e.g., 20% reduction in Trauma & Orthopaedic related trauma admissions at Gloucestershire Hospitals
- Improved working conditions for staff and consistent staffing levels, e.g., 17% vacancy rate reduction at Croydon Health Services.

The evidence reviewed did not demonstrate an impact on health inequalities including a variation in outcomes, access, experience, and productivity. Monitoring the impact surgical hubs may have on health inequalities will need to be factored into the future design.

NCL wants to build on this great work, and the significant engagement already undertaken with patients and the public, as part of a Surgical Transformation Programme. We want to explore the possible expansion of surgical hubs into other specialities to see if we can replicate the success of the Elective Orthopaedic Centres in NCL and elsewhere nationally and make a bigger impact on

[3] 'Surgical Hub' type service case studies reviewed, including South West London Elective Orthopaedic Centre (SWLEOC); Gloucestershire Hospitals NHS FT; NHS South Coast Kent CCG; NHS NCL Orthopaedic Inpatients Review; Croydon Health Services NHS Trust Integrated Hub; United Lincolnshire Hospitals NHS Trust Hub; NHS NCL Mutual Aid

waiting times. We believe the best way to improve waiting lists/times is to use existing theatres and staff more effectively by consolidating surgery onto fewer sites.

The first proposed programme of change being planned is Ophthalmology as this is a particularly high-volume area for surgery.

2.3 Current provision of Ophthalmology surgery

Ophthalmology is one of the highest volume specialities in the NHS, providing over 7.5 million outpatient appointments a year and more than half a million surgical procedures – including the most common procedure offer on the NHS, cataract surgery.[4]

Cataract surgery involves replacing the cloudy lens inside an eye with an artificial one. It is usually a straightforward, 'simple' surgery, often defined as a 'high volume, low complexity' procedure. Other types of Ophthalmology surgery, such as glaucoma surgery or corneal surgery, tends to be more 'complex' surgery. Some cataract surgery may be more complex in certain circumstances where patients have multiple co-morbidities. Ophthalmology surgical procedures may also be undertaken alongside other specialities, such as Plastic Surgery.

Currently patients can have planned Ophthalmology surgery in several sites spread across the five boroughs of NCL (Barnet, Camden, Enfield, Haringey, Islington):

- The Royal Free London NHS Foundation Trust, which delivers surgery at Edgware Community Hospital, Royal Free Hospital, Chase Farm Hospital, or Whittington Hospital
- North Middlesex University Hospital NHS Trust
- Moorfields Eye Hospital NHS Foundation Trust, which delivers surgery at Moorfields Eye Hospital (City Road Campus), or Moorfields Eye Unit at St Ann's Hospital
- Independent sector providers contracted to provide Ophthalmology surgery services for the NHS.

NCL patients have the choice of going to any of the above providers for their Ophthalmology surgery. They also have the choice of going to out of area providers, e.g., Moorfields Eye Unit at Potters Bar Community Hospital.

[4] 'Cataract Hubs and High Flow Cataract Lists' (2021) Getting it Right First Time and The Royal College of Ophthalmologists

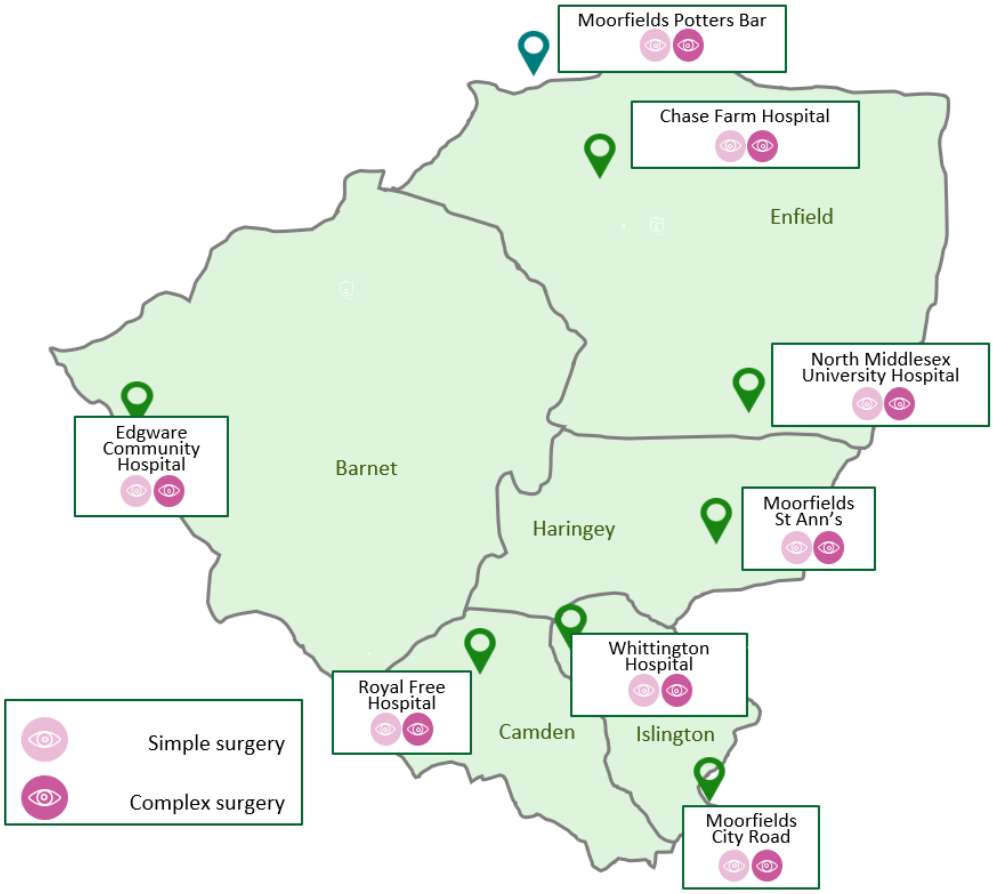
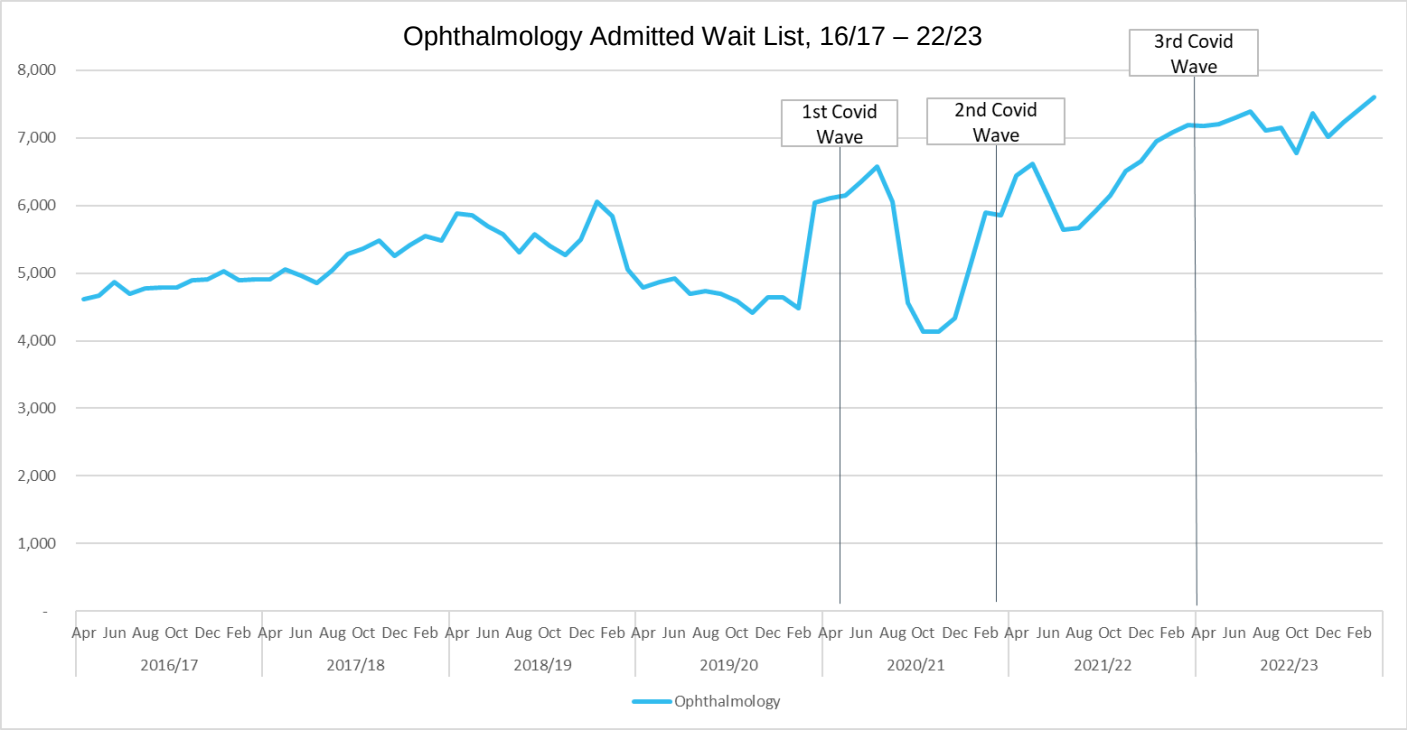


Figure 1. Current NHS trust provision of Ophthalmology surgery within or nearby to NCL.

NCL trusts provide Ophthalmology surgery to patients from across the country. Approximately 25,000 procedures are performed by NCL trusts a year. Since 2019/20, there is on average 11,000 procedures performed on NCL patients. The remaining patients come from neighbouring sectors including North West London, North East London and Hertfordshire and West Essex. A smaller number of procedures are performed by independent sector providers contracted to provide Ophthalmology surgery services for NCL patients (avg. 1,500).

There is a year-on-year growth of the Ophthalmology surgical waiting list, which has grown by approx. 50% between 2016 and 2023. NCL has some of the largest Ophthalmology waiting lists in London.



Graph 2. Admitted waiting list growth from April 2016 to March 2023 for Ophthalmology.

2.4 Proposed changes to Ophthalmology surgery

To help tackle waiting lists for Ophthalmology surgery and improve service quality, we are proposing to make two changes to where some adult patients have their planned Ophthalmology surgery:

1. To create a hub for Ophthalmology surgery at Edgware Community Hospital
    a. This hub would provide surgery for adults for ‘simple’ surgical conditions like cataracts
    b. This would bring together all Ophthalmology surgery currently provided at Whittington Hospital and some activity from Royal Free Hospital and Chase Farm Hospital into one site at Edgware Community Hospital where a number of higher volumes of surgical procedures can be undertaken
2. A number of complex Ophthalmology surgeries and procedures that need to co-locate with other specialities will remain at both Chase Farm Hospital and Royal Free Hospital

Existing Ophthalmology surgery services would continue at North Middlesex University Hospital, Moorfields Eye Hospital sites (City Road Campus, St Ann’s Hospital, and Potters Bar Community Hospital) and independent sector providers contracted to provide services for the NHS.

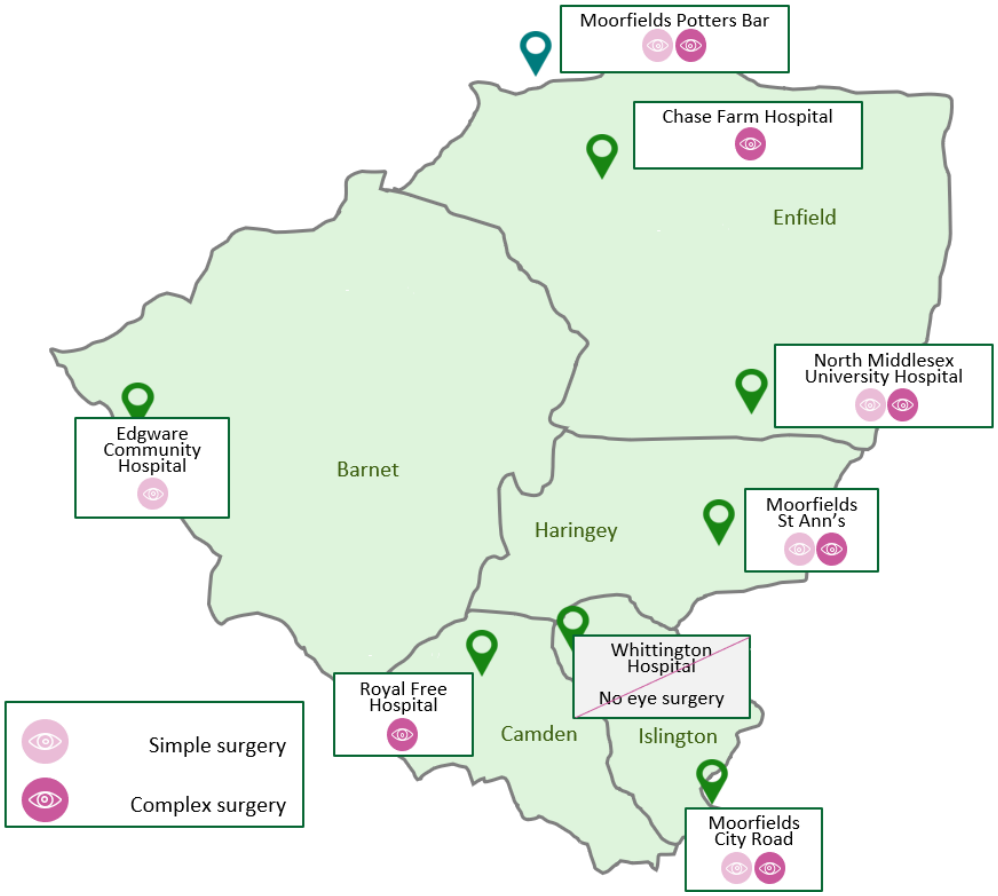


Figure 2. Proposed changes to NHS trust provision of Ophthalmology surgery within NCL.

Patients would continue to attend their local or preferred hospital for diagnostic tests and outpatient appointments.

Patients will continue to choose which NHS provider they are referred to for their care. Patients who require Ophthalmology surgery will be informed at the point of referral of the sites that offer surgery. Any changes made to the sites offering Ophthalmology surgery will be communicated out to all GPs and optometrists in NCL.

No changes are being proposed as to where patients received any emergency Ophthalmology surgery.

Of the approximately 25,000 procedures delivered a year in NCL, the proposals would affect approximately 5,000 procedures, or 20%. Note some patients may have more than one procedure so it is not an exact measure of the numbers of people.

By doing more procedures on fewer sites the evidence suggests we can improve the efficiency and productivity of our theatres. It is estimated that an additional 3,000 procedures a year could be undertaken by introducing the proposed changes which could reduce waiting times by up to four weeks.

2.5 Impact on patients

NHS England commissioned the Health Innovation Network, the Academic Health Science Network for South London, to deliver a qualitative evaluation of the effects of surgical hubs on patient experience.[5]

Patients tended to be satisfied with the quality of care received within surgical hubs. They were keen to emphasise the speed at which their surgery was scheduled after their initial appointment, and how caring the nursing staff were during their pre-assessment appointments and on the day of surgery. They also tended to be pleased with the quality of care they received from their consultant (irrespective of if this was the original surgeon seen in outpatients), and the ongoing communication received from clinical staff on the day of surgery.

Beyond the quality of care received, patients' experiences could vary. Communication issues were raised in relation to scheduling and transport, along with inconsistency in communication messages. There were mixed views held in relation to the waiting areas, and the on-the-day processes in relation to patient transport services provided by hospitals.

Patients were overall accepting of travelling for their care. Being treated quickly outweighed being treated somewhere local for most. Consultants playing a key role in providing information and assurances to patients to allay any concerns in relation to quality of care provided within surgical hubs.

In relation to the proposed changes for Ophthalmology surgery in NCL, we know that by doing more procedures on fewer sites the evidence suggests we can create extra capacity for an additional 3,000 procedures a year. This could reduce waiting times by up to four weeks. Surgical hubs improve clinical outcomes and patient experience. The risk of surgery being cancelled last

[5] 'High Volume Low Complexity Hubs Patient and Staff Insights' (2022) Health Innovation Network South London https://healthinnovationnetwork.com/resources/hvlc-insights-report-summary

minute due to emergency care pressures should reduce as surgical hubs are ring-fenced away from such pressures. Separating staff, beds, and theatres away from emergency care can also reduce the risk of post-surgery infection.

We recognise that for some patients the proposed changes may mean their travel to hospital would be impacted. Analysis indicates that patients who would need to move under these proposed changes may need to travel an average of 19 minutes more using public transport at 8am, or 14 minutes more using car at 8am. For a handful of patients, who predominantly live near Chase Farm Hospital, they may need to travel 70 minutes more by public transport to Edgware Community Hospital.

We know that in most cases patients are willing to travel further if they are seen sooner. The extra capacity of 3,000 procedures realised from the proposed changes to Ophthalmology surgery could reduce waiting times by up to four weeks. Improvements to the surgical pathway at Edgware Community Hospital could mean that some very low risk patients could avail of having both cataracts treated on the same day, a procedure called immediate sequential bilateral cataract surgery. This would mean that for most patients who will travel to Edgware Community Hospital for cataract surgery will only need to make the journey once or twice in their lifetime. In the proposed model patients would continue to exercise their right to choose which trust to attend and therefore some patients may choose to visit a trust that is closer to them, for example North Middlesex University Hospital or Moorfields Eye Unit at Potters Bar Community Hospital, rather than travel to Edgware Community Hospital if they wish.

2.6 Impact on equalities

We have reviewed the potential impact the proposed changes may have on our local population based on health inequality protected characteristics and any other groups that may be more at risk of experiencing inequalities because of service change.[6]

[6] A full Health Equalities Impact Assessment has been carried out which includes all nine protected characteristics, inclusion health groups and other groups that may be more at risk of experiencing inequalities.

Age

It is estimated that 31% of people aged 65-74 and 53% of people aged 75 and above have a visually impairing cataract in one or both eyes.[7]

In NCL, the rates of Ophthalmology surgery increase significantly from ages 50-64 (21%) to 65-74 (30%), and from 64-74 to 75+ (40%).[8]

The demand for Ophthalmology surgery is likely to grow as the population aged over 65 continues to grow. The over 65 population is expected to increase by almost a third (32%) by 2030.[9]

Within NCL, the density of 65+ population is highest in Barnet and Enfield boroughs. As such, the proposed changes at Chase Farm Hospital may have a negative impact on those aged 65+. Increased provision at Edgware Community Hospital could have a positive impact on the 65+ population living in Barnet.

[7] 'Equality and Health Inequalities Impact Assessment High Volume Low Complexity Surgical Hubs – Ophthalmology' (2021) NHS London, Health Innovation Network, and Imperial College Health Partners
[8] SUS and NHS spine population data
[9] 'London: A place for older people to call home' (2020) Centre for London https://centreforlondon.org/reader/older-londoners-housing/

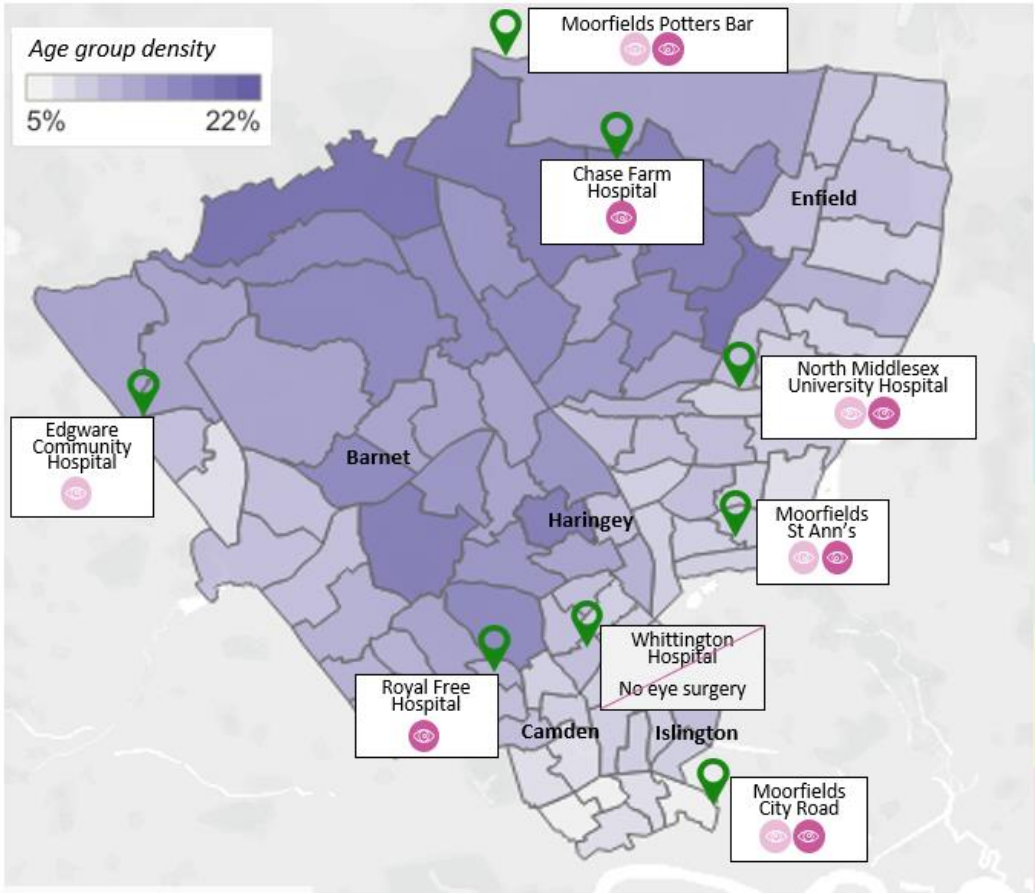


Figure 3. Map of NCL 65+ population as a percentage rate of entire population with proposed changes to Ophthalmology highlighted.[10]

Waiting longer for surgery can cause deterioration of conditions and a worsening of symptoms including pain. Older people waiting for treatment also report difficulty with day-to-day activities, worsening of mental well-being, and a decline in quality of life.[11] The proposed changes to Ophthalmology Surgery aim to reduce waiting times and improve patients' quality of life, therefore this would have a positive impact on older people.

Patients with mobility challenges or poor eyesight due to age may find it challenging to travel further from their local hospital for their surgery. Mitigations in relation to the proposed changes would need to be identified to support older people who may find travelling challenging.

[10] NCL HealtheIntent, January 2023
[11] 'Patiently Waiting: Older People's Experiences of Waiting for Surgery' (2021) Independent Age https://www.independentage.org/policy-and-research/patiently-waiting

Ethnicity

Certain ethnic minority groups have a greater risk of developing ophthalmic conditions than White ethnic groups. Black ethnic groups have a higher risk of developing glaucoma, whereas both Black and South Asian ethnic groups have a higher risk of diabetic eye disease.[12]

Within NCL, the rates of Ophthalmology surgery are significantly higher in the Black and Asian ethnic groups than other ethnic groups. The Black ethnic group appears to have shorter wait times for Ophthalmology surgery compared to other ethnic groups.[13]

There are significantly higher waiting times for Unknown ethnic category than other ethnic categories. Unknown ethnic category relates to individuals who have either declined to provide their ethnicity when asked, or trusts have not collected the data. It must be noted that ethnicity coding in Ophthalmology is poor with rates of Unknown category higher in Ophthalmology compared to other specialities.

Within NCL, the Black ethnic group resides in higher concentrations in Enfield. As such the proposed service changes at Chase Farm Hospital may have negative impact on the Black ethnic group.

North East London are making some changes to the provision of their Ophthalmology surgery which should create capacity at Moorfields St Ann's Hospital as North East London patients can choose to be seen at the new Moorfields Stratford Surgical Hub. This should have a positive impact for Black ethnic groups residing in Haringey and Enfield.

[12] 'Key Statistics about Sight Loss' (2021) RNIB https://www.rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/key-information-and-statistics-on-sight-loss-in-the-uk/
[13] SUS and NHS spine population data

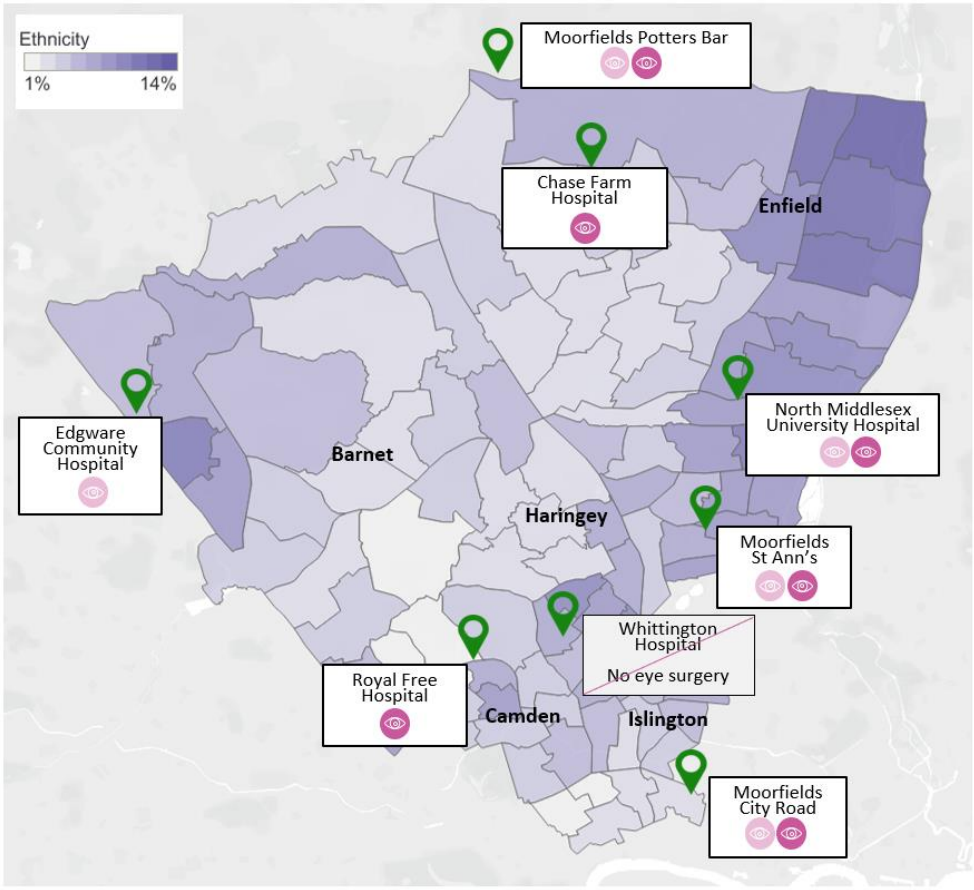


Figure 4. Map of NCL Black ethnic group as a percentage rate of entire population with proposed changes to Ophthalmology highlighted.[14]

The Asian ethnic group resides in higher concentrations in Barnet. As such, the increased provision at Edgware Community Hospital may have a positive impact on the Asian ethnic group based in Barnet. Patients living in Barnet will benefit by shorter journey times given the proximity to Edgware Community Hospital.

[14] NCL HealtheIntent, January 2023

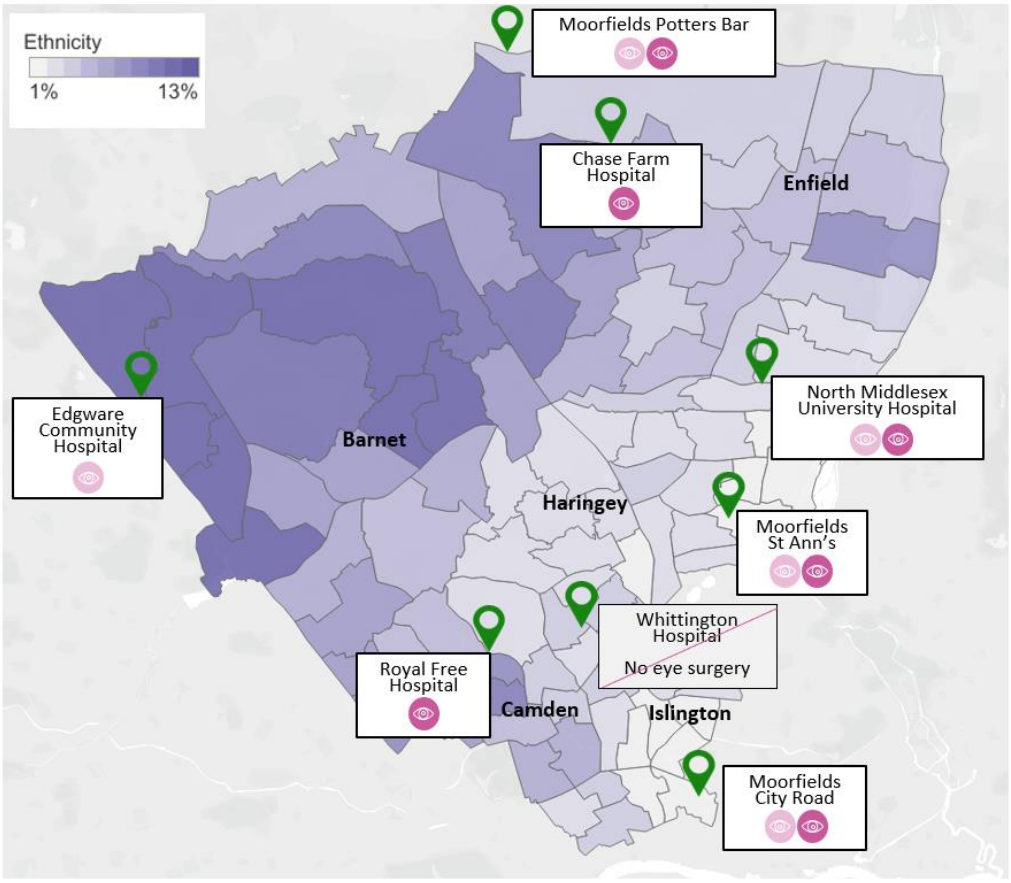


Figure 5. Map of NCL Asian ethnic group as a percentage rate of entire population with proposed changes to Ophthalmology highlighted.[15]

Adverse impact to changes in clinical settings may be higher amongst ethnic minority groups who are disproportionately affected by deprivation, have lower levels of health literacy and lower levels of English proficiency. Mitigations would need to be identified to support ethnic minority groups to understand the proposed changes.

Deprivation

People from areas of higher deprivation have lower life expectancy and spend a longer proportion of their lives in poor health.

The impact of waiting longer for treatment may be disproportionately felt by patients of working age, particularly from lower income households, because of being unable to work. Research indicates that longer waits effect poorer households' mental health more when compared to more affluent households.[16] The proposed changes aim to reduce the number of weeks waiting for

[15] NCL HealtheIntent, January 2023
[16] 'Health Disparities: Waiting for Planned Care' (2022) Healthwatch
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Health%20Disparities_waiting%20for%20planned%20care.pdf

Ophthalmology surgery which would have a positive impact on patients' ability to work and mental health.

Within Ophthalmology surgery, there are high rates of activity in the most deprived quintiles. Waiting times for Ophthalmology surgery tends to be shorter for the most deprived quintile than other less deprived quintiles.[17]

The 20% most deprived (IMD quintile 1) is mostly concentred in Enfield. Patients from more deprived communities may be more adversely impacted by the cost of transport to hospitals. Cancellations could be costly for people affected by deprivation, for example, those on zero-hour contracts. Blue collar or manual workers are more likely to see their income adversely impacted by long waits for surgery. The proposed changes to Ophthalmology surgery aim to reduce the number of cancellations and reduce the number of weeks patients are waiting to be seen.

The proposed service changes at Chase Farm Hospital may have a negative impact on the more deprived communities in Enfield. Conversely, the additional capacity that could be made available at Moorfields St Ann's Hospital following the repatriation of North East London patients to the newly created surgical hub at Stratford may have a positive impact on the more deprived populations in Enfield.

[17] SUS and NHS spine population data

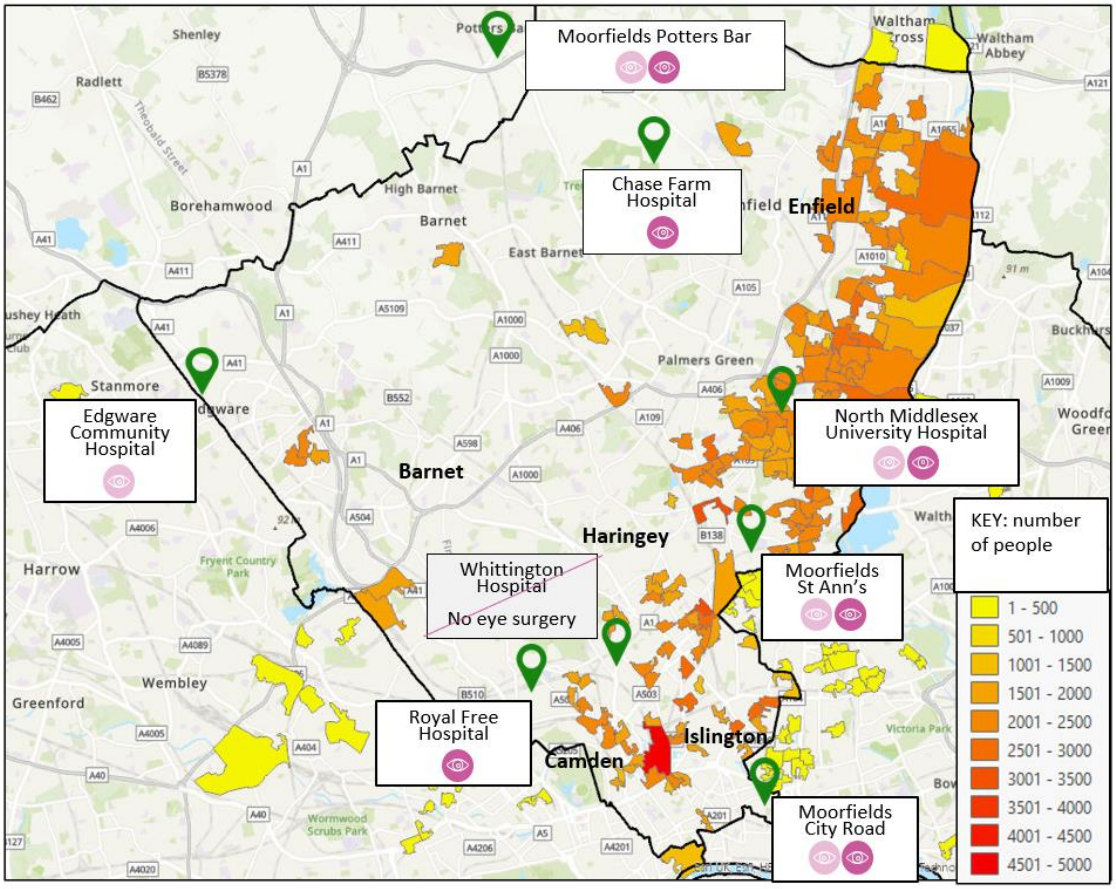


Figure 6. Map of NCL's 20% most deprived population with proposed changes to Ophthalmology highlighted.[18]

Based on a geospatial and travel analysis, patients living in more deprived quintiles who may be more impacted by these proposed changes tend to live in pockets around Whittington, Royal Free Hampstead, and Chase Farm sites. The majority of patients who live in the more deprived eastern parts of Enfield and Haringey tend to have Ophthalmology surgery at North Middlesex University Hospital where no changes are being proposed.

Co-morbidities

Co-morbidities is the simultaneous presence of two or more diseases or medical conditions in a patient. The number of co-morbidities a patient has is a strong predictor of healthcare utilisation. The rates of planned surgery are particularly high for those with 3+ co-morbidities. Patients with diabetes, cancer, COPD, asthma, and dementia are more likely to have higher rates of planned surgery. Co-morbidities also increase with age, deprivation, and within certain ethnic groups (e.g., CVD, hypertension and diabetes is higher amongst South Asian and Black ethnic groups).

[18] Personal Demographics Service (PDS) dataset

Patients with co-morbidities, especially if unmanaged, may experience longer waiting times if they require their condition to stabilise before surgery. This can impact on patients' quality of life. The proposed changes aim to reduce the number of weeks patients are waiting for Ophthalmology surgery, which may have a positive impact on patients with co-morbidities whose care is becoming more complex the longer they wait for surgery.

Within NCL the population living with a co-morbidity appears to be evenly spread. However, those living with two co-morbidities appears to be slightly higher in Enfield, followed by Barnet. This may be as a result of older populations living in these boroughs.

As such, the proposed services changes at Chase Farm Hospital may have a negative impact on those living with co-morbidities in the area. Increased provision at Edgware Community Hospital may have a positive impact on the community based in Barnet living with co-morbidities.

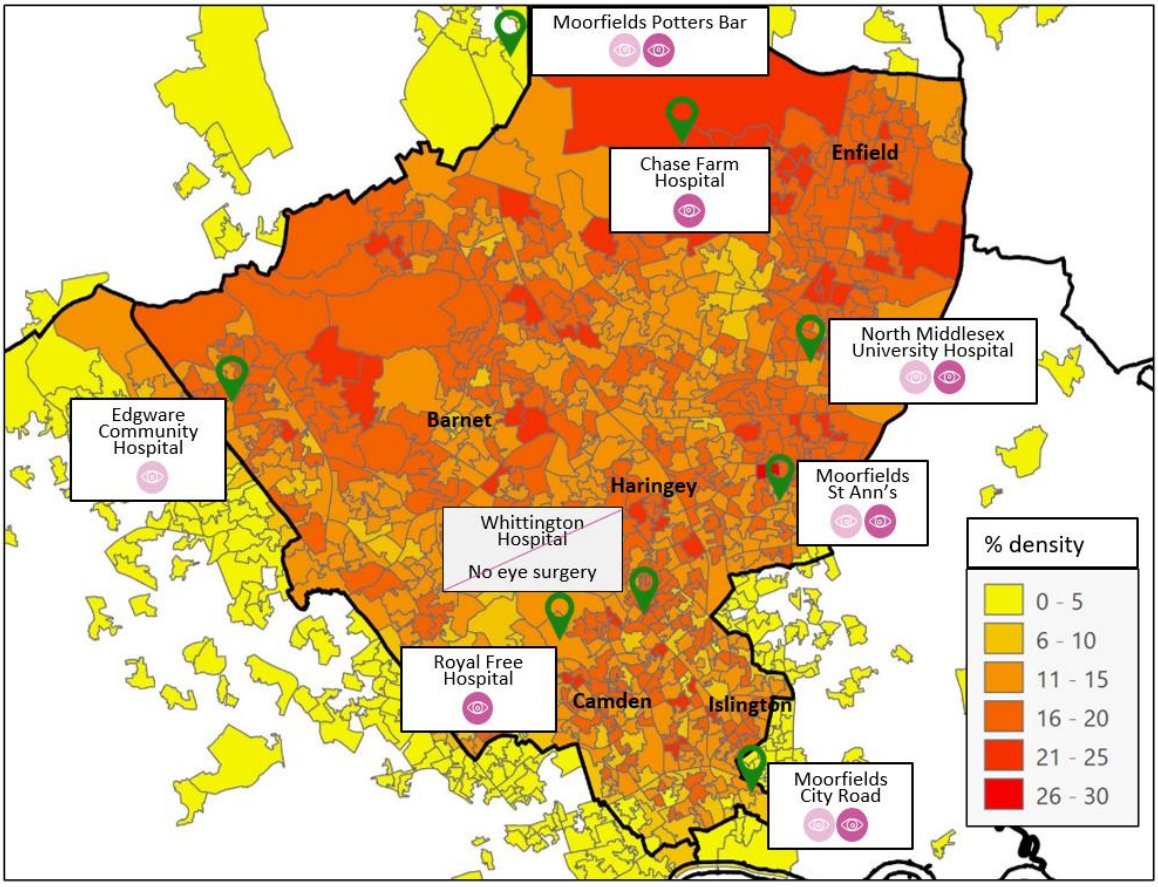


Figure 7. Map of NCL's population living with two co-morbidities with proposed changes to Ophthalmology highlighted.[19]

[19] Personal Demographics Service (PDS) dataset

Disability

Longer waits may affect patients with disabilities more than patients with no disabilities in their ability to work, carry out household tasks, socialise, and physical fitness.[20] The proposed changes to Ophthalmology surgery aim to reduce waiting lists, therefore the proposed changes should have a positive impact on people with disabilities waiting for treatment.

Changes in the hospital and surgical environments may be challenging for some patients with disabilities. They may choose to avoid or have adverse reactions to changes in their clinical settings. Physical access to services and parking are also key considerations for patients with disabilities. Mitigations would need to be identified to support people with disabilities who may find the proposed changes more challenging.

Carers

Carers are twice as likely to suffer from poor health compared to the general population, primarily due to lack of information and support, finance concerns, stress, and social isolation.[21]

Waiting for surgery may impact on carers' ability to provide care. Cancellations can be particularly disruptive to carers who have had to make plans for care provision in their absence. The proposed changes to Ophthalmology surgery aim to reduce waiting lists and reduce the number of cancellations, therefore the proposed changes should have a positive impact for carers.

Longer, more complex, or more costly journeys are likely to have negative impacts on carers. The shortest time away from home is beneficial. Mitigations would need to be identified to support carers who may find the proposed changes more challenging.

How the equalities analysis has shaped our work

The HEIA analysis has been used to shape both the engagement work and the proposed implementation plans.

[20] 'Health Disparities: Waiting for Planned Care' (2022) Healthwatch https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Health%20Disparities_waiting%20for%20planned%20care.pdf
[21] 'Carer Facts – Why Investing in Carers Matters' NHS England https://www.england.nhs.uk/commissioning/comm-carers/carer-facts/

We worked with partners with links to the community to specifically target our engagement to older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers:

- Appendix 7.3 is a demographic breakdown of the 138 survey responses we received and shows that we had a spread of responses across the cohorts
- Appendix 7.4 is a breakdown of the voluntary, community and social enterprise groups we targeted across these cohorts.

The analysis was used to ensure clear mitigations are in place to support any groups that might be impacted by the changes. These include:

- Pathway Navigators – these will provide support to vulnerable patients, particularly in the HEIA cohorts, when asked to attend a different site for their surgery. This will ensure that both patients and sites are clear about the specific needs and requirements of the patient
- Clear patient information in a variety of formats – this will particularly support patients in the HEIA cohorts that have specific disabilities and/or whose primary language is something other than English
- GIRFT surgical hub accreditation - this is a means of recognition that surgical hub sites are meeting top clinical and operational standards and includes that they consider issues with access and staggered appointment times which is particularly important for the HEIA cohorts including older people (and their carers) who may have limits on travel time and people with disabilities and their carers.

Although some of the impact is mixed, there is no single group or characteristic that is disproportionately impacted.

2.7 Impact on staff

The Health Innovation Network also provided a qualitative evaluation on the effects of surgical hubs on staff experiences.[22]

[22] 'High Volume Low Complexity Hubs Patient and Staff Insights' (2022) Health Innovation Network South London https://healthinnovationnetwork.com/resources/hvlc-insights-report-summary

On the one hand, staff expressed several benefits from working within surgical hubs. This included more predictable working patterns, lower stress of working on non-complex procedures and patients, enhanced knowledge and skill development, opportunities to develop new and enhanced roles, satisfaction on clearing waiting backlogs, and establishing fruitful relationships with other hospitals.

On the other hand, staff identified challenges around the practicalities of implementation and delivery of surgical hubs. This included having challenging conversations with patients about choice, restrictive eligibility criteria for the surgical hubs, lack of interoperability between IT systems and sites, workforce issues, and a lack of funding and resources against the ambitious objectives surgical hubs attempt to achieve.

As the proposed changes affect sites operated by Royal Free London, staff members from this trust are more likely to be impacted by the proposed changes. The direct impact on staff has been assessed as low, the majority of which are surgeons. These surgeons have been involved in developing the surgical hub plans and welcome the benefits the proposed changes can introduce, including the ability to train the future Ophthalmology workforce by running trainee lists at Edgware Community Hospital. As outpatients at Chase Farm Hospital and Whittington Hospital are unaffected, there is likely to be few tangible impacts on nursing and admin teams. Staff directly impacted by the proposed changes have been communicated with on an individual basis.

2.8 Impact on estates and interdependent services

The proposed changes to Ophthalmology surgery will overall retain similar theatre capacity across NCL but through improving efficiencies within this theatre capacity will allow for a greater number of surgical cases to take place. The implementation planning for the proposed changes has identified an impact on estates and services, which are described below with the mitigations that are being explored and summarised at the end of the section.

Whittington Hospital

Currently Ophthalmology surgery is delivered by Royal Free London in the Day Treatment Centre at Whittington Hospital over 2.5 days a week. Ophthalmology surgery is proposed to move off the Whittington Hospital site. The capacity made available from these proposed changes would be used to move less complex procedures requiring local anaesthetics from the Whittington's main

theatres to the Day Theatre Centre, e.g., low complex hand and wrist procedures, low complex General Surgery procedures. This would allow the Whittington to run parallel day surgery lists and better utilise the limited anaesthetic resources. This would also give available capacity in their main theatres for more complex surgery requiring general anaesthetics such as Spinal surgical lists, and complex General Surgery surgical lists including urgent Colorectal surgery and Bariatric surgery. A business case was approved through Whittington governance in December 2023 for two additional anaesthetists to support general anaesthetics lists for more complex procedures. This would also include providing support to other trusts within NCL with long waiting lists for surgery through mutual aid arrangements.

The additional activity that Whittington could achieve as a result of the proposed changes to Ophthalmology surgery would help the trust to achieve their existing activity targets for 2023/24, in line with their in-year forecast position. They would achieve this through increased gains in productivity and efficiency and should not incur an additional cost pressure to either Whittington or NCL Integrated Care System (ICS).

As a result of the proposed changes, there would be some costs incurred for additional consumables and equipment. These costs would be accounted for by the Whittington trust and should not incur additional cost pressures to the trust or to NCL Integrated Care System (ICS) either in-year or subsequent years.

Chase Farm Hospital

Some simple Ophthalmology surgery procedures are proposed to move off the Chase Farm Hospital site and Royal Free Hospital site to Edgware Community Hospital. More complex Ophthalmology surgery will remain at both sites. The capacity made available from these proposed changes could be used to support other specialities with long waiting lists within the Royal Free London, such as Orthopaedics, Gynaecology, ENT, and Urology. This capacity could also be used to support other trusts within NCL with their long waiting lists for surgery through mutual aid arrangements.

Edgware Community Hospital

The proposed changes aim to create an Ophthalmology surgical hub at Edgware Community Hospital and move Ophthalmology surgery from Whittington Hospital and some cases from Chase Farm Hospital and Royal Free Hospital to the surgical hub. Currently there are two theatres at

Edgware Community Hospital. Royal Free Ophthalmology services currently operates from one of the theatres. In order to accommodate the increase in activity from other sites, along with increasing productivity within the existing Ophthalmology theatre, the proposal is to utilise the second theatre as well. This would allow the running of parallel lists.

The existing services currently using the second theatre are Pain Management services (1 day a week), operated by Royal Free London, and Community Podiatry surgery services (0.5 days a week), operated by Central London Community Healthcare (CLCH). Alternative locations are being identified to accommodate these services:

- Hadley Wood Hospital has been proposed to temporarily host the Pain Management surgery. Hadley Wood Hospital is part of the Royal Free London's Private Patient's Unit and patients would receive the same high-quality NHS care at this site
- Options are being explored to accommodate the community podiatry surgical list including running the surgery on a Sunday at Edgware Hospital, using some of the freed capacity at Whittington Hospital, or using theatres in the independent sector.

The patients who may be impacted will be informed of any proposed changes to the location of their surgery.

If these changes are approved, there would be a cost associated with the creation of the hub, which relates mainly to the movement of equipment from Whittington Hospital to Edgware Community Hospital, as well as the relocation costs of Pain Management surgery to Hadley Wood Hospital. This would largely be offset by the costs currently being incurred from the Royal Free London operating out of Whittington Hospital. Through increased productivity the Edgware surgical hub will support delivery of 2023/24 activity plans with opportunity to increase further when a suitable plan is made for the relocation of Podiatry. A phase 2 business case has been worked up to expand the Ophthalmology service further which will be managed by the Royal Free London.

Summary of impact on estates

Estates	Impact	Proposed Solution	Review Date
Whittington Hospital	No eye surgery on	• Additional capacity used to deliver additional	.

Estates	Impact	Proposed Solution	Review Date
Day Treatment Centre	site, freeing up one theatre for 2.5 days/week.	activity to help achieve existing activity targets for 2023/24, in line with in-year forecast position. This would be achieved through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. • Move Whittington's simple day case procedures from main theatres to the day treatment centre, giving more capacity for more complex procedures. • Business case approved in December 2023 for two additional anaesthetists to support general anaesthetics lists for more complex procedures. This capacity will support the broader system across NCL.	• Review increase in activity through Planned Care Programme Board in March 2024.
Chase Farm Hospital	Fewer Ophthalmology procedures, freeing capacity.	• Additional capacity used to deliver additional activity to help achieve existing activity targets for 2023/24, in line with	• Review increase in activity through Planned Care Programme

Estates	Impact	Proposed Solution	Review Date
		in-year forecast position. This would be achieved through increased gains in productivity and efficiency and shouldn't incur an additional cost pressure to either trust or NCL ICS. • More capacity to support Orthopaedics, Gynaecology, ENT, and/or Urology.	Board in March 2024.
Edgware Community Hospital	Additional theatre needed for proposal. RFL pain management and CLCH community podiatry services need to vacate the second theatre.	• Temporarily move RFL pain management to Hadley Wood. • Business case approved by RFH Local Executive Committee in December 2023. • Explore options to move CLCH community podiatry including: Sundays at Edgware Hospital; using some of the freed capacity at Whittington Hospital; or using theatres in the independent sector.	• Business case to be approved by RFL Group Executive Management Meeting in January 2024 • CLCH podiatry to confirm best option for moving their surgery in January 2024. • Review increase in activity through Planned Care Programme Board in March 2024.

The wider impact on services and proposed plans have been approved by the NCL Clinical Advisory Group and will be monitored through the programme governance.

2.9 Governance

The approval of the decision to proceed sits with NCL Integrated Care Board (ICB) and will be taken via the Strategy and Development Committee which has the responsibility for ensuring that all the ICB's strategic commissioning priorities and plans are aligned with the NCL system plan with the key aim to improve population health outcomes, tackle health inequalities, enhance value for money and support broader social and economic development.

Clinical and operational staff led the design of the proposals through the NCL Ophthalmology Clinical Network. The clinical network consists of clinical and operational leads from across NCL including Moorfields Eye Hospital, North Middlesex University Trust, Royal Free London, and the NCL Local Optical Committee. The network is chaired by Ms Dilani Siriwardena who is also the clinical director for Moorfields Eye Hospital as well as the London clinical lead for Ophthalmology which helps ensure the proposals are aligned to broader development in Ophthalmology care across NCL and London.

The NCL System Management Board (SMB) is the system group accountable body for the strategy of surgical hubs and elective recovery. This board brings together partners and ensures that the designs has been clinically led, the proposed changes have been engaged on, and are responsible for endorsing the decision to proceed or not with the proposed changes.

The NCL Planned Care Programme Board oversees and manages the programme. The board provides assurance to SMB on programme delivery, monitors programme risks, and can provide specific specialist support as and when required (e.g., PMO support, communications and engagement, analytics).

3. Engagement approach and methodology

3.1 Aim of engagement

The aim of the engagement was to share the proposals as widely as possible to obtain feedback from residents who use or may use Ophthalmology services in NCL.

In addition to the general public, our Health Equality Impact Assessment (HEIA) identified specific groups to target with patient engagement to develop our proposals further: older patients aged +65; Black or Asian ethnic groups; people living in more deprived areas. These groups were identified as either having higher service use than other groups or they were likely to be more impacted by the proposed changes than other groups.

3.2 Outline of timelines and activity

The engagement period ran for eight weeks, from 21st August to 16th October. Our aim was to reach between 130 and 200 direct engagements with residents and other key stakeholders. This is in addition to contacting 96 VCSE groups, and working through local Facebook groups, newsletters, and social media.

A range of activities were carried out during which the aim was to present the proposals to them and obtain their feedback. We wanted to hear their ideas on what mitigations could be put in place to reduce potential impact, should the decision be made to proceed with the changes.

The planned engagement included five main areas:

1. Targeted engagement - Working with partners with links to the community, to bring residents together via a focus group and patient engagement events based on sites due to undergo proposed changes:
    a. Those living in Enfield and near Chase Farm Hospital.
    b. Those living in Haringey and Islington near the Whittington Hospital.

    Participants for the targeted engagement were drawn from the groups identified within our HEIA:
    - older people aged +65 (due to higher activity)
    - Black or Asian ethnic groups (due to higher activity levels)
    - those living in more deprived areas (due to the increased travel time and, potentially, cost).

2. Residents – to engage with as many residents as possible to ensure we have heard from people within:
    a. the nine protected characteristics

b. those whose first language is not English
c. carers
d. those identified in the HEIA as potentially being more impacted by the proposed changes.

3. Trust Staff – led by trusts and targeting staff at all levels who may be affected by the proposed changes.

4. Wider Partners – this included broader health and care clinicians (including GPs and optometrists); Directors of Public Health; NCL MPs; Council leaders; Cabinet leads for Health; HWBB Chairs; VCSE leads.

5. General Communications – establish a webpage and opportunities for online engagement, materials in accessible formats.

3.3 Overview of methodology

The NCL ICB developed a communications plan to ensure the wide range of stakeholders outlined above were reached out to. As well as sharing these materials widely, stakeholders were also offered the opportunity for the programme team to attend key meetings or events to provide a briefing to members and hear their feedback. Further information on these events is included in section 3.6.

A key part of the deliverability of this communications plan was the commissioning of Healthwatch Enfield. The partnership with Healthwatch Enfield enabled us to gain a deeper and wider reach within our key communities. We would like to take this opportunity to thank them for their assistance.

3.4 Outline of materials

To support the engagement, we developed a key set of materials that were shared with our stakeholders. These include the website, patient information leaflets, a feedback survey, FAQs, copy for articles that stakeholders could use to share information on the proposals, and guidance on how to feed in their views. Below we provide further information on each of these materials.

Website

The NCL ICB website, a dedicated webpage, was the main source of information to residents. This set out the proposals and included patient information leaflets, feedback surveys, FAQs, and additional contact options. Full details of these materials can be found in the appendices to this report.

Survey and leaflets

A patient leaflet was developed that outlines the proposed changes, the reasons behind this, and the benefits this could deliver. It also provided further information on how residents could provide feedback to the programme team on the proposals via a number of mechanisms. The leaflets and survey details can be found in the appendices. We worked with local Enfield newsletters that reach over 12,00 residents to promote the proposed changes and opportunity to feedback.

3.5 Engagement promotion

In order to share the details of the proposed changes with a wide group of stakeholders and capture a wide range of feedback, the proposals, and aforementioned materials, were shared via a range of methods. These are outlined below.

NCL ICB webpage

A new page was added to the NCL ICB website. Residents and stakeholders were encouraged to visit the site for further information and feedback mechanisms.

Social Media

The details of the proposed changes were shared via the NCL ICB social media accounts, including X (formally Twitter), Facebook, and Instagram. Residents and stakeholders were encouraged to visit the NCL ICB website for further information and feedback mechanisms. Online impressions of these posts reached 877.

Other websites

The details of the proposals were also included on partner websites including North East London ICB, Royal Free London, Healthwatch Enfield, Healthwatch Haringey, Healthwatch Islington, the NCL GP website, and Palmers Green Community.

VCSE groups

Communications were shared with 96 VCSE groups directly. In some instances, our community or council partners shared this information more widely with their networks. A full list of these can be found in the appendices.

News articles

News articles highlighting the proposals featured in local newspapers, including the Enfield Dispatch, Fitzrovia News, Harrow Online, Haringey Community Press, and the Islington Gazette.

This does not include other means of promotion to wider political and healthcare stakeholders. Further details of these are included in section 3.8.

3.6 Engagement contacts

Events

A total of thirteen events with residents or resident groups took place over the engagement period. These events took different formats, such as presenting at meetings, attending patient clinics, and a focus group. These events took place across each of the five boroughs of NCL and reached a total of 237 residents. A full list of the events can be found in the appendices.

Engagement events

Nine events with patient groups were attended by the programme team and, where possible, one of the clinical leads. At these events, the proposals were outlined, and questions and feedback were taken. Attendance at these events ranged from 4 to 37 residents. The groups were representative of a wide range of residents of different demographic backgrounds. A total of 175 residents were directly engaged with via these events.

Site visits

Three visits took place at the sites that would be most impacted by the proposed changes: Whittington Hospital and Chase Farm Hospital. These visits were to Ophthalmology clinic waiting areas and enabled us to reach out directly to patients who are currently under the care of Ophthalmology services at these sites. We would like to take this opportunity to thank staff at the sites for their assistance in allowing us to attend during their busy clinics.

At these visits, patients were given information leaflets, hard copies of the survey, and had the opportunity to talk to Healthwatch Enfield or NCL ICB staff about the proposals and to complete the online survey via iPads.

A total of 62 service users were reached via these events.

Focus group

A focus group, led by Healthwatch Enfield, was held with residents to enable richer feedback on the proposals and, importantly, to explore the reasons behind any concerns and identify potential mitigations to anticipated impacts on residents.

Survey

A survey was hosted on Citizen Space, the NCL ICB's online platform for understanding local views. A total of 138 people completed the survey. Some of these respondents would have been reached via the events outlined above. Further analysis on the survey responses can be found in Chapter 4. The survey questions and the demographics of the respondents can be found in the appendices.

3.7 Engagement with staff

To ensure that the 11,000 wider staff within the Royal Free London were aware of the proposals, details of the proposals, engagement period and feedback mechanisms were included on their intranet. Staff members directly impacted by the proposed changes were communicated with on an individual basis. In addition, a briefing document was produced for RFL staff to assist them with external stakeholder conversations and shared via weekly staff newsletters.

3.8 Engagement with other key stakeholders

In addition to residents, we sought feedback from a wide range of stakeholders including GPs, local Community Optometrists, neighbouring ICBs, local MPs and councillors with a health remit. In total, 310 stakeholders were reached out to.

We also presented our proposals to the NCL Joint Health Overview and Scrutiny Committee (JHOSC), the Islington Health & Wellbeing Board, the NCL Clinical Advisory Group, NCL's Community Partnership Forum, and the NCL GP Webinar. This does not include the wide range of

stakeholders who were involved in pre-engagement activity and the proposals were developed and refined.

4. Engagement findings

4.1 Approach to analysis

Feedback on the proposals was gathered via a variety of means: an online survey, public engagement events, site visits to Ophthalmology clinics, a focus groups, presenting the proposals

to public and stakeholder meetings. A short summary of the feedback for each of the engagement events was written up to capture feedback from that event.

Section 4.2 contains a summary of responses to the closed-ended survey questions. Section 4.3 contains a summary of the responses to the open-ended survey questions. Section 4.4 draws out the themes of responses from all of the engagement activity detailed by the type of respondent. Possible mitigations that would need to be considered to reduce any impact, should the decision be taken to adopt the proposals, are included in section 4.5.

4.2 Summary of closed-ended survey questions

In total, 138 responses to the survey were received. Each section below provides an overview and analysis of the responses to the closed-ended questions with the feedback survey. The total number of responses received for all survey questions can be found in the appendices.

Type of respondent

Respondents were asked to provide detail about in what capacity they were responding to the survey. There were 136 responses to this question. The majority (75%) were current or former service users or a friend/family member or carer of a service user. 13% were members of the public.

The high response rates from current or former service users or a friend/family member of a service user may be explained by the survey being targeted at this demographic.

8% of respondents were staff or healthcare professionals. It should be noted that the main strategy for gathering staff feedback was via face-to-face meetings with the potentially affected staff and were conducted through the Royal Free London. A summary of feedback from staff is included under each of the themes in section 4.4.

One response was received directly from a voluntary organisation or charity on behalf of their members. However, we did reach out to 96 VCSE organisations and worked with some of them to deliver public engagement sessions and to deploy news of the proposals on their websites or within their newsletters.

One response was received directly from professional bodies or other public bodies, stakeholders, or political representatives. However, it should be noted that these groups were engaged via communications and direct queries and responses were themed and included in this section 4.4.

Borough

Respondents were asked where they lived or where the organisation they were responding on behalf of is based. There were 135 responses to this part of the question. The HEIA identified residents living in Enfield and near Chase Farm Hospital and residents living in Haringey and Islington near the Whittington Hospital as likely to be more impacted by the proposals.

53% of survey respondents were from Enfield, with 16% from Haringey and Islington. The borough with the lowest proportion of respondents was Camden (1%). 9% of respondents were from outside of NCL.

The higher level of responses in Enfield are likely explained by the following factors:

- The HEIA indicated that residents living in Enfield were more likely to be impacted by the proposed changes and, therefore, the engagement strategy targeted feedback from residents in Enfield
- Engagement delivery with Healthwatch Enfield
- Two site visits to Chase Farm Hospital site in Enfield
- Three public events took place in Enfield
- The focus group was held in Enfield.

Full details of the VCSE groups reached out to by borough are available in the appendices.

Option	Total	Percent
Enfield	73	53%
Barnet	29	21%
Elsewhere	13	9%
Haringey	9	7%

Islington	8	6%
Not Answered	3	2%
Camden	2	1%
Prefer not to say	1	1%

Table 1. Breakdown of survey respondents by borough.

Acceptance of further travel

Respondents were asked how acceptable they would find it to travel further for surgery if they could be seen sooner. There were 136 responses to this part of the question. 51% of respondents would find it acceptable, 34% would find it unacceptable, and 13% were ambivalent.

Option	Total	Percent
Highly acceptable	24	17%
Acceptable	47	34%
Neither acceptable nor unacceptable	18	13%
Unacceptable	25	18%
Highly unacceptable	22	16%
Not Answered	2	1%

Table 3. Breakdown of survey respondents by acceptance of further travel.

That the majority of patients are willing to travel further for planned care is also reflected in the 2020 London Covid-19 Deliberation Report where consolidation of services at a dedicated elective centre, or hub, was the focus of one of the workshops. The NCL Elective Adult Orthopaedic Service Review also found that around half of all survey respondents were happy with the need to travel for improved care.

However, it should be noted that this willingness to travel is on the basis that wait times are reduced and outcomes are improved. In addition, the feedback is clear that mitigations would need to be identified to support older people who may find travelling challenging.

Important factors for decision-makers to consider

Respondents were asked to highlight the three most important factors for the NHS to consider before making the decision to proceed with the proposed changes to Ophthalmology surgery. There were 135 responses to this part of the question.

The three most important factors, according to respondents were:

1. Staff are well trained, supportive, and welcoming to patients – 59%
2. Surgery runs on time with few cancellations – 48%
3. Advice and support for vulnerable patients and their carers – 47%

This was closely followed by the ease of changing to a different hospital after waiting a long time for surgery – 40%.

23% (34) of respondents indicated that there were other important factors for decision-makers to consider. The analysis of these factors is included in section 4.3.

Option	Total	Percent
Staff are well trained, supportive, and welcoming to patients	82	59%
Surgery runs on time with few cancellations	66	48%
Advice and support for vulnerable patients and their carers	65	47%
Ease of changing to a different hospital after waiting a long time for surgery	55	40%
Information on how to travel by car or public transport to hospital for surgery	32	23%
Surgery is easy to find in the hospital and it is clear where to go	32	23%
A website with information and resources for patients about their surgery	27	20%
Other (Please tell us more in the box below)	25	18%
Information about community, voluntary and statutory services that offer further support to patients	21	15%
Not Answered	3	2%

Table 4. Breakdown of survey respondents by important factors for decision-makers to consider.

Assisting choice

Respondents were asked what would help patients to understand the different choices for Ophthalmology surgery. There were 134 responses to this part of the question.

The four most important factors, according to respondents were:

1. Discussing it at my GP practice – 53%
2. Discussing it at an optician – 48%
3. Discussing it with a person who can give advice and support for vulnerable patients and their carers – 40%
4. Reading written information – 39%
5. Getting information by email – 30%

The top two responses indicate that patients prefer to have a conversation regarding choice with the person who is making the referral to secondary care. The high levels of response for the third most popular reflects that it is particularly important to provide advice for vulnerable patients who require more support. The next popular responses indicate that more time and information would be required before a decision on choice can be made.

All of the top responses also indicate that information needs to be readily available for both healthcare providers and referrers to hold discussions with patients as well as for patients to access in their own time. Patients may wish to have both a discussion as well as written information to assist them in reaching a decision on choice.

This highlights that providing timely information to patients to help them make informed decisions remains important.

Option	Total	Percent
Discussing it at my GP practice	73	53%
Discussing it at an optician	66	48%
Discussing it with a person who can give advice and support for vulnerable patients and their carers	55	40%
Reading written information	54	39%
Getting information by email	41	30%
Researching it on a website	25	18%
Discussing it at a community or voluntary sector organisation I attend	8	6%
Not Answered	4	3%

Table 5. Breakdown of survey respondents by factors assisting choice.

Demographics

Demographic information was requested as part of the feedback survey. They key demographic information for our target audience, as identified in our HEIA, has been included below. Full details of the responses for each demographic question can be found in the appendices.

Age

The HEIA identified residents of 65+ years of age as being more likely to be impacted by the proposals are they have higher levels of activity. 60% of respondents who answered this question were 65 or older.

Ethnicity

The HEIA identified residents from a Black or Asian ethnic group as being more likely to be impacted by the proposals are they have higher levels of activity.

Below is a table that compares the ethnicity of survey respondents to users of Ophthalmology services in NCL and the GP registered population. The level of responses from the Asian community is higher than the expected level of service uses and the GP registered population. The level of responses from the Black community is lower than we had hoped for. VCSE groups who work within this community were reached out to in order to hear feedback. There are high levels of respondents who did not want to disclose their ethnicity.

Source	White	Black	Asian	Mixed	Other	Prefer not to say	Not answered
Survey respondents[23]	58%	6.5%	19.6%	1.4%	4.4%	10.1%	0%

[23] The Ophthalmology survey provided more options for respondents to identify their ethnicity than are available in SUS or on HealtheIntent – which are the data sources for service users and the GP registered population respectively.

Ophthalmology service users	59%	17.1%	16.6%	(Other) 7.4%	(Unknown) 3.1%
GP Registered population	54%	10%	13%	(Other) 10%	(Unknown) 13%

Table 6. Breakdown of ethnicity by survey respondents, Ophthalmology service users and GP registered population.

Deprivation

The HEIA identified residents living in more deprived areas would likely be more impacted by the proposals if they have to travel further. We were unable to determine the deprivation levels of survey respondents. However, we have received feedback that the proposals could result in additional travel costs for patients who travel further, and this will impact on those who are more deprived. This has been addressed in the mitigations, which can be found in section 4.5.

4.3 Summary of open-ended survey questions

The following section is a summary of the responses to the open-ended survey questions:

Hospital of choice

As part of the question on hospital of choice, respondents were asked to provide further detail on why they chose that particular site. There were 91 responses to this part of the survey. The most common answer was distance to home/ease of access, this was followed by previous experience and the hospital's reputation for excellence.

It should be noted that different hospitals were chosen for different reasons. For example, the majority of Chare Farm Hospital patients selected the site due to ease of access whereas Moorfields Eye Hospital patients selected the trust based on previous experience and a reputation for excellence.

Important factors for decision makers to consider

As part of the question on important factors for decision makers to consider, there was an option of 'other' and the ability to provide further information. There were 34 responses to this part of the question.

The majority of factors fall within three themes:

- support for vulnerable patients: to ensure that there is support available for these patients and a means of contacting services
- travel and transport: support with travel and clear information on travel options
- patient choice: ensuring that patients have a choice around providers

Improving the proposals

Respondents were asked what else could be done to improve the proposed changes to Ophthalmology surgery. There were 73 responses to this part of the question which covered a wide range of themes including:

- support for vulnerable patients: concerns for older or more vulnerable patients that may struggle to travel to some sites
- communication: better information on the reasons for the appointment and the procedure(s) that will be undertaken, and the length of time patients can expect to wait
- support for vulnerable patients: to ensure that there is support available for these patients and a means of contacting services
- patient choice: ensuring that patients have a choice around providers
- other areas: there were many comments expressing frustration with cancellations. Long wait times and issues getting access to GPs

4.4 Summary of themes from patient events

Clear and consistent themes emerged from the 237 people who attended the engagement events. The majority of these were consistent with the communications plan or in the HEIA. The engagement gave us the opportunity to explore these in more detail to understand concerns of residents but also, more importantly, to hear what measures they felt could be put in place to help reduce any negative impact.

By analysing the feedback received from all engagement activity, we were able to identify the following common themes:

i. Patient choice
ii. Travel & transport
iii. Accessibility

iv. Communications
v. Support for patients with vulnerabilities
vi. Additional areas

Each of the themes is expanded on further in the tables below with these broken down into more detail. Responses to these themes are included within each theme. Possible mitigations for consideration should the proposals be adopted are outlined in section 5.

i. Patient choice

Patient choice is an important aspect of the NHS constitution. In some instances, patients were not aware that they have a choice of where their surgery takes place and that this is guaranteed under the NHS constitution. The sub-categories that emerged within this theme are knowledge of choice and support to make a decision on choice.

The quote below demonstrates the importance of highlighting to patients that they have a choice in where the receive their elective care:

> *"I think if there is a choice of location and it was clear how long you would wait for surgery, this would give you clear indication of options e.g., if you chose a further hospital you would wait 1 month but by choosing a closer hospital, you would wait 6 months"*

Sub-category	**Respondent**
<u>Knowledge of choice</u> Some patients expressed that their GP had not given them the choice as to what hospitals to go to for their treatment/operation.	Residents
Some patients were not aware that they could opt to have their procedure at an independent sector provider – if they are contracted to provide the NHS services.	Residents

Supporting decision-making on choice In order to make choices, different patients use different factors that are important to them. For some, this will be waiting time, for others this will be distance from their home, and for others it will be based on what they have heard about sites from friends and family. However, no matter what factor(s) are important to a patient, clear and comprehensive information is required to assist conversations around the options available as well as to make a decision on which site to attend. Optometrists as well as GPs should also have the required information to be able to help patients make an informed choice.	Residents Residents
Response to feedback The right to choose where you have surgery was reaffirmed. This means that if patients do not want to travel to Edgware Community Hospital, they can choose to have their surgery at North Middlesex University Hospital, at one of the Moorfields Eye Hospital sites, or at an independent sector provider contracted to provide Ophthalmology surgery services for the NHS. A patient's right to choose did feature in the communications around the proposals but this was not always picked up on amongst all of the information presented. Once patients were reassured on this point, support for the proposals was generally high. We acknowledged that a wide range of information needs to be available to patients to help them make decisions based on the factors that are most important to them. We confirmed that the community optometrists and GPs across NCL have been engaged on the proposals. The programme team is in contact with colleagues in NCL ICB that is leading on proposed changes to community optometry services that should enable them to provide adequate information to patients to make a choice.	

ii. Travel & transport

The most common sub-categories from all engagement related to travel and transport are financial costs, distance, time, and support for those who might find travelling to a different site challenging.

Below is a quote from a resident on the theme of travel:

"If you don't drive, then you rely on people. How do people get home after surgery? Some rely on kids, but they don't have a lot of time. There used to be a transport service for disabled people, done by the GP. If people could use it, they cannot bring anyone with them. Hospital usually says no to this, and taxies are expensive!"

Sub-category	Respondent
Cost of travel The cost of travel was mentioned in feedback, indicating that it can be expensive for patients, particularly if they have no form of private transport, no chaperone, and are not eligible for patient transport service or travel reimbursement schemes.	Residents
Eligibility for patient transport schemes There was concern that the transport schemes had very tight eligibility criteria. GPs reported that patient's experience of booking transport (with or without support from carers) is highly variable, especially for vulnerable groups. GPs are not allowed to book transport for these vulnerable individuals. If activity is shifted and travel time is increased what new solutions will be added?	Residents GPs
Distance The increased physical distance was cited as an impact of the proposal which caused the most concern, with unfamiliarity with the Edgware Community Hospital site being a major factor.	Residents
Increased travel time Respondents felt that longer travel means higher risk of delays or transport cancellations. Moreover, not many individuals can check their phone (digitally excluded, visually impaired, etc) or ask Transport for London (TfL) staff.	Residents
Reliance on a chaperone Some highlighted the difficulty of travelling to Edgware Community Hospital, especially for those who rely on their children/grandchildren for transportation.	Residents

Individuals who couldn't bring a chaperone expressed concerns about the challenges of travelling to the hospital and navigating the healthcare system.	Residents
Facilities available at Edgware Community Hospital Patients are more likely (if possible) to get a lift to their Ophthalmology surgery. What facilities are there in Edgware Community Hospital for waiting relatives?	Residents
Support for patient journeys The programme team was also reminded that there are many VCSE groups within the boroughs that will offer support and assistance to patients and if it were possible, these should be signposted to patients to help them to plan their journey and relieve some stress for them.	Residents

Response to feedback

We acknowledged that getting the right level of information to share with patients would be vital to help patients in making decisions on the choice of provider and with subsequent planning of their journey. It was acknowledged that journeys via bus in certain parts of the borough can often involve much longer and more complicated journey times than by car. Patients would require information on travel options to help inform their decision on choice of provider.

We confirmed that we would be seeking to work with trusts to respond to feedback from patients and residents on the level of information that should be communicated in appointment confirmation letters.

We confirmed that all trusts offer a patient transport service, with eligibility set at national level. However, trusts will also have a reimbursement scheme with conditions again set at national level. We are aware of the frustrations some patients have expressed in relation to accessing patient transport services.

The right to choose where you have surgery was reaffirmed. This means that if patients do not wish to travel to Edgware Community Hospital, they can choose to have their surgery at North Middlesex University Hospital, at one of the Moorfields Eye Hospital sites, or at an independent sector provider contracted to provide Ophthalmology surgery services for the NHS.

The programme team was also reminded that there are many VCSE groups within the borough that will offer support and assistance to patients and if it were possible, these should be signposted to patients to help them to plan their journey and relieve some stress for them. The car park at Edgware Community Hospital is large. There is a shop on site and there is a wide variety of shops and restaurants within the local area for chaperones to use whilst waiting.

iii. Accessibility

The most common areas of feedback in terms of accessibility are information to help patients navigate their way to and within the site, proximity to public transport options, and appointment times.

Below is a quote related to accessibility:

"I have to take time off to attend hospital. If my holiday days are gone, they are gone. So, I have to take unpaid leave but still have to pay for travel to the hospital. Weekend appointments would be amazing, as I don't have to take time off. As well as later appointments. While I'm aware that staff would have to work funny hours, this would help me.

Sub-category	Respondent
<u>Anxiety of navigating to a new site</u> Residents reported that going to a new site is often anxiety inducing, particularly for older or more vulnerable patients.	Residents
<u>Proximity to public transport</u> Not all hospital sites are close to a train or tube station. In some instances, patients would find it difficult to travel to those distances by public transport or by foot.	Residents
<u>Appointment times</u> Often patients are asked to arrive at the same time, at 8am or 9am, despite the surgery taking place at different time. Not only does this lead to longer wait times but travel for many during rush hour can present an issue for	Residents

patients in a variety of ways – from longer journey times, to increased costs, to finding someone who is available to help with the journey. Freedom passes are not valid for morning peak travel. This impacts many cataract patients given they tend to be from older age groups. Will weekend appointments be available?	 Residents Residents
<u>Accessibility of Edgware Community Hospital</u> As the site was unknown to many residents, they asked how accessible Edgware Community Hospital is and if there is clear signage at the site to help find the department.	Residents
<u>Patients whose first language is not English</u> Patients who spoke English as a second language or functional level have expressed the proposed changes to Edgware Community Hospital would be difficult for them.	Residents
Responses to feedback It was acknowledged that many patients may feel anxiety when travelling to a new site. The information that is required for patients to make a decision on where to have their surgery and how to get there needs to be both improved and consistent. It was noted that staggered appointment times or offering more choice around appointment time would be helpful to patients. The longer-term strategy for the NHS is for all elective care to offer a six-day service. This is a long-term strategy and is being led at a national level. There are a variety of transport links to Edgware Community Hospital, including buses, tube, and train. The site also hosts a large car park, and all services are provided on a single floor. Information on the proposals was made available in six languages. It was acknowledged that patients, whose first language is not English, may require additional support throughout their	

patient journey. We confirmed that we would be seeking to work with trusts to respond to feedback from patients and residents on the level of information that patients need throughout their journey.

There are volunteers stationed at the main reception of Edgware Community Hospital to provide support and directions to visitors.

iv. Communications

Much of the feedback on communication relates to the appointment letters that patients receive to help them understand where they need to go and what will happen to them on the day.

Below is a quote from a resident on the theme of communication:

"I got a letter with an appointment. I didn't know what this is for. Didn't know the facility. Got to the hospital by cab but was told by the staff my doctor went to different room, I asked the staff which department to go, I kept going to different ones. Then I am told I'm late for the appointment, which initially I wasn't. No information – This has caused this issue! If I would have had information [of the correct department to go to in advance], I would have known where to go, and I wouldn't be late and needed another appointment. This cost me £40, a waste of time and money."

Sub-category	Respondent
<u>Adequate information</u> There was an important emphasis of receiving adequate information in advance, particularly about appointments and what to expect.	Residents
The types of patients who would undergo cataract surgery will tend to be older and, of course, have some difficulties with vision. The impact of these proposals is likely to be stressful. Clear and comprehensive communication to patients regarding their travel options to get to and from the site will be vital to alleviate stress and anxiety. Inclusion of bus routes and numbers as well as maps would help patients to navigate new journeys.	Residents

<u>Impact of inadequate information</u> There is an impact on patients for missed appointments due to inadequate information on which department to go to.	Residents
<u>Preferred means of appointment information</u> The majority of older aged participants preferred letter appointments posted to them. Patients who are visually impaired preferred phone call reminders with a letter posted to them. Generally, texts are good for reminders but are not suitable for large amounts of information – emails and letters are better for this.	Residents
<u>Patients whose first language is not English</u> Patients whose first language is not English expressed the importance of more information, clear and understandable. In many cases they may rely on family to help them understand the journey they are about to embark on.	Residents
<u>Direct contact for patient enquires</u> It would be helpful if someone were to be delegated to provide patients with the required information prior to their Ophthalmology surgery.	Residents

Responses to feedback

It was acknowledged that many patients may feel anxiety when travelling to a new site. The information that is required for patients to make a decision on where to have their surgery and how to get there needs to be both improved and consistent. We confirmed that we would be seeking to work with trusts to respond to feedback from patients and residents on the level of information that patients need.

We will be exploring if patients can choose the best way they would like to receive information and communications e.g., via letters, email, or texts.

Post-operative information leaflets from the Edgware Community Hospital are currently available in a larger print.

v. Support for patients with vulnerabilities

The level of support needed for patients with vulnerabilities was another common theme, including the additional stress and anxiety for older people and people with disabilities to attend a new site and the reliance of these groups of patients on family/carers to attend hospital.

Below is a quote from a resident on the theme of support for vulnerable patients:

> *"Providing support phone numbers to someone who is both knowledgeable and has access to your medical records and can get further information or help if needed in a timely manner."*

Sub-category	Respondent
Mobility issues Patients with mobility issues or without carers may find the proposed changes more difficult.	Residents
Older patients Older participants expressed concerns about the challenges faced, particularly those who go to appointments on their own.	Residents
Travelling alone Individuals who travel on their own, that have disability, impairments, and/or of older age, expressed concerns about the challenges of travelling to the hospital and navigating the healthcare system. Some stated having to travel by themselves caused anxiety of travelling to somewhere far and unfamiliar.	Residents
Responses to feedback It was acknowledged that patients with vulnerabilities may feel anxiety when travelling to a new site. The information that is required for patients to make a decision on where to have their surgery and how to get there needs to be both improved and consistent. The support required for vulnerable patients were also raised as part of the Elective Orthopaedic Review consultation and a number of mitigations in relation to travel and transport were proposed. One mitigation introduced was the care coordinator role. Care coordinators support patients, especially those with vulnerabilities, with how to travel between sites and access	

transport schemes where eligible (e.g., reimbursement scheme, patient transport services). This role could be considered to support vulnerable patients moving between hospital sites for their Ophthalmology surgery.

vi. Additional areas

Stakeholders also provided feedback and queries on a wide range of additional areas such as the impact on other services. These are included below.

Sub-category	Respondent
<u>Wait times</u> Referral time can be long, we heard that some patients waited for 3 to 6 months, even going back to 2021. Residents experienced longer wait times at clinics when appointments prior to theirs run over schedule. Some reported that waiting times can be up to 5 hours.	Residents Residents
<u>Clinical model</u> Can patients decide if they want both cataracts carried out at the same time? Do the efficiencies and additional procedures claimed in the model take account of future growth? Have any other models in how to deliver high volumes of low complex cataracts been considered, including models from other parts of the world? Does cataract surgery have to go through EBICS (formally PoLCE) process? There have been some reports to this being required. Does this require additional resource (staff, estates) to be a success?	Residents Residents GPs GPs Residents
<u>Impact on other services</u> What is the role of the independent sector in the strategy?	Residents

Does the move of Ophthalmology mean additional capacity for other surgical specialties? Is the second theatre at Edgware Community Hospital currently in use and, if so, what is being moved? What is the impact on Project Oriel? What is the impact on Barnet Hospital? What might be the impact of the proposed changes to community contracts such as Evolutio and Enfield Community Ophthalmology services?	Residents Residents Residents Residents Residents
<u>Monitoring the proposed changes</u> Aside from the usual performance metrics that the NHS uses to monitor its services, what steps will be taken to understand the patient experience of these proposed changes?	Residents
<u>Engaging stakeholders</u> It was highlighted that there was a lot of demand on VCSE groups to respond to engagement requests. This is from all sectors and presents a challenge to small groups with limited resources.	Residents
<u>Learning from previous surgical hub experience in NCL</u> How successful were the mitigations that were put in place for the Orthopaedic Elective Centres?	JHOSC
Responses to feedback <u>Wait times</u> We recognise that there are often long waits for surgery. One of the key benefits and drivers behind the proposal is the long waiting times. The introduction of a hub for cataracts at Edgware Community Hospital could reduce wait times by up to four weeks.	

Clinical model

Whether a patient undergoes single or double cataract surgery would be a conversation between patient and clinician – if a double procedure is clinically appropriate.

We confirmed that a growth rate of 4% per year has been included in the modelling to take account of further expected rises in the demand for services. It was confirmed that the increase in 3,000 procedures is a result in improved productivity and efficiency at all sites that offer Ophthalmology surgery.

In terms of the type of clinical model used, we know there are lessons to be learnt from within our own system and from other systems about how to provide more efficiency and better utilisation. For example, our preferred pathway going forward will be to carry out procedures on both eyes in the same day rather than one eye (if clinically appropriate).

However, there are differences between the NHS models in the UK compared to other models. For example, types of surgery undertaken in NHS tend to be small incision cataract procedures and therefore not comparable with other international models where there tends to be larger wounds.

Looking more closely to home, independent sector providers can have 25-30 cases per list whereby patients are dilated from home and patients are worked up outside of surgeon time. However, independent sector providers tend to undertake more low complex cataract procedures whereby patients do not have medical co-morbidities so is not necessarily comparable to the work undertaken in the NHS at present.
Cataract surgery is listed within the latest NCL EBICS policy, including the criteria when cataract surgery is indicated. The EBICS policy is available on the NCL GP website.

By creating a surgical hub compliant with GIRFT standards, we can use the existing theatre and staff located at Edgware Community Hospital more effectively and therefore increase the number of Ophthalmology procedures performed. In order to maximise the volume of additional activity the surgical hub could provide, some additional resources (e.g., theatre, staff, equipment) would be required. There is an existing second theatre at Edgware Community Hospital which would enable the hub to run parallel theatre lists. The Royal Free London are currently developing a business case which outlines these resource requirements.

Role of the independent sector

We confirmed that the proposals do not include any changes to the provision of care by independent sector providers and that patients can continue to choose to have their surgery at independent sector providers that are contracted to provide NHS services.

We confirmed that there is separate work underway within NCL ICB to work with community optometrists so that they can a) make referrals directly for Ophthalmology surgery, and b) offer some follow-up care that might usually be provided within a hospital setting.

Impact on other services

We confirmed that any additional surgical capacity created at Whittington Hospital and Chase Farm Hospital would be used to help tackle waiting lists in other surgical specialties such as Gynaecology or Orthopaedics.

These proposals are separate to project Oriel and have no impact on the project. There is no impact on Barnet Hospital. They do not offer Ophthalmology surgery.

The proposed changes are specifically in relation to cataract services at Edgware Community Hospital so community contracts would not be impacted. Pre- and post -operative checks will continue to be done where they are now. Work is also underway to better utilise optometrists for providing ongoing care in the community which will mean care even closer to home than now.

Monitoring the proposed changes

We confirmed that the indicators for monitoring the service activity, productivity and outcomes are embedded within the NHS system and trusts routinely report on these. It was suggested that it would be helpful to try to gain insight into how many patients in future choose to go/not go to the proposed hubs and what their reasoning for this is. We will explore undertaking an audit or other monitoring process with the NCL Ophthalmology Clinical Network or via the Edgware Community Hospital hub.

Engaging stakeholders

The programme team had written to a wide range of stakeholders to inform them of the proposals to seek feedback. Some had responded to ask the team to attend patient events, others had not responded.

It was acknowledged that there is often a large number of demands asked of the VCSE sector to respond to engagement and consultation.

5. Mitigations for themes

Should the decision be taken to adopt the proposals, we have identified potential mitigations to the issues raised through the patient, public and stakeholder engagement that can be explored by our partners as part of the implementation design. Given that some mitigations may relate to feedback in multiple themes, each mitigation is outlined below and the theme to which it relates to is included.

Theme	Mitigation
Patient choice Communication	**a. Information to enable an informed choice** It is usually at the point of referral when a patient will choose which hospital they want to go to. Clarity on a patient's right to choose needs to be made explicit at the point of referral. In addition, clear and comprehensive information should be available to referrers to enable patients to make an informed choice between relevant providers. This should include: • Current wait time • Distance from home • A link to trust websites where further information on travel can be found. This information is detailed in mitigation d. NCL ICB are intending to commission a lead provider responsible for a Single Point of Access (SPoA) for all Ophthalmology referrals in 2024. This SPoA will support patients to make an informed choice at the point of referral on which provider they can choose to be referred to. Through the SPoA patients will receive information including waiting time for first appointments, average waiting time for surgery (if appropriate), distance from home, if the provider provides door to door transportation, and information detailing the services provided. Additionally, patients can access the My Planned Care website which provides weekly updates on average waiting times at hospitals, along with advice and support to help patients prepare for surgery while they wait.

Theme	Mitigation
	If choice is not made at the time of referral, patients need access to a range of information that reflects what is important to them – be this travel time, distance, or continuity of care. Potential mitigations are picked up under mitigations c and d.
Travel & transport Accessibility Patient choice Support for patients with vulnerabilities	**b. Pathway Navigators** Pathway Navigators (originally termed Care coordinators) are a potential mitigation for a wide range of concerns raised within the feedback such as the increased anxiety of travelling to a different site, questions on how to get to sites, what support for travel is available for vulnerable patients, and what will happen at the appointment. They were successfully used within the Elective Orthopaedic Centres to provide support to vulnerable patients, with the movement between Elective Orthopaedic Centres, including the navigation of travel and transport. This role could be considered to support vulnerable patients moving between hospital sites for their Ophthalmology surgery. Additionally there are several other services and teams who are available to support through a patient's pathway including admissions team, outpatient appointment centre, operational management teams, clinical teams (nursing and doctors), learning disability teams, and Patient and Advice Liaison Service. These roles are currently deployed differently across the different sites in NCL, so we will look to get greater consistency across these teams from April 2024.
Travel & transport Communication Patient choice Support for patients with vulnerabilities	**c. Clear travel information** Clear travel information on trust websites and appointment letters regarding how to reach the site and the support that is available including: • A map of the site to assist with navigation upon arrival • Nearby train and tube stations and details of the onward journey from these stations • The route number of local buses that go directly to the site • Eligibility criteria and booking process for the patient transport scheme

Theme	Mitigation
	• Eligibility criteria and process for how and when to claim via the travel reimbursement scheme • Details of any additional local schemes run by VCSE organisations that may support patients with their transport • A link to TfL's journey planner so that patients can plan the journey from their home address • Details of how to arrive at the site via car via major routes • Details of available parking, including costs • Information on facilities available at the site, such as cafes and shops Information should be available in different formats. This is particularly important for patients whose surgery is taking place at a different site and for patients who may have vision problems or patients whose first language is not English.
Travel & transport Communication Support for patients with vulnerabilities Accessibility Additional areas	**d. Information in referral and appointment letters** Clear and comprehensive information should be sent to patients. This should include: • The reason for the appointment • Clarity of what clinic and clinician the appointment is with • The expected length of the appointment • Instructions on preparing for surgery (e.g., fasting, taking medication) • A map of the site to assist with navigation upon arrival • Nearby train and tube stations and details of the onward journey from these stations • The route number of local buses that go directly to the site • Eligibility criteria and booking process for the patient transport scheme • Eligibility criteria and process for how and when to claim via the travel reimbursement scheme • Details of any additional local schemes run by VCSE organisations that may support patients with their transport

Theme	Mitigation
	• A link to TfL's journey planner so that patients can plan the journey from their home address • Details of how to arrive at the site via car via major routes • Details of available parking, including costs • Information on facilities available at the site, such as cafes and shops • Information on how to request an interpreter, if required Information should be available in a variety of different forms of communication (e.g., letter, email, text message, phone call, online portal). Patients can choose the method by which they wish to receive this information. This is particularly important for patients whose surgery is taking place at a different site and for patients who may have vision problems or patients whose first language is not English.
Accessibility Support for patients with vulnerabilities	**e. Signage at the Edgware Community Hospital** Review of Edgware Community Hospital signage and consider any improvements required to ensure it is adequate for patients suffering from poor vision (e.g., large font, Braille, directional signage, coloured floor markers).
Accessibility Support for patients with vulnerabilities	**f. Site accessibility** This could include a video walk-through of the site to help familiarise patients with what to expect at the site, or having other systems in place to support patients whilst on site (e.g., 'Reading Your Name' audio system).
Accessibility Communication Support for patients with vulnerabilities	**g. Embedding best practice** The hub to review GIRFT surgical hub accreditation standards for access and patient experience. This is a means of recognition that hub sites are meeting top clinical and operational standards and includes that they consider staggered appointment times. MEH is currently progressing through the hub accreditation of their sites with NHSE.

Theme	Mitigation
	The surgical hub at Edgware would be developed into a GIRFT best practice centre for Ophthalmology. This would include more space to deliver additional appointments / treatments and support the increase in choice for patients. Surgical pathways would be developed to offer bilateral cataract procedures. Performance against GIRFT standards would be overseen by the RFH divisional management team, and an action plan would be developed to respond to any areas requiring intervention, Consider the 'Ask for Christine' model as per Patient Association recommendations whereby patients are given a named contact in the administration team with whom they can liaise about appointments.
h. Additional areas	**i. Understanding the impact of the proposed changes** Work with the NCL Ophthalmology Clinical Network and Royal Free London regarding how to gain insight into how many patients in future choose to go/not go to the proposed hub and what their reasoning for this is.
j. Additional areas	**k. Planning future engagement** A centralised database within the NCL ICB of stakeholders. This would be of benefit to future engagement across all areas of the NCL ICB and NCL ICS. A timeline of forthcoming engagement activity across NCL ICS to assist planning future engagement.
l. Additional areas	**m. Impact on other services** One of the working principles of the healthcare system in NCL when working together on surgical transformation is that there will be no fallow capacity in the system. This means that should proposed changes result in theatre capacity being freed up at one site, this will not go to waste but will be used

Theme	Mitigation
	to help tackle waiting lists in other surgical specialties. We will ensure this is embedded into our governance structures.

6. Conclusion

6.1 Conclusion

Overall, the feedback we received has been largely supportive of the proposals. The conversations we had during engagements events were particularly insightful. As a result, we can state that residents are, generally, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are be put in place. The perceived impact of the proposals and resistance to the changes were tempered by our confirmation that patients retain the right to choose where they receive care.

The following action plan is proposed to deliver the mitigations to the issues raised:

You Said	We Will (including actions)	Lead	Review Date
1. We want well trained and supportive staff delivering the best clinical care	• We will ensure that the staff who provide Ophthalmology services are compliant with the GIRFT standards for the specialty which will enable them to deliver the best clinical care. Currently all trusts monitor surgical performance of clinicians, undertake training of surgeons, ensure surgery is supervised by consultants and have muti-disciplinary teams managing patients on the day of surgery. • Royal Free Hospital (RFH) will submit quarterly GIRFT returns which will be completed by operational and clinical teams. Returns will be shared with entire Ophthalmology team. • An action plan will be developed by the service to respond to any areas requiring intervention –	Trusts	Mar 2024 Apr 2024

	this again will be owned jointly by operational and clinical teams. • GIRFT updates and the action plan will be overseen by RFH divisional management team as part of routine monthly performance management oversight.		
2. We want a choice of appointment times that are convenient for us and that run on time	• We will work with surgical hub sites to embed best practice for surgery as defined by the GIRFT surgical hub accreditation standards. This is a means of recognition that hub sites are meeting top clinical and operational standards and includes that they consider issues with access and staggered appointment times. • Review of MEH hub accreditation of St Anns and City Road sites with NHSE. • Surgical hub at Edgware will be enhanced further by developing Edgware as a GIRFT best practice centre for Ophthalmology. This will include more space to deliver additional appointments / treatments. This will support an increase in choice for patients. • Surgical pathways to be developed to offer bilateral cataract procedures, reducing the number of appointments needed. • Ophthalmology outpatient clinic hub to be developed at Edgware, offering greater capacity and with facilities designed with GIRFT principles as the driving force. RFH aims to commence enabling works to establish a clinic hub pending appropriate approval.	Trusts / ICB	Apr 2024 Jun 2024 Jun 2024 Sept 2024

3. We want someone to talk to for advice and support for vulnerable patients	• We will explore the role that Pathway Navigators can provide to support vulnerable patients when asked to attend a different site for their surgery. These are currently two operating in Whittington Health and UCLH for orthopaedics and are a named lead that follow the (vulnerable) patient and ensure that both the patient is aware of where they need to go and what they need to do as well as ensuring sites have everything in place to support the specific needs of the patient. Whilst RFH do not have specific roles to support vulnerable patients, there are several services and teams who are available to support throughout a patient's pathway. These include:
	  • Admissions team
	  • OAC (Outpatient Appointment Centre)
	  • Operational management teams
	  • Clinical teams (Nursing and Dr)
	  • Learning Disability teams
	  • PALS (Patient Advise and Liaison Service)
	• Initiate review of pathway navigation functions to develop greater consistency across these teams across all sites.
		Trusts / ICB	Apr 2024

4. We want to discuss with a GP or optometrist our choices for surgery and how to change	• We will ensure patients are aware of their right to choose where they receive eye surgery and ensure that adequate information is available to referrers and patients to enable an informed choice. Patients currently have access to information via the NHS app, ERS National Patient helpline, NCL trust patient portals and helplines.	ICB	

hospital if we want to	• Communicate to all referring GPs and optometrists, including information on patient choice, using targeted information and dedicated pages on the NCL website.		Feb 2024
5. We want a choice of how we receive information and for it to be clear and accessible, with a named contact if we need to discuss it	• We will work with sites to ensure that the information included in referral and appointment letters meets patients' requirements (as specified in Section 5) and meeting best practice information standards. • Patient letters to be reviewed as part of the NCL Clinical Interface work (work to make improvements to processes between primary and secondary care). • NCL ICB intends to commission an Ophthalmology Single Point of Access (SPoA) to assist patients in choosing a provider at the point of referral. Through this SPoA patients will receive information including distance from home, waiting time for first appointment, and average waiting time for surgery (if appropriate).	ICB	Feb 2024 Jun 2024
6. We want support with travel if we cannot afford it or need help	• We will work with sites to ensure that clear travel information, which includes how to access support with travel, is available to patients (this is partially covered by the action on patient letters above). Currently NHS funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. Patients in receipt of certain benefits or on low income can access support with healthcare travel costs and	Trusts / ICB	

	national teams are looking to streamline the process to access this. • Review of travel information on Trust websites to meet the requirements expressed in the patient engagement (Section 5).		Feb 2024
7. We want any theatre capacity that is freed up by the proposed changes to help reduce waiting lists in other areas	• We will continue to ensure that there will be no fallow capacity in the system. This means that any theatre capacity being freed up at one site, will be used to help tackle waiting lists in other surgical specialties. • RFH wide review of theatres has been established to ensure the use of the theatre estate is optimised. This supports the use of theatres, utilisation, future surgical hub reviews and an overarching theatre strategy. The trust remains committed to reducing waiting times and will continue to do so throughout 2024/25 and beyond. Development of the Ophthalmology Surgical Hub will support this objective. • Ophthalmology surgical hub business case approved by RFH Local Executive Committee (LEC) in December 2023. To be presented to Group Executive Management Meeting (GEMM) in January 2024 • Edgware theatre utilisation consistently achieved 85% in 23/24. Performance monitoring to continue monthly at Northern Surgical Hub Group. • Review increase in activity through Planned Care Programme Board.	Trusts / ICB	Feb 2024 Monthly Mar 2024

The HEIA analysis was used to ensure the mitigations listed are in place to support the groups that might be most impacted by the changes (older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers). These include:

- Pathway Navigators – these will provide support to vulnerable patients, particularly in the HEIA cohorts, when asked to attend a different site for their surgery. This will ensure that both patients and sites are clear about the specific needs and requirements of the patient.
- Clear patient information in a variety of formats – this will particularly support patients in the HEIA cohorts that have specific disabilities and/or whose primary language is something other than English.
- GIRFT surgical hub accreditation - this is a means of recognition that surgical hub sites are meeting top clinical and operational standards and includes that they consider issues with access and staggered appointment times which is particularly important for the HEIA cohorts including older people (and their carers) who may have limits on travel time and people with disabilities and their carers.

7. Appendices

7.1 Patient information leaflets

The patient information leaflet was made available in eight formats. Links to these are included below.

English version	Romanian version
Easy Read version	Somalian version
Bengali version	Spanish version
Polish version	Turkish version

7.2 Patient feedback survey

The feedback survey was made available in eight formats. These are included below.

English version	Romanian version
Easy Read version	Somalian version
Bengali version	Spanish version
Polish version	Turkish version

7.3 Table of responses by key demographics

Analysis by key demographics is only available for the survey responses as it was not possible to ascertain these from the public events carried out. The tables below provide details of the demographic information of the 138 survey respondents by the relevant question and includes information of the nine protected characteristics under the Equality Act 2010.

Type of respondent

There were 136 responses to this the question.

Option	Total	Percent
Current or former patient or service user	85	62%
Family member or friend of a patient or service user	18	13%
Member of the public	18	13%
Health or care professional or member of NHS staff	7	5%
Staff who provide Ophthalmology services	4	3%
Not Answered	2	1%
Carer of a patient or service user	1	1%
Voluntary organisation or charity	1	1%
Other public body / stakeholder / political representative	1	1%
Prefer not to say	1	1%
Trade union or professional body	0	0%

Borough

There were 135 responses to this part of the question.

Option	Total	Percent
Enfield	73	53%
Barnet	29	21%
Elsewhere	13	9%
Haringey	9	7%
Islington	8	6%
Not Answered	3	2%
Camden	2	1%
Prefer not to say	1	1%

Hospital of choice

There were 138 responses to this part of the question.

Option	Total	Percent

Chase Farm Hospital	52	38%
Moorfields Eye Hospital (City Road site)	24	17%
North Middlesex University Hospital	14	10%
Royal Free Hospital	11	8%
Moorfields Eye Hospital (Potters Bar Community Hospital)	10	7%
Edgware Community Hospital	8	6%
Whittington Hospital	8	6%
Not applicable	7	5%
Other	2	1%
Moorfields Eye Hospital (St Ann's site)	1	1%
Prefer not to say	1	1%

Age

There were 137 responses to this part of the question.

Option	Total	Percent
16 – 18	1	1%
19 – 24	0	0%
25 – 34	5	4%
35 – 44	8	6%
45 – 54	18	13%
55 – 64	19	14%
65 – 79	62	45%
80+	21	15%
Prefer not to say	3	2%
Not Answered	1	1%

Gender

There were 138 responses to this part of the question.

Option	Total	Percent
Female (including trans woman)	100	72%
Male (including trans man)	29	21%
Non-binary	1	1%

In another way	4	3%
Prefer not to say	4	3%
Not Answered	0	0%

Change of gender

Residents were asked if their gender identity is the same as the gender they were given at birth. There were 137 responses to this part of the question.

Option	Total	Percent
Yes	129	93%
No	3	2%
Prefer not to say	5	4%
Not Answered	1	1%

Ethnicity

There were 138 responses to this part of the question.

Option	Total	Percent
White: Welsh/English/Scottish/Northern Irish/British	60	43.5%
White: Irish	1	0.7%
White: Gypsy or Irish Traveller	3	2.2%
White: Any other White background	16	11.6%
Mixed: White and Black Caribbean	0	0.0%
Mixed: White and Black African	1	0.7%
Mixed: White and Asian	1	0.7%
Mixed: Any other mixed background	0	0.0%
Asian/Asian British: Indian	12	8.7%
Asian/Asian British: Pakistani	2	1.5%
Asian/Asian British: Bangladeshi	2	1.5%
Asian/Asian British: Any other Asian background	11	8.0%
Black or Black British: Black – Caribbean	3	2.2%
Black or Black British: Black – African	6	4.4%
Black or Black British: Any other Black background	0	0.0%

Other ethnic background: Chinese	0	0.0%
Other ethnic background: Any other ethnic group	6	4.4%
Prefer not to say	14	10.1%
Not Answered	0	0.0%

Disability

There were 134 responses to this part of the question.

Option	Total	Percent
Yes	43	31%
No	77	56%
Prefer not to say	14	10%
Not Answered	4	3%

There were 31 additional responses to describe the disability of the respondent. These covered a wide range of physical and mental health conditions.

Religion

There were 136 responses to this part of the question.

Option	Total	Percent
No religion	21	15%
Buddhist	2	1%
Christian	49	36%
Hindu	20	14%
Jewish	8	6%
Muslim	10	7%
Sikh	1	1%
Atheist	0	0%
Any other religion	4	3%
Prefer not to say	21	15%
Not Answered	2	1%

Sexual orientation

There were 133 responses to this part of the question.

Option	Total	Percent
Heterosexual	110	80%
Gay	2	1%
Lesbian	1	1%
Bisexual	0	0%
Other sexual orientation	0	0%
Prefer not to say	20	14%
Not Answered	5	4%

Carer status

There were 136 responses to this part of the question.

Option	Total	Percent
Yes	26	19%
No	98	71%
Prefer not to say	12	9%
Not Answered	2	2%

Marital status

There were 135 responses to this part of the question.

Option	Total	Percent
Single, never married	32	23%
Married or civil partnership	51	37%
Living with a partner	2	1%
Widowed	17	12%
Divorced	15	11%
Separated	1	1%
Prefer not to say	17	12%
Not Answered	3	2%

Pregnancy

There were 134 responses to this part of the question.

Option	Total	Percent
Yes	1	1%
No	121	88%
Prefer not to say	12	9%
Not Answered	4	3%

7.4 Contact with VCSE groups

Below is a list of the 96 VCSE groups, categorised by geographical reach, that were contacted directly by NCL ICB programme team as part of the engagement campaign to advise them of the proposals, the source of further information and feedback and an offer to brief them or their members.

Barnet	**Camden**
African Cultural Association	Age UK Camden
Age UK Barnet	Bengali Workers Association
Alzheimer Society	Camden Asian Women's Centre
Barnet Carers	Camden Disability Action
Barnet Involvement Forum	Camden Voluntary Action
Barnet Minds	Centre 404 Camden
Barnet Multifaith Forum	Chinese Community Centre
Barnet Older Women's Cohousing	Disability Action Enfield
Barnet Seniors Association	Hampstead Community Centre Over 50s Club
CB Plus (Barnet Community Hub)	Healthwatch Camden
Chinese Mental Health Association / Meridian Wellbeing	Home Start Camden & Islington
Community Barnet Primary Care Group	Hopscotch
Deaf Plus Barnet	London Gypsies and Travellers
Grahame Park Community Centre	London Irish Centre
Healthwatch Barnet	Somali Cultural Centre
	Umoja African Health Forum

Magnolia Care Home my AFK New Barnet Library Older Women's Cohousing Barnet	Voluntary Action Camden West Hampstead Women's Centre Winvisible (Women With Visible and Invisible Disabilities)
Enfield Age UK Enfield Alpha Care (Older persons) Caribbean African Health Network (CAHN) Centre 404 Enfield Diversity Living Services Enfield Carers Centre Enfield Caribbean Association Enfield Disability Action Enfield East Asian Women's Association Enfield Over 50 Forum Enfield Vison Enfield Voluntary Action Enfield Women's Centre Healthwatch Enfield LBGT Enfield One-to-One Enfield (Learning difficulties) Selby Trust The Shane Project	**Haringey** Age UK Haringey Bridge Renewal Trust Carers Forum Centre 404 Haringey Chestnuts Connection Citizen Advice Bureau Community Prevent Advisory Group Embrace UK Haringey Association of Voluntary and Community Organisations (HAVCO) Haringey Learning Partnership Haringey Over 50s Forum Haringey Wheelchair User Group Healthwatch Haringey Home Start Haringey Keen London Latin American Women's Rights Group Managing chronic Arthritis Nafsiyat Selby Community Centre Synagogue Stamford Hill The Engine Room Turkish Cypriot Women's Project

Islington	NCL and wider
Age UK Islington	Age UK Hertfordshire
Centre 404 Islington	Healthwatch Hertfordshire
Claremont Project	Royal National Institute of Blind People
Diverse Health Voices Islington	
Healthwatch Islington	
Islington Carers Hub	
Islington Carers Support Group	
Islington Pensioners' Forum	
Islington Somali Community	
Manor Gardens and Bright Start	
Manor Gardens Welfare Trust	
Octopus Community Network	
The Parent House	
The Peel Institute	
Voluntary Action Islington	

Our list of VCSE groups ensured we reached out to groups in the following four categories:

- Older people aged 65+
- Black Asian and Minority Ethnic Groups
- Carers and those with disabilities
- Borough-focused groups

7.5 Campaign reach statistics

The table below outlines the activity that took place during the engagement period. It does not include all the pre-engagement activity that was carried out with key stakeholders to share the proposals and gain feedback in advance of 21st August.

Numbers reached indicate the number of people who received the article/email. Click-throughs indicate, where analytics were available, the number of those who opened the article.

Engagement method	Area	Approach	Numbers reached	Click throughs
NCL GP Bulletin	NCL	Article to inform engagement is live	361	53
NCL ICB Website	NCL	Information and feedback mechanism	267 unique views	
NCL ICB social media posts	NCL	A total of 14 posts on the proposals across X (formally Twitter), Facebook and Instagram	Clicks: 36 Reach: 330 Impressions: 877	
RFL Website	NCL	Information and feedback mechanism	67 unique views	
RFL intranet	Staff	Information and feedback mechanism	11,000	88
RFL weekly staff newsletter	Staff	Briefing document on proposals	11,000	440
RFL stakeholder newsletter	NCL	Information and feedback mechanism	150	n/a
NEL ICB Website	NEL	Information and link to NCL website	4 unique views	
Healthwatch Enfield Website	Enfield	Information and feedback mechanism	151	n/a
Healthwatch Enfield social media channels	Enfield	Facebook (reach) X, formerly Twitter (reach) Instagram (reach)	6664 375 51	n/a

Local Optical Committee	NCL	Letter to inform engagement is live	200	n/a
VCSEs	NCL	Letter to inform engagement is live	96	n/a
MPs	NCL	Letter to inform engagement is live	12	n/a
Councillors	NCL	Letter to inform engagement is live	53	n/a
NCL Integrated Care Update newsletter	NCL	Article on proposed changes	522	5
Love your doorstep	Enfield	Newsletter Facebook	12,000 1,200	n/a
Healthwatch Haringey Newsletter	Haringey	Article on proposed changes	746	19
Healthwatch Islington	Islington	Article on proposed changes Article in newsletter	19 unique views 400 reach	
Enfield VCS e-bulletin	Enfield	Article on proposed changes	661	n/a
Palmers Green Community Newsletter	Enfield	Article on proposed changes	1,500	n/a

7.6 Focus group topic guide

Focus group topic guide: section
1. Welcome – why we are here today, brief introductions
2. You experience of eye surgery • What works well? Why? • What could be improved? How? Why?
3. Outline of the proposal

4. Views on the proposal – discussion in the group with a focus on impacts and potential mitigations
5. Where would you like to get information from about eye surgery?
6. Next steps, thanks and close

7.7 Event log

Below is an overview of the thirteen public events that were held during the engagement period to present the proposals and hear from 237 stakeholders.

Stakeholder name	Borough	Date	Time	In attendance
Camden Patient and Public Engagement Group	Camden	13-Sep-23	6pm	37
Enfield PPG Network	Enfield	18-Sep-23	2pm	18
Visit to Whittington Ophthalmology clinic	Islington	18-Sep-23	1-4pm	19
Enfield Carers' Group	Enfield	19-Sep-23	1pm	4
Focus Group	Enfield	25-Sep-23	12-2pm	6
Visits to Chase Farm Ophthalmology clinic	Enfield	27-Sep-23 03-Oct-23	2-5pm 9am-12pm	43
Barnet Asian Women's Association	Barnet	29-Sep-23	1pm	37
Edmonton Green Library	Enfield	02-Oct-23		4
Enfield East Asian Women's Association	Enfield	05-Oct-23	tbc	25
World Mental Health Day - Enfield Green Towers	Enfield	10-Oct-23		10
Enfield Voluntary and Community Stakeholder Reference Group	Enfield	10-Oct-23	11am - 12.30pm	19
Haringey Engagement Network	Haringey	10-Oct-23	2.30-4pm	15

7.8 Information made available to residents during the engagement period

The NCL ICB website, a dedicated webpage, was the main source of information to residents. This set out the proposals and included patient information leaflets, feedback surveys, FAQs, and additional contact options.

Residents were encouraged to share views via a range of options:

- Complete a short online survey (please contact us using the details below if you require a printed survey)
- Email nclicb.surgicalhubs@nhs.net
- Write to Freepost SURGERY (no need for a stamp or postcode)
- Phone 020 4518 7132
- Invite the programme team to speak to your group using the contact details above.

Please contact us if you require information in a different format or support to provide feedback, using the details above.

7.9 Website FAQs

Where can I currently have planned NHS eye surgery in North Central London (NCL)?

1. The Royal Free London NHS Foundation Trust, which delivers services at Edgware Community Hospital, Royal Free Hospital, Chase Farm Hospital, or Whittington Hospital.
2. North Middlesex University Hospital NHS Trust.
3. Moorfields Eye Hospital NHS Foundation Trust at Moorfields Eye Hospital (City Road Campus), Moorfields Eye Unit at St Ann's Hospital or Moorfields Eye Unit at Potters Bar Community Hospital.
4. Independent sector providers contracted to provide services for the NHS.

What changes are proposed for eye surgery?

So the NHS can carry out an estimated additional 3,000 eye surgery procedures a year in NCL, two changes are proposed:

1. To create a hub for eye (Ophthalmology) surgery at Edgware Community Hospital which provides surgery for adults for common, usually straightforward (low complexity) conditions like cataracts. This would bring together all eye surgery currently provided at Whittington Hospital and some activity from Royal Free Hospital and Chase Farm Hospital into one site at Edgware Community Hospital where a higher number of surgical procedures can be done.
2. A small number of complex eye surgeries and procedures that need to co-locate with other specialties will remain at both Chase Farm Hospital and Royal Free Hospital.

Patients would continue to attend their local or preferred hospital for tests and outpatient appointments before and after having surgery.

Existing planned eye surgery services would continue at North Middlesex University Hospital, Moorfields sites (City Road Campus, St Ann's Hospital and Potters Bar Community Hospital) and independent sector providers contracted to provide services for the NHS. Patients would continue to be able to choose which NHS provider they are referred to for care inside or outside NCL.

Why are changes being proposed for eye surgery?

The NHS has been working extremely hard to tackle waiting lists for planned care, which were made much worse by the impact of the Covid-19 pandemic.

Good progress has been made in NCL and the number of people waiting the longest for care has been significantly reduced.

Despite these efforts, waiting lists for surgery continue to grow. This is because the number of people needing surgery is increasing at a faster rate than the number of surgical procedures we can do.

The longer people wait, the greater the risk their health deteriorates and the complexity of care they require increases. This can potentially impact on their ability to work, connect to their community, care for others, and live their life to the fullest.

We want to do everything we can to tackle this and have developed these proposals to help us to carry out more eye surgery procedures and reduce wait times.

How could patients benefit from the proposal?

The proposed changes will allow us to carry out an estimated additional 3,000 procedures a year which means that many patients could be seen faster following their referral.

We have reviewed existing relevant patient engagement to understand what matters most to patients and a regular theme is that patients are willing to travel further if they can be seen quicker. By increasing the number of surgical procedures we can do, this should reduce waiting times by up to four weeks for some patients.

Patients will benefit from the shared expertise and experience of clinical teams working together and through services operating more efficiently, we expect there to be fewer last-minute cancellations or delays for patients on the day of their surgical procedure.

Will patients still be able to choose which NHS provider they are referred to?

Yes, patients will continue to be able to choose which NHS provider they are referred to. GPs are able to provide information about options, including waiting times, when making a referral. Read more about the choices available to you in the NHS on the GOV.uk website.

What do the proposals mean for people currently on eye surgery waiting lists?

Royal Free London patients who have currently been booked into a specific hospital (for example, the eye surgery service at Whittington Hospital) for their eye surgery will remain at that hospital, unless the appointment needs to be rebooked. After the proposed move date most patients who have not been assigned a hospital will be booked into Edgware Community Hospital, with a small number of more complex procedures booked into Chase Farm Hospital or Royal Free Hospital.

Do the proposals include emergency care?

No, the proposals only relate to planned eye surgery for adults. No changes are proposed to where emergency eye surgery is provided in NCL.

Do these proposals impact on wider Oriel plans to move Moorfields Eye Hospital, currently at City Road, to St Pancras?

No, these proposals are separate to Oriel. Oriel is a joint partnership between Moorfields Eye Hospital NHS Foundation Trust, the UCL Institute of Ophthalmology and Moorfields Eye Charity. It will move services from Islington to a new, integrated centre on part of the St Pancras Hospital site in Camden to create a world-leading centre for advancing eye health.

How many eye surgery procedures will the proposed changes affect?

Around 25,000 eye-related surgical procedures currently take place in NCL each year. The proposed changes would affect approximately 5,000 procedures (around 20% of the total).

What will happen to any space created at Whittington Hospital and Chase Farm Hospital?

Any additional surgical capacity created at Whittington Hospital and Chase Farm Hospital would be used to help tackle waiting lists in other surgical specialties such as Gynaecology or Orthopaedics.

How have clinicians been involved in developing the proposals?

The NCL Ophthalmology Board has led on developing the proposals for eye surgery. The Board has clinical and operational representation from all NCL acute trusts and community optometrists and is chaired by the Clinical Director at Moorfields Eye Hospital NHS Foundation Trust and London Clinical Lead for Ophthalmology, Dilani Siriwardena.

The work is overseen by a NCL Surgical Transformation Programme Board, which also has representation from all NCL acute trusts, and reports into a NCL ICS System Management Board.

How might staff benefit from the proposal?

National evidence suggests that working in surgical hubs, where planned procedures are separate from emergency care, can have benefits for staff including improved satisfaction through:

- more predictable working hours and workload due to fewer delays and cancellations
- opportunities to observe and try new roles and develop knowledge and skills around surgery.

Have similar changes like these been made before in NCL?

Yes, the NHS in NCL launched Elective Orthopaedic Centres in 2021 which have doubled the number of surgeries done for hips and knees locally and improved outcomes for patients.

The proposals for eye surgery aim to build on this good work by exploring how surgical hubs could help tackle waiting lists in a different speciality.

How will you engage with patients and the public on the proposed changes?

From 21 August to 16 October 2023, we will ask local patients and the public for their feedback – with a focus on how to reduce or avoid any negative impacts from the proposals.

This will cover issues such as travel and transport, accessibility, communications, support for patients with vulnerabilities and/or carers, and staff training.

Activity will include targeted discussion sessions with specific population groups identified in a health equality impact assessment, speaking to local voluntary and community sector organisations and elected representatives, and a feedback form where people can share their views.

Materials will be available in accessible formats and a report analysing the feedback will be published.

How can I share my views on the proposal?

To share your views:

- Complete a short online survey or contact us using the details below for a printed copy
- Email nclicb.surgicalhubs@nhs.net
- Write to Freepost SURGERY (no need for a stamp or postcode)
- Phone 020 4518 7132
- Invite the programme team to speak to your group using the contact details above.

Please contact us if you require information in a different format or support to provide feedback, using the details above.

The opportunity to give feedback runs from 21 August to 16 October 2023.

Are similar proposals being considered for any other areas of surgery?

Through a Surgical Transformation Programme, clinicians and operational staff are considering how we can build on the success of Elective Orthopaedic Centres – surgical hubs for Orthopaedic care – in other specialities where large amounts of surgery take place. The programme is beginning with proposals for eye surgery.

If proposals are developed for other areas of surgery in the future, we will engage with staff, patients and the public, and wider stakeholders at an early stage.

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme 2023-2024	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 29th January 2024

SUMMARY OF REPORT

This paper reports on the 2023/24 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the current work programme for 2023-24;

b) Confirm the agenda items for the next meeting which is currently scheduled to take place on 18th March 2024.

1. Purpose of Report

1.1 This item outlines the areas that the Committee has so far chosen to focus on for 2023-24.

1.2 The next meeting of the JHOSC is scheduled to take place on 18th March 2024. The Committee is requested to consider possible items for inclusion in the 2023-24 work programme.

1.3 Full details of the JHOSC's work programme for 2023/24 are listed in **Appendix A**, including scheduled items and also as yet unscheduled items on which the Committee has previously indicated that it wishes to receive further updates.

2. Terms of Reference

2.1 In considering suitable topics for the JHOSC, the Committee should have regard to its Terms of Reference:

- "To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people."

3. Appendices

Appendix A –2023/24 NCL JHOSC Work Programme

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Appendix A – 2023/24 NCL JHOSC work programme

26 June 2023

Item	Purpose	Lead Organisation
Maternity services	For the Committee to receive an overview of maternity services in NCL including Ockenden Review assurance and compliance and the role of the Local Maternity Services Network.	NCL ICB
Surgical Hubs	For the Committee to consider the detail of and rationale for the changes, the equality impact assessment, the approach to engagement and the travel analysis.	NCL ICB
Cancer Prevention Plan	For the Committee to consider the development of the Cancer Prevention Plan for NCL.	NCL ICB

11 September 2023

Item	Purpose	Lead Organisation
Finance Update	For the Committee to receive a detailed finance update to include latest figures from each Hospital Trust in NCL and the overall strategic direction of travel. Risks to services or capital projects associated with inflation/energy costs should also be included.	NCL ICB
Winter Planning & Ambulance Update	To provide an overview of the planning for winter resilience in NCL and on actions to improve ambulance response and handover times.	NCL ICB
Camden Acute Day Unit (ADU)	To provide an update on coproducing a new mental health day support service based in Camden.	C&I NHS Foundation Trust

30 November 2023

Item	Purpose	Lead Organisation
Estates Strategy Update	To receive an update on the NCL Estates Strategy including finance issues. This follows on from the previous discussion on the Estates Strategy at the meeting held in November 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74648	NCL ICB

Start Well	For the Committee to receive an update on Start Well which is a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73506	NCL ICB
Fertility policy review	For the Committee to receive an update on the fertility policy review. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73504	NCL ICB

29 January 2024

Item	Purpose	Lead Organisation
Surgical Transformation Programme	For the Committee to receive an update on the Ophthalmology Surgical Hub Proposal. The most recent previous update was considered by the Committee in June 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=76364	NCL ICB
Workforce Update	An update on workforce issues in NCL, including details on whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.	NCL ICB
Diabetic Services	To provide an overview of diabetic services in NCL.	NCL ICB

18 March 2024

Item	Purpose	Lead Organisation
Mental Health & Community Health core offer	To provide an update on the progress of the mental health and community health core offer in NCL following the previous update on the mental health and community health reviews considered by the Committee in February 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75168	NCL ICB

Possible items for inclusion in future meetings

- Health inequalities fund – previous update to the Committee was in March 2023. It was specified that the next update report should include details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities.
- Smoking cessation & vaping.
- Update on funding for NHS dentistry for both adults and children.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Ambulance waiting times and pressures across the system including A&E Departments.
- Pediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- The efficacy of online GP consultations, how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way.
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing)

2023/24 Meeting Dates and Venues

- 26 June 2023 - Enfield
- 11 September 2023 - Islington
- 30 November 2023 - Camden
- 29 January 2024 – Barnet
- 18 March 2024 – TBC

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