

WEDNESDAY 29 JANUARY 2020

Agenda Item No

X

Proposed move of Moorfields Eye Hospital's City Road services

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Recommendations:

The Kent County Council HOSC is asked to:

- **NOTE** this update
- **NOTE** the summary of findings from the public consultation on the proposal
- **PROVIDE** feedback on summary of consultation findings
- **CONSIDER** Kent HOSC representatives attend the scrutiny of the consultation by the North Central London Joint Health and Oversight Scrutiny Committee on 31 January 2020.

1. Purpose of report

- 1.1. NHS Camden CCG and NHS England Specialised Commissioning, working in partnership, are leading a public consultation on the proposal to create a new centre for eye care, research and education in King's Cross with project partners UCL and Moorfields Eye Charity.
- 1.2. This report provides an update on the progress on the formal public consultation proposal to relocate Moorfields Eye Hospital from its site in City Road, Islington to St Pancras. The report includes the summary of findings from the public consultation on the proposal which highlights the key themes expressed through the consultation; plans in place to respond to those views; and the next steps for decision-making.
- 1.3. For further information and consultation documentation and the consultation findings report, please refer to the consultation website <https://oriel-london.org.uk/consultation-documents/> where you can read or download the consultation document, consultation findings and other background information.

2. Introduction

- 2.1. On 24 May 2019, a consultation was launched to seek the views from as many people as possible about the proposal to move services from Moorfields' City Road site and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.
- 2.2. This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.
- 2.3. NHS Camden CCG, on behalf of all clinical commissioning groups with NHS England/Improvement specialised commissioning, together with Moorfields Eye

Hospital, is leading the consultation, the outcome of which will influence and inform the Decision-Making Business Case (DMBC).

- 2.4. The DMBC will be instrumental in gaining clinical commissioning group and NHS England specialising commissioning support for the proposed relocation, which must demonstrate that proposals for service change demonstrate evidence to meet four tests before they can proceed. These tests include strong public and patient engagement, patient choice, clinical evidence base and support from clinical commissioners.
- 2.5. The Moorfields consultation programme received: 1,511 survey responses to the consultation questions, 261 other forms of responses including emails, telephone and social media; 29 formal responses; hundreds of comments from 99 open discussion workshops, and other forms of meetings. Responses have been received from as far as Devon and Dundee which indicates that the consultation approach has reached the national patient/resident population.
- 2.6. In line with scrutiny regulations, the North Central London Joint Health Overview and Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move.

3. Case for change – the story so far

Clinical case for change

- 3.1. Moorfields provides eye health services to more than 750,000 people each year. Its main site at City Road in Islington has a 24-hour ophthalmic A&E and provides a range of routine elective eye care for London residents and specialised services for patients from all over the UK.
- 3.2. The current facilities at City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies.
- 3.3. The proposed centre would offer better care and significantly improve Moorfields' ability to prevent eye disease, make early diagnoses and deliver effective new treatments for more people for locally or in primary care, as well as in specialist hospital clinics.
- 3.4. It would bring together excellent eye care with world-leading research, education and training with the following benefits:
 - Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care
 - More space to expand and develop new services and technology to improve care, including at home or locally, without the need for a hospital visit
 - A smoother hospital appointment process, particularly where there are several different tests involved
 - Shorter journeys between test areas and instantly shared results between departments, reducing waiting times and improving communications between patients and staff

- Modern and comfortable surroundings that would provide easier access for disabled people and space for information, counselling and support.
- 3.5 The independent London Clinical Senate has stated its support for the pre-consultation business case and, in discussions with patients and public leading up to the consultation, people were supportive of the proposed new centre, which would greatly improve care and the patient experience.

Financial case for change

- 3.6. Financial modelling for Moorfields undertaken at the time of developing the pre-consultation business case (PCBC) demonstrated that the capital investment for the proposal was affordable and the long-term financial position of the trust would remain sustainable.
- 3.7. This was based on capital costs of £344m (which includes 19% of optimism bias as well as normal planning and related contingencies), planned to be financed by a combination of proceeds from the sale of the City Road site, STP capital funding, philanthropy, and trust internal cash.
- 3.8. The commissioners considered the capital investment for this proposal to be affordable on the basis of assumed annual activity growth of 3%, which is consistent with historic growth levels at Moorfields based on the financial statements presented in the PCBC, which showed the latest financial year (2018/19) plan and committed to updating the baseline for the outline business case.
- 3.9. Additionally, projections for NHS income assume a capped income growth of 3% following occupation of the new facility in 2025/26, which is consistent with the commissioner assurance letters provided in support of the PCBC. Income growth up until occupation is assumed at 2% falling to 1% from 2022/23 due to capacity constraints at the City Road site.
- 3.10. Since approval of the PCBC, commissioners in partnership with Moorfields, appointed an independent consultancy to provide analytical support to develop a detailed model to show future demand, capacity and activity. This model also provides clarity on the likely impact of known education, workforce and technological innovations that will result in new models of care affecting the type and levels of service to be provided within the Moorfields site with more granularity.
- 3.11. The scope of this work involves looking at trends in historic activity by clinical sub-specialty and examining how new models of care could meet projected demand, both in terms of service delivery changes planned by Moorfields, specialised commissioning pathway changes and STP plans designed to shift activity from hospital to primary and community settings. In addition, it looks at possible optimisation in workforce education and technological advances.
- 3.12. The outputs of this updated demand, capacity and activity analysis informs the financial and economic case and provide commissioners with further assurance about the sustainability and affordability of the proposed relocation.

Commissioning of Moorfields services at City Road

- 3.13. 14 CCGs from London and Hertfordshire hold material (defined as >£2m per annum) contracts with Moorfields for activity at City Road, accounting for 45% of all patient activity in England. Services at Moorfields City Road are also commissioned by NHS England Specialised Commissioning.

3.14. The spend by NHS England Specialised Commissioning for Kent residents and by Kent CCGs on Kent patients that attended Moorfields Eye Hospital in 2017/18 (the latest breakdown available) was:

Kent CCGs' spend (£)	Kent CCGs' patients (number)	NHSE Specialised Commissioning spend (£)	NHSE Specialised Commissioning patients (number)
£610,319	3,094	£358,426	864

4. The preferred way forward

- 4.1. The main consultation document explains how Moorfields and its partners have considered various options for developing a new centre, including rebuilding and refurbishment at the City Road site.
- 4.2. For specialised services, London is the most accessible UK location for patients and for recruiting and retaining specialists, technicians, researchers and students. There are critical benefits from close links with other major specialist centres, research and education facilities.
- 4.3. Of seven potential sites on the London property market that are close to public transport hubs, the proposal for consultation puts forward the view that land available at the current St Pancras Hospital site has greater potential benefits, including:
 - Enough space for the size required and potential for future flexibility
 - Proximity to two of the largest main line stations in London, King's Cross and St Pancras, with Euston station also in the area
 - Proximity to other major health and research centres, such as the Francis Crick Institute, the main campus of UCL, and leading eye charities, such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

Accessibility

- 4.4. Insights from people have also raised potential challenges around the change to their journey to the proposed new centre for people who have used Moorfields services for many years.
- 4.5. Moorfields commissioned an [independent travel analysis](#) in September 2018 which identified that for some patients travelling to the St Pancras Hospital site, rather than the City Road site, travel times could increase on average by just over 3 minutes.
- 4.6. The analysis showed that overall a relatively small number of patients would see travel times increase by more than 20 minutes (less than 1.5%), with the maximum increase being 25 minutes. Most of the increases are postcode areas that are to the east of London, where access to the proposed new site could involve a longer route for some people via bigger and more complicated rail and underground stations than Old Street.
- 4.7. We recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras, and are engaging with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as we progress designs for the new site.

4.8. For more information on access and travel times to the proposed location at St Pancras, please visit <http://oriel-london.org.uk/public-consultation/travel-and-access/>.

5. Consultation update – what we have learned so far

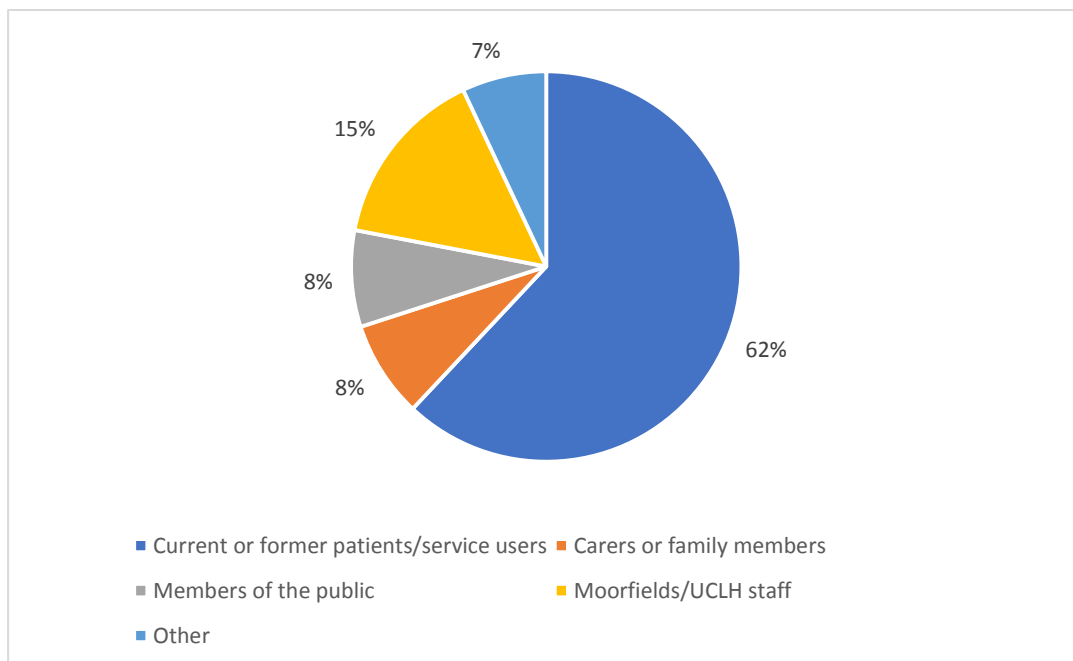
5.1. To ensure the findings of the consultation were interpreted and presented in an objective way an independent third-party provider, Participate, was appointed to manage the receipt of responses, analyse findings and produce an independent report of the process and outcome of the consultation. The findings in the consultation findings report from Participate can be found on the consultation website <https://oriel-london.org.uk/consultation-documents/> and summarised here.

Overview of consultation responses

5.2. Between 24 May to 16 September 2019, the consultation programme received 1,511 survey responses to the consultation questions, of which 39 were from respondents in Kent (2.5 per cent of the total number of responses received), as well as 261 other forms of response including: emails, telephone, social media and formal responses. Ninety-nine discussion groups were held and themes noted from those were also recorded.

Who responded?

Figure 1: Respondents to the Moorfields consultation survey (all respondents)

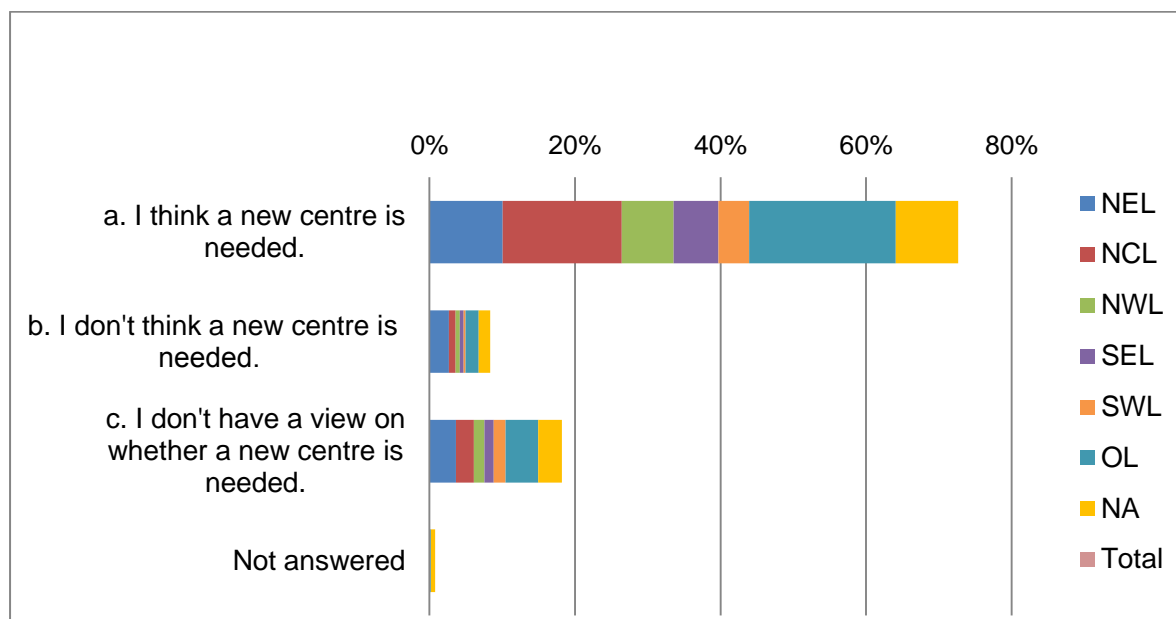


5.3. The survey responses represent a high number of current or former service users at 62% (935). Additionally, a wide range of teams, groups and organisations responded; many of which were health-related, had close links with Moorfields, or were charities related to eyecare.

5.4. What do they think of the proposals?

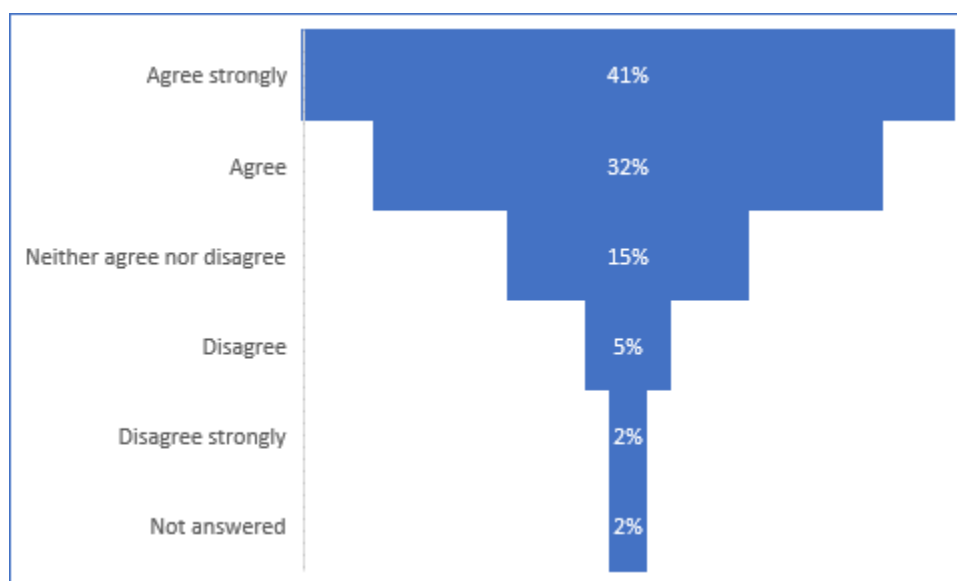
5.5. Overall there was strong support for a new centre for Moorfields Eye Hospital, with 73% (1,098) of survey respondents agreeing with the statement. Eight per cent say they don't think a new centre is needed (Figure 2).

Figure 2: Q4 – please select one of the following statements that most closely matches your view



- The minority of responses not in favour of the move are concerned with losing a historic building, loss of NHS assets and moving away from a facility and route with which they are familiar
- Some concerns were also voiced about the new site relating to:
 - The last half mile of the journey as public transport stops short of the site entrance
 - Accessibility, both in terms of travelling to the new hospital site, and in terms of navigating around it
 - A busy and heavily congested area meaning it could present difficulties for visually impaired, elderly and disabled patients
- Staff and patients expressed an interest to be kept informed of the development of the project and to have a voice in the design of the new hospital
- Stakeholders are generally positive about the move to the St Pancras site with organisations such as Royal National Institute of Blind People (RNIB) keen to be involved in the project
- 73% agree or strongly agree that it should be at the St Pancras Hospital Site with 10% stating they disagree or disagree strongly.

Figure 3: Extent to which respondents agree/disagree with the proposal that the new centre should be located at the St Pancras Hospital site (all respondents)

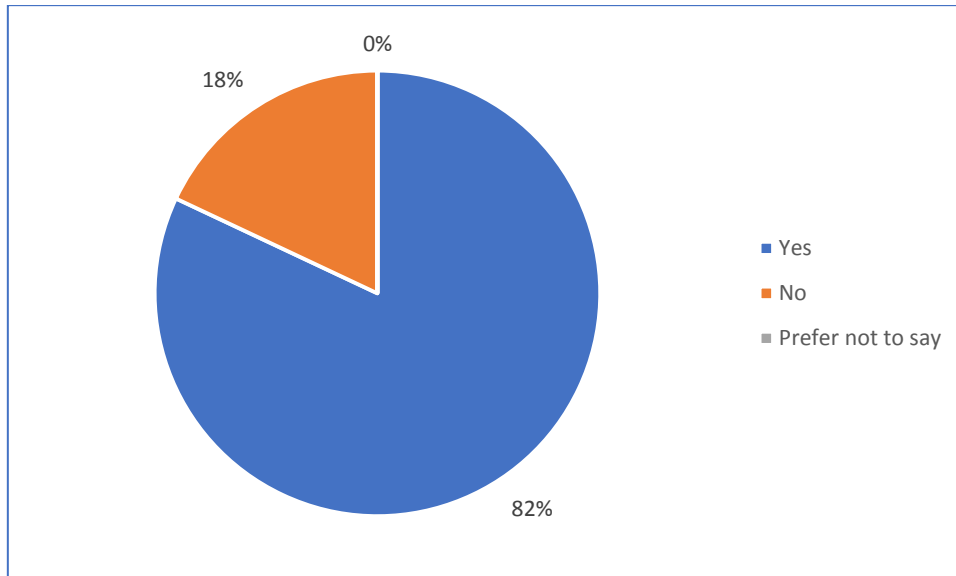


- Additionally, 81% of staff respondents strongly agreed or agreed with the proposed location, with just 7% strongly disagreeing/disagreeing that the centre should move to St Pancras
- We received feedback on alternative locations. These were considered as part of the options review process
- Stakeholders also provided an extensive list of suggestions relating to the implementation of the new hospital
- Some stakeholders expressed a desire for ophthalmology services to be delivered locally where possible, and were keen to seek reassurance around the future of Moorfield's network sites
- The relationship between the Oriol programme and Transport for London and Camden Council were highlighted as key to the success of the project, especially around integrated transport and planning permission.

5.6 Key highlights for Kent

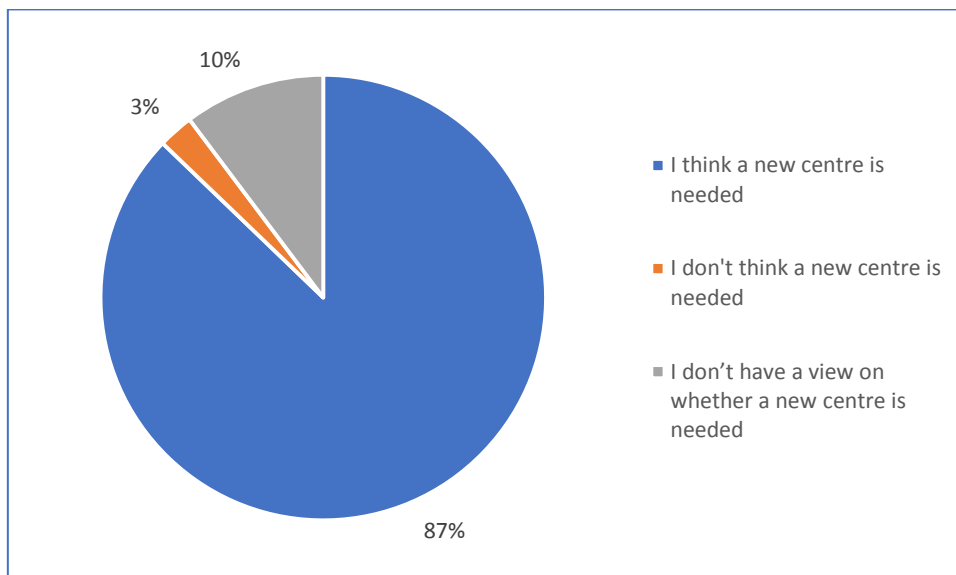
Out of a total 1,511 survey responses received, 39 of those were from Kent residents.

Figure 4: Kent residents who use Moorfields' service at City Road



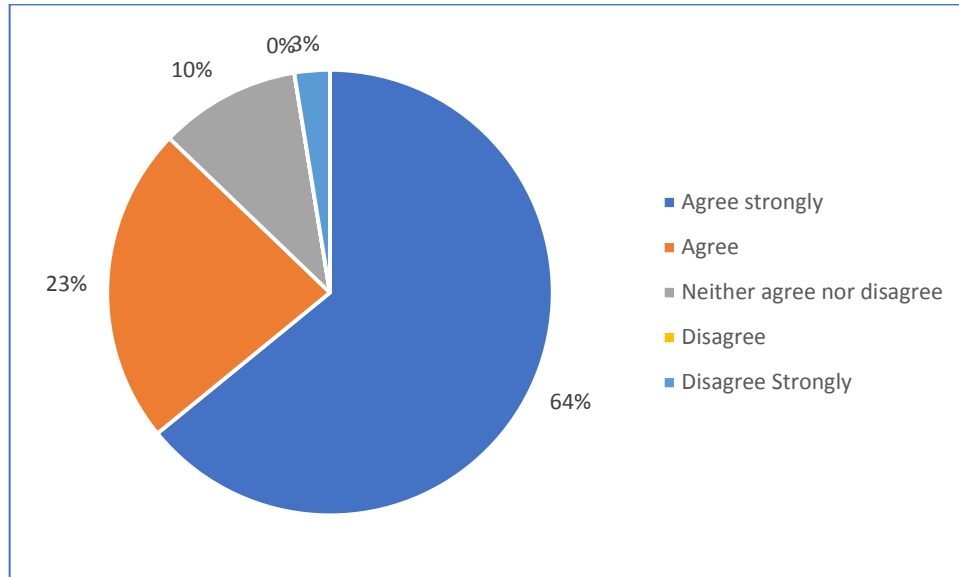
5.7 Nearly nine in 10 of those who responded (87%) think a new centre is needed, with six per cent saying they disagreed, and only three per cent saying they did not have a view whether a new centre is needed.

Figure 5: Kent residents who think a new centre is/is not needed



5.8 And 87% strongly agree, or agree, with the proposal to locate the new centre at the St Pancras Hospital site, with only three per cent disagreeing or strongly disagreeing.

Figure 6: Kent respondents who agree/disagree with the proposal to locate the new centre at the St Pancras Hospital site



5.9 Patients, staff and residents were contacted and engaged through various focus group meetings and discussions, including a discussion on the proposal as part of a wider clinical governance day for Moorfields staff at Darent Valley.

6. How we have engaged with people

6.1. Our approach has been an emphasis on active participation, as well as seeking written responses to the proposals. The programme of consultation activities included open discussion workshops, discussions with key groups and meetings on request.

6.2. We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service. To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes.

6.3. The Equalities Act 2010 places duties on health and care organisations to reduce health inequalities and ensure that service design and communications should be appropriate and accessible to meet the needs of diverse communities.



- 6.4. To ensure that the NHS has paid 'due regard' to the matters covered by Public Sector Equality Duty, we have undertaken an integrated health inequality and equality impact assessment (HIEIA) process which is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or vulnerable people or groups.
- 6.5. We have worked with organisations that led us to people with a range of protected characteristics, so that we captured their views on the proposal itself and any potential impact on equality. There were over 40 meetings and conversations with people with protected characteristics and rare conditions. They included networks of children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities and sensory impairment. We also met people from LGBTQ+ and BAME groups, including people with these characteristics and who have sight loss.
- 6.6. Assessment of the impact of the proposals on these groups, as well as its ability to reduce inequalities between patients, has been undertaken in two phases. Both have been led by independent organisations and represent an objective assessment of the likely impact of the proposals.
- 6.7. We have also engaged with partners in London, Essex, Hertfordshire and Kent, as well as further afield; providing briefings to overview and scrutiny committees and Healthwatch.
- 6.8. And we have heard from residents in north, south, east and west London, Essex, Hertfordshire, Bedfordshire, Suffolk and Norfolk. Over a quarter of survey responses have come from people who live outside London.

Main feedback from engagement

- 6.9. The main themes of feedback during this engagement have not changed during the consultation, and remain as follows:

Clinical quality

- 6.10. The issue most highlighted as "very important" by people is high quality clinical expertise. Overall, it was stated that clinical quality is more important than any travel issue, which could be overcome.

Transport to and from the proposed St Pancras site

- 6.11. There were several aspects listed that were key concerns for people in regard to travel and transport to and from the St Pancras site. The main themes included:
 - Travelling the last half mile
 - Engaging with Transport for London
 - Help with travel
 - Difficulties posed by King's Cross being a busy area.

Accessibility to the proposed site

- 6.12. A number of suggestions and solutions were listed to help with accessibility to the proposed new centre. For example, having a green line and tactile flooring, moving bus stops, operating a meet and greet facility, installing better signage.

Accessibility around the proposed site

- 6.13. Improved accessibility around any potential new centre was identified as important. It was considered crucial that staff, service users, carers and representatives from supporting groups and charities are involved in the design and development of the proposed centre to ensure it meets a wide range of needs.

Patient experience

- 6.14. Improving patient experience through:
- Good communication
 - Better patient facilities for treating service users and allowing for improved privacy.

There were comments on the benefits and drawbacks of gender specific wards, toilets and non-gender specific areas.

Transition to the proposed new centre

- 6.15. Managing the transition to the proposed new centre included communicating progress updates using a multi-channel communication approach. Some groups expressed the need to include people with disabilities and other protected characteristics in the design of the new centre. It was felt that no-one knows better about what is accessible and what doesn't work than the users themselves. The breadth of involvement during the consultation was commended.

7. How we are responding to what people say

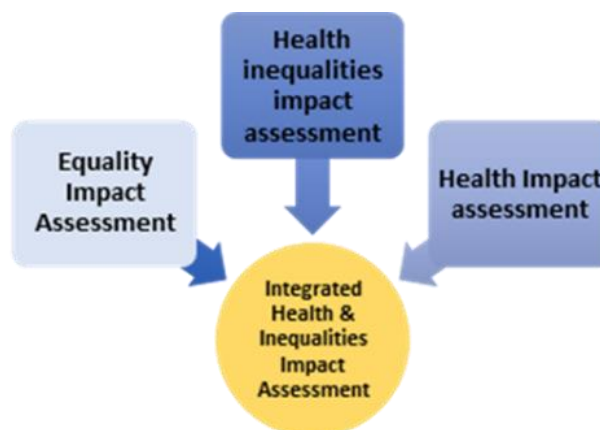
- 7.1. Since the consultation was launched in May 2019, we have been seeking responses from a wide range of people from across the country, using both online and face-to-face channels.

Co-production workstreams

- 7.2. Given the repeating pattern of feedback, which has continued since January 2019, a clear and consistent view is emerging about how the proposal could affect people.
- 7.3. To respond to this, we set up six co-production workstreams to help coordinate and translate consultation feedback into proposed elements of programme delivery. These six workstreams are as follows:
- Accessibility – getting to the proposed site
 - Accessibility – getting around the proposed new centre
 - Improving the patient experience
 - Managing transition
 - Innovation and research
 - Options refresh – a task and finish group of patient and public representatives is already involved in the options refresh.
- 7.4. These co-production workshops, whose membership includes representatives from the Oriol Advisory Group (patient group), patients and residents, as well as experts from RNIB, Transport for London, and other interested parties, began in July and continued through into October and beyond.

Integrated health inequalities and equality impact assessment

- 7.5. As part of the consultation process, we have commissioned a full integrated health inequalities and equality impact assessment.
- 7.6. An integrated impact assessment supports decision-making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.
- 7.7. The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services.
- 7.8. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative implications of the proposed change.



Phase 1	Phase 2	Phase 3
A rapid scoping report to identify potentially impacted groups to inform pre-engagement activities	A desktop review of “best practice evidence” to identify and develop relevant health outcomes and understand priorities and challenges for key groups.	A revised and final Integrated Health and Inequalities Impact Assessment published to reflect the results of the public consultation

- 7.9. Phase 3 of the integrated impact assessment is now complete and published on <https://oriel-london.org.uk/consultation-documents/>

Accessibility workshops

- 7.10. The first co-production workshop took place on 31 July. The group, was attended by people with sight loss, carers and members of the Royal National Institute for the Blind (RNIB), Guide Dogs, South East Vision, London Vision, Organisation for Blind African and Caribbean’s, Thurrock CCG, Herts Vision and Beyond Sight Loss as well as building designers AECOM. The group discussed the current routes to the proposed new site, as well as some of the new technologies that could be used to support people on their journey.
- 7.11. Further accessibility workshops have taken place in September and October designed to build on these initial discussions.

Intensive engagement periods

- 7.12. As a result of this earlier engagement, we have undertaken an intensive two-week engagement period at Moorfields City Road site, with 'talk to me' volunteers, tasked with one clear mission – to get visitors and staff talking about Oriel and the proposal. A special Oriel information hub in the centre of the City Road site was set up, staffed by the Oriel team with clinicians on hand to answer questions about the proposed relocation and how it may affect patients was held. This was combined with increased social media and media outreach work, as well as a mailing to stakeholders via the Oriel mailing list and OAG as a final push for views and responses.
- 7.13. The inclusion of a letter about the proposal in all appointment letters continues to generate a steady number of emails and phone calls to the consultation team from people keen to provide their views.
- 7.14. This resulted in an impressive level of engagement despite the summer break. In just one week, the number of survey responses rose significantly with 156 surveys completed, plus an additional 100 conversations about Oriel had by colleagues with patients, carers and staff throughout the week.

Stakeholder communications update

- 7.15. In August, we issued a strategic update email to stakeholders across England, which covered the main themes from consultation so far together with a summary of the proposal. It also explained how we are engaging with people and gave information on the co-production workstreams.
- 7.16. **All STP and CCG leads** were asked to forward it to their local authority/ OSC and other local stakeholders, such as Healthwatch and other voluntary organisations to provide an update on progress and reminding them of the end-date of the consultation in writing, to ensure they responded within the timescales.
- 7.17. **The 14 CCG communication and engagement leads** were asked to arrange for an agenda item on their patient and public reference groups and other representative groups.
- 7.18. On 23 October, we published on our website, and issued an email to stakeholders across England inviting them to share views on the findings in the draft Consultation Findings Report, in particular highlighting anything that has not been captured in this initial draft. Comments were received and incorporated into the consultation findings report which can be found at <https://oriel-london.org.uk/consultation-documents/>

8. Assurance and scrutiny

Quality assurance

- 8.1. The Consultation Institute (tCI) is a well-established not-for-profit best practice institute, which promotes high-quality public and stakeholder consultation. It provides an independent quality assurance service for consultations and was commissioned by the consultation programme board to review documentation, plans and processes prior to consultation, ensuring best practice standards are observed.
- 8.2. In July 2019, the tCI's quality assistance team undertook a mid-term review, which confirmed the programme's compliance with best practice standards at that stage.
- 8.3. Preparations for the review and the main meeting with the tCI involved members of the consultation team from Moorfields, Camden and Islington CCGs and NHS England

Specialised Commissioning. It was an opportunity to consider our reach, adapt our approach and respond to feedback.

- 8.4. The tCI assessor commended our plan to develop the initial proposal for consultation through the co-production workstreams.

The Secretary of State's four tests

- 8.5. The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

- Strong public and patient engagement
- Patient choice
- Clinical evidence base
- Support from clinical commissioners.

- 8.6. NHS England's bed closures test: In April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures. (Detail at Appendix A).

9. Post-consultation steps and decision-making process

- 9.1. The consultation closed on 16 September 2019 following an extensive 16 week consultation period to offset any negative impact of running a consultation during the month of August. Responses received have been independently analysed and a draft consultation outcome report developed.
- 9.2. This draft report was published on 23 October 2019 and shared widely as we sought feedback on the findings and any recommendations. The final consultation report was published on 13 January 2020.
- 9.3. Following this, representatives from the Consultation Programme Board, CCG Governing Body members and NHS England Specialised Commissioning will consider the report in the context of the Decision Making Business Case, as well as other influencing factors, such as the Secretary of four tests and the recommendations of the London Clinical Senate.
- 9.4. These will then be summarised in the Decision-Making Business Case to assist CCGs, through the Committee in Common to be held on 12 February 2020, in their decision-making on the proposals. Specialised commissioners will follow NHS England's governance processes in their decision-making.
- 9.5. The outcomes of the consultation will also be presented to North Central London Joint Health Oversight and Scrutiny Committee on 31 January 2020.
- 9.6. Subject to approval of the Decision-Making Business Case, Moorfields would then proceed to develop its Outline Business Case. Feedback provided during the consultation process will be used to inform the Trust's proposals in the business case and next steps. Should the Outline Business Case and Full Business Case receive approval from NHS England/Improvement, Moorfields will go on to implement the proposal, taking into consideration themes from the consultation and recommendations from commissioners.

9.7. NHS England/Improvement requires Moorfields to submit a Strategic Outline Case, Outline Business Case and Full Business Case for approval for their capital investment proposals.

10. Timeline

September 2019	Consultation closed
October 2019	Draft consultation outcome report published for feedback to make sure the summary is an accurate reflection of views https://oriel-london.org.uk/consultation-documents
13 January 2020	Published: <ul style="list-style-type: none"> • Proposed Move of Moorfields Eye Hospital's City Road Services Consultation Findings Report 24 May – 16 September 2019 • Report on consultation with people with protected characteristics and rare conditions • Integrated Health Inequalities and Equality Impact Assessment (IIA) <p>These reports are published on https://oriel-london.org.uk/consultation-documents/</p>
31 January 2020	Presentation of the outcome of the consultation to the NCL JHOSC
12 February 2020	Decision-making by the 14 CCGs Governing Bodies Committees in Common
February	Announcement of decision.

Appendix A

The Secretary of State's four tests

The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

- **Strong public and patient engagement:** Robust and strategic stakeholder engagement has been undertaken since 2013. Strengthening patient engagement for the project has been a priority in 2018/19, hearing from more than 1,000 people, including people of varying ages, interests and backgrounds; people living with mental health problems, learning disabilities, physical disabilities and sensory impairment; and included professionals such as optometrists, social care staff and sight care experts from the voluntary sector.
- **Patient choice:** Access to the current care pathways would remain the same, with the existing full range of services continuing to be delivered from a new site, including the transfer of emergency surgery and ophthalmic A&E care. Based on the current proposals to relocate the hospital from City Road to the St Pancras hospital site, there would be no change to district hubs, local surgical centres and community-based outpatient clinics. Patient choice would be improved from a quality perspective as the proposed streamlined, modern and fit-for-purpose estate footprint would allow a more efficient patient journey time through the hospital and provide a higher quality experience for patients.
- **Clinical evidence base:** The proposal gives the opportunity for integration between cutting-edge clinical care and cutting-edge research. This would have a huge impact on the quality of clinical care with patients having more access to the research from UCL. This will be central to the design of the proposed new hospital, providing a platform to create more efficient clinical journeys and continue to deliver innovative care currently hampered by the ageing estate. The London Clinical Senate has reviewed these proposals and confirmed that the proposal has a clear clinical evidence base for the proposed move from Moorfields' City Road site to a new, purpose-built integrated facility at the St Pancras hospital site.
- **Support from clinical commissioners:** Moorfields' services are commissioned by 109 CCGs across the country and NHS England Specialised Commissioning. Some 14 CCG commissioners hold significant contracts. NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. NHS England specialised commissioners are the single largest commissioner of services at the trust.

NHS England's bed closures test: In April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

ENDS