

Update Report for Kent HOSC July 2021

Date:	21 st July 2021
Title Report:	Transfer of Acute Ophthalmology Services for Dartford, Gravesham and Swanley Patients from Moorfields Eye Hospital to Maidstone and Tunbridge Wells NHS Trust
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Summary:	
<p>This paper outlines the actions taken by Kent and Medway Clinical Commissioning Group to ensure patients from the Dartford, Gravesham and Swanley area needing acute ophthalmology services can continue to get the treatment they need following the withdrawal of a London Provider (Moorfields) from running a satellite service at Darent Valley Hospital.</p> <p>Moorfields Eye Hospital served notice in February 2020 on the Kent and Medway system of their intent to discontinue providing ophthalmology services from Darent Valley Hospital. Preparation for the pandemic and pressures from the first wave caused significant challenges in identifying a new Provider, although putting in place measures to facilitate the safe and effective transfer of patients during the this time remained of paramount importance for the CCG.</p> <p>Maidstone and Tunbridge Wells (MTW) NHS Trust stepped forward to work with the CCG to ensure that patients can still receive ophthalmology treatment following Moorfields' withdrawal. Cataract surgery, which represents the majority of the treatments affected by this transfer are currently being carried out by from an Independent Sector site in Gillingham using MTW clinicians.</p>	
Overview:	
<p>The majority of ophthalmology patients within Dartford, Gravesham and Swanley (DGS) are seen within the local community service without onward referral into secondary care. In 2020/21, 83% of patients have been treated within this service through a Consultant-led "triage and treat" model, which ensures that patients are seen expediently and are triaged into the most appropriate setting of care.</p> <p>The following table uses acute ophthalmology activity from DGS for the pre-COVID year of 2019/20 provides a baseline to provide context to the volume of elective activity that affected by the transfer:</p>	

Activity Type	Activity
Elective Procedures	1,021
Of which, Cataracts	985
Outpatient First Appointments (based upon Month 11 forecast outturn to mitigate impact of COVID)	1,767
Outpatient Follow Up Appointments	3,964

Moorfields raised concerns in March 2019 regarding the financial viability of continuing to provide services from the hospital site. The CCG worked with both Providers to help facilitate a solution, which included trying to find alternative locations within community settings, but these efforts were unsuccessful, despite extensive discussions and concerted efforts.

Moorfields served 6 months' notice on their contract at the end of February 2020, which is less than the 12 month notice period normally associated with acute services. The CCG worked to negotiate an extension to the 6 months' notice given by Moorfield in order to better prepare for a transfer within the context of the pandemic, but agreement could not be reached to do so.

The CCG put in place a demobilisation plan, which included identifying a new Provider and ensuring that there would be a safe, effective and expedient transfer of patients. The initial consensus view was that the vast majority of patients on Moorfields' waiting list would be treated before the end of their contract in September 2020. However, the impact of COVID led to the cessation of a considerable amount of acute activity and the residual waiting list at the point of contract expiration was higher than was originally anticipated. Nonetheless, this not inconsistent with the waiting list position for the ophthalmology departments at other hospitals.

Operational challenges caused by the pandemic were added to by a number of staff leaving the service. The priority for the CCG was to identify a new Provider and considerable engagement with potential providers was undertaken.

The overriding imperative was to ensure that patients would be able to continue with their treatment pathway without experiencing any additional delay. The CCG therefore approached the following additional Providers, to see if they would be in a position to provide a service:

- Kings College NHS Foundation Trust - unable to take on the service;
- Will Adams Treatment Centre – were at that time unable to help due to restrictions on their own site to support the COVID-19 response;
- Operose Health (community ophthalmology provider) - do not currently provide the services required to take on an acute level service, but were open to look into providing cataracts in a community setting, should this be required;
- Maidstone and Tunbridge Wells NHS Trust (MTW) - MTW was assessed as being the only realistic provider who could deliver the service and is the closest acute Trust to DVH within Kent and Medway. There are already established patient flows into the hospital for services not provided at DVH, such as Ear, Nose and Throat (ENT) and Rheumatology.

The CCG are incredibly grateful to MTW for recognising that this was a system problem for Kent and Medway and for being driven by NHS values by putting the interests of patients in the DGS area first.

Transfer Options for Patients

As part of the transfer, patients already on the service waiting list were given the choice to remain with Moorfields and be treated at one of their many sites elsewhere or to transfer to MTW. For the patients who remained on the transfer list, a robust approach to clinical prioritisation was taken to ensure that patients with the highest clinical need were seen first. The residual waiting list was further triaged in order to identify patients who could be discharged to a community Provider, which resulted in 680 patients being transferred.

The impact of the pandemic has created significant backlogs of patients waiting for all types of elective treatment and the NHS is committed to using all means possible to ensure that patients are treated expediently. For the ophthalmology service, additional theatre capacity has been commissioned from an Independent Sector site in Gillingham that allows Consultants from MTW to operate on ophthalmology patients in theatre capacity ring fenced for ophthalmology patients without having to compete with other specialties. This significantly reduces the risk of operations being cancelled as a result pressure on main acute hospitals from either a third wave of the pandemic or winter. Many of the patients who need surgery are elderly patients with cataracts and this approach will help ensure that some of the most clinically vulnerable patients are kept out of a traditional acute hospital environment.

In relation to the specific cohorts of patients, the following table highlights the solutions that have been enacted as part of the transfer of activity:

Cohort	Narrative	Solution
Cataracts Patients	This represents the largest cohort of patients. Approximately 1,250 patients per year were historically treated at DVH through the Moorfield's service.	All patients on the former MEH waiting list were offered appointments by 31/03/2021. Cataract procedures began to be undertaken from the Independent Sector site in Gillingham during June.
Paediatric Surgery	Most of this activity (85%) is commissioned by NHSE Specialised Commissioning and will continue to be undertaken at sites within London.	Discussions are ongoing with the Evelina London Children's Hospital to increase options for secondary care referrals into <i>tertiary Providers</i> .
Retinopathy of Pre-maturity Screening	This is a specialist element of the service which forms part of the neo-natal pathway. MEH provided the screening of babies on the ward at DVH where there is concern about the development of the baby's retina and eyesight generally.	Arrangements were put in place with effect from 1 st October 2020 which meant that the service is provided by the same consultant who provides the service at Medway Maritime Hospital (a visiting consultant from Evelina Children's Hospital, London).
Medical Retina	This covers a number of distinct services, including Wet Age-related Macular Degeneration (WAMD), Diabetic Retinopathy and other similar services. The vast majority (95%) of WAMD activity takes place at the Queen	Processes were put in place that were agreed between MEH as the transferring provider and MTW as the receiving provider for the safe transfer of urgent patients with ongoing treatment needs. As with all patients on the MEH waiting list, patients were offered the choice to

	Mary's Sidcup site, provided by Kings College Hospital NHS Foundation Trust.	either remain with MEH at one of their other sites in London, or to be transferred to MTW.
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Patient Engagement

Due to the impact of the pandemic's second wave last winter, the planned patient engagement that was anticipated to have taken place was postponed. However, engagement commenced on 14th June with the current community Provider within Dartford, Gravesham and Swanley sending out surveys on behalf of the CCG to patients who have already been triaged and / or treated by the service (including those referred into MTW) and to those who were scheduled to have an appointment before mid-July 2021 (the CCG does not have access to patient identifiable data, so cannot undertake this task themselves).

A further link to the survey has been included on the CCG website and there are scheduled posts on social media through to early August to promote the engagement exercise. The survey has also been shared with our Health Networks and stakeholders in the DGS area and it is anticipated that a good response will be received.

Analysis of the feedback will be undertaken in August, which will form part of an on-going process of engagement to help shape ophthalmology provision for DGS patients in the longer term.

Commentary:

Whilst the withdrawal of Moorfields from Kent and Medway has been less than ideal, the transfer of the service to MTW provides an opportunity for the hospital to develop as a centre of excellence for ophthalmology within Kent and Medway. The model of specialist Providers, like Moorfields, running local ophthalmology departments has happened in a number of other health care systems and is reflective of the fact that some smaller clinical specialties, like ophthalmology, often lack the critical mass to provide resilience in relation to both clinical and financial viability. The additional activity that will flow into MTW will allow them to grow their workforce and develop new models of care that can be achieved through having greater economies of scale.

The partnership with the Independent Sector is both novel and innovative and will help to ensure that ophthalmology patients can be seen in an expedient manner without the specialty having to compete for theatre space within an acute setting through ring fencing capacity at an offsite facility. This will help to ensure that some of the most clinically vulnerable patients are treated within a facility that has the potential to be more COVID-secure.

The longer-term aspiration of the CCG is to identify opportunities for MTW to provide ophthalmology services within the footprint of Dartford, Gravesham and Swanley. However, the over-riding imperative currently is for the NHS is to reduce backlogs and to treat patients based upon clinical priority. This does not currently lend itself to additional considerations being factored into the booking process, such as triaging patients into different geographical settings based upon their area of residence.

Work continues with the MTW service to evolve the model into one where there are increased opportunities for more local delivery, and we are working on the basis that the longer-term model will provide more flexibility in that regard, but the short to medium term priority for the NHS is to address the backlog of Kent and Medway patients waiting for elective procedures.

Recommendation:

The members of the HOSC are asked to note the background to the service transfer, which was on the basis that all reasonable options to identify an alternative Provider were exhausted. The concurrent operational challenges arising from the pandemic meant that it would have been unlikely that an alternative solution could have been found. These challenges also limited the CCG's ability to undertake wider patient engagement during that window. On-going patient engagement will shape services for ophthalmology patients from the Dartford, Gravesham and Swanley area moving forwards. There remains a longer term aspiration to provide more cataract treatment from within the DGS footprint and work continues to identify a site that will enable that.

Having explored options to have a new Provider in place in time for the Moorfield service ending, Maidstone and Tunbridge Wells NHS Trust was the only viable option to provide a high quality and effective service.

HOSC are asked to acknowledge the challenges of identifying new Providers for contract withdrawals during the pandemic and accept the provision of the service by Maidstone and Tunbridge Wells NHS Trust as the only viable option and in the best interests of patients affected.