

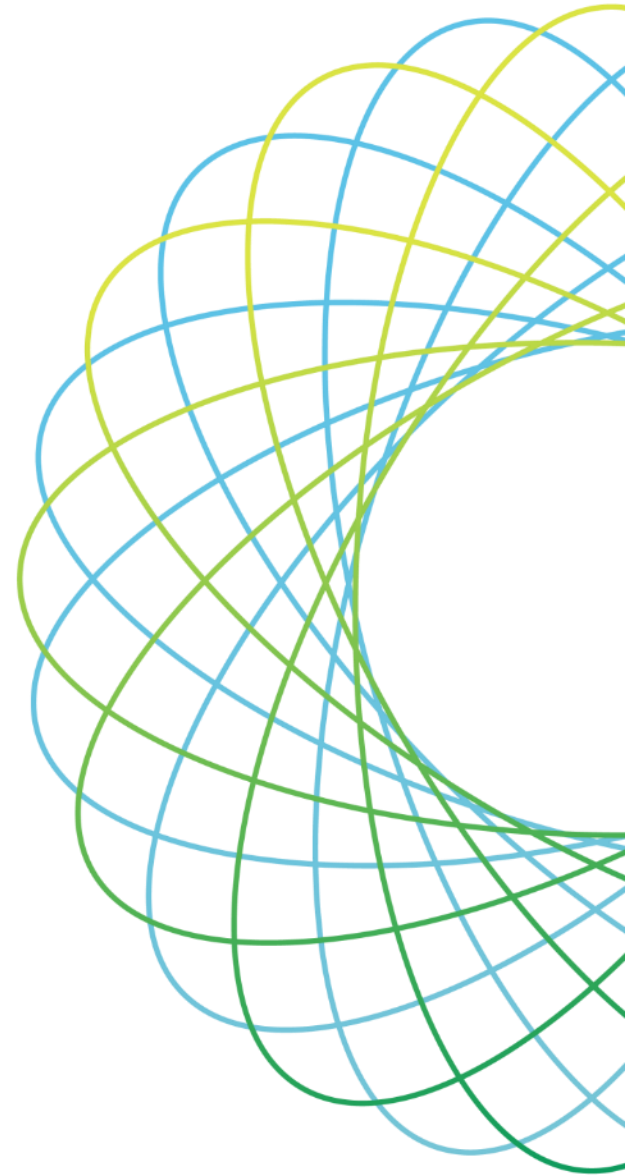


**Moorfields
Eye Hospital**
NHS Foundation Trust



Moorfields Eye Hospital and the London Borough of Islington

Sheila Adam (CNO) and Jon Spencer (COO)
Health and Care Scrutiny Committee
April 2023



Moorfields Eye Hospital has a long association with Islington, established in Charterhouse Square in 1805.

We operated from Lower Moorfields from 1822, but moved back to Islington on our City Road site in 1899.

The UCL Institute of Ophthalmology co-located with the hospital in 1988, on Bath Street.

We are proud of being a national and international centre of excellence that offers that same excellence to local residents and communities.

It is important that we continue to innovate and adapt, to ensure local people can access the best possible care - in the context of equity and sustainability.



Some eye care statistics

(credit: The Eyes Have It campaign)



In the UK:

It is estimated that over **2 million people** are living with a condition that causes sight loss

Of those, **340,000 people** are registered as **blind or partially sighted**

Eye conditions have been calculated to cost the UK economy **£25.2 billion** per year



84 percent of the economic costs of sight loss lie **outside the health and social care system**



...this is predicted to rise to **£33.5 billion** by **2050**

Demand for NHS eye care

Ophthalmology is **the busiest outpatient speciality in the NHS**, with **7.5 million attendances** in England in 2021/22



1 in 11 patients awaiting specialist treatment in England were in ophthalmology as of December 2022

Eye conditions need to be treated quickly to increase the chances of good outcomes

Depending on the person's condition, they may be eligible for pharmaceutical treatments, laser treatments or surgery

Delays to treatment have negative consequences – up to 22 people a month could experience severe or permanent sight loss resulting from delays to follow up care

Some chronic eye conditions demand long term monitoring and treatment, requiring regular contact with eye services, sometimes as frequently as every month

Some appointments can take up to 12 hours of a patient's time including preparation, travel, waiting times and post appointment recovery.

In recent years, demand for eye services has risen rapidly, with referrals from primary care up by 12 percent since 2013/14

80% of people over 60 have a sight problem (RNIB, 2019).

More about Moorfields, eye care and the NHS

Ophthalmology is now the busiest outpatient specialty, with a predicted increase in demand of 30-40% over the next 20 years
(RCOphth)

In NHS workforce data for May 2022, there were 1384 consultant ophthalmologists in England. 177 of these work at Moorfields (13%).

Moorfields delivers approximately half of the HES activity in London, and co-ordinates c. 60% in its role as a lead provider.

University College London (UCL) ranked number one in the world for Ophthalmology in the most recent 2017 rankings by subject. This includes Moorfields Eye Hospital publications.



Moorfields has the highest number of NIHR accredited studies. From 2016 to 2021, MEH had 190 accredited studies, compared to Bristol (66), Southampton (56) and Oxford (48).

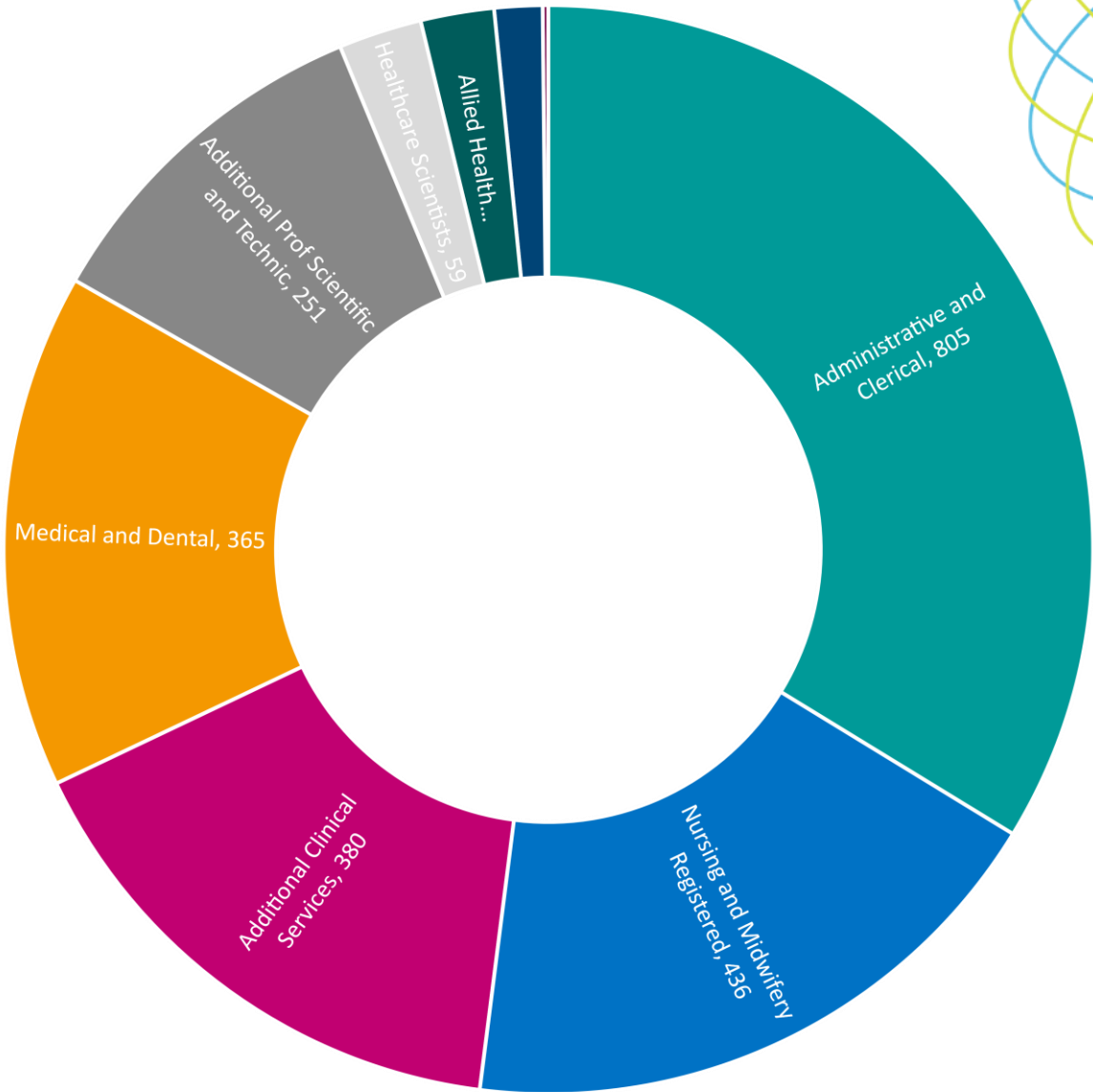
Our patient population is extremely ethnically and socio-economically diverse and is larger than any other US or European centre.

As the UK's national and international referral centre, we also have some of the biggest rare disease cohorts in the world. Our strength feeds into UK-wide partnerships.

We developed OpenEyes at Moorfields which progressed to become the national ophthalmology EPR for Wales and Scotland, as well as many centres in England.

Staff numbers and profile:
the NHS as a local employer
bringing social and economic
value to the area

Staff group	HC	WTE
Administrative and Clerical	805	762.51
Nursing and Midwifery Registered	436	402.81
Additional Clinical Services	380	350.52
Medical and Dental	365	326.88
Additional Prof Scientific and Technical	251	167.89
Healthcare Scientists	59	55.63
Allied Health Professionals	52	42.61
Estates and Ancillary	34	33.92
Students	4	4
	2386	



- Administrative and Clerical

■ Medical and Dental

■ Allied Health Professionals
- Nursing and Midwifery Registered

■ Additional Prof Scientific and Technic

■ Estates and Ancillary
- Additional Clinical Services

■ Healthcare Scientists

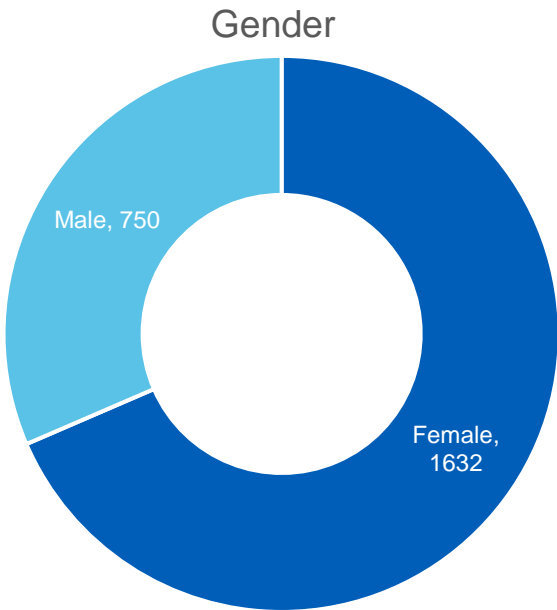
■ Students



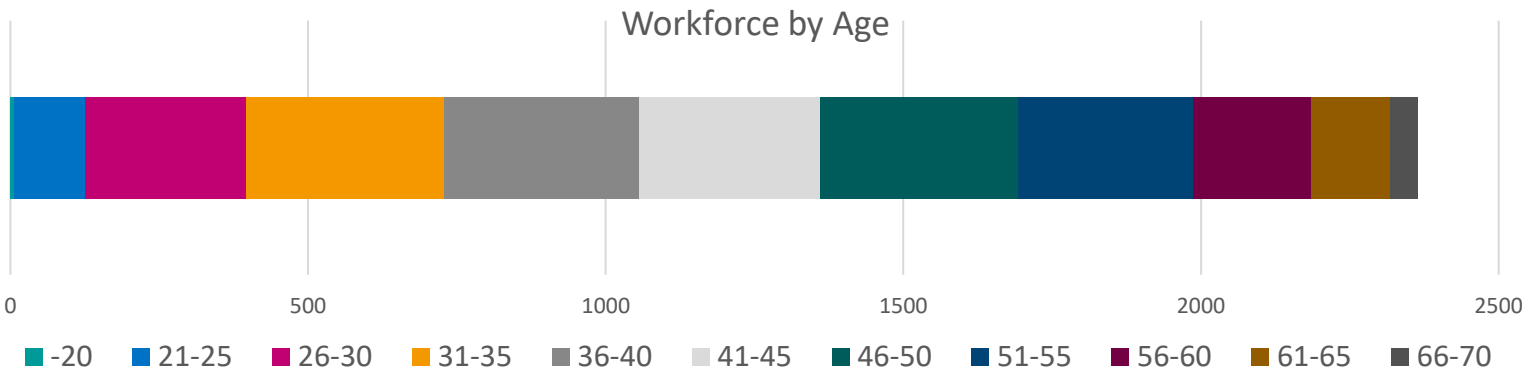
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Moorfields staff by age, ethnicity, gender: we are proud to be a highly diverse organisation



Apprenticeships
We offer a range of apprenticeships for people post-16, in admin, ward, lab or corporate positions.

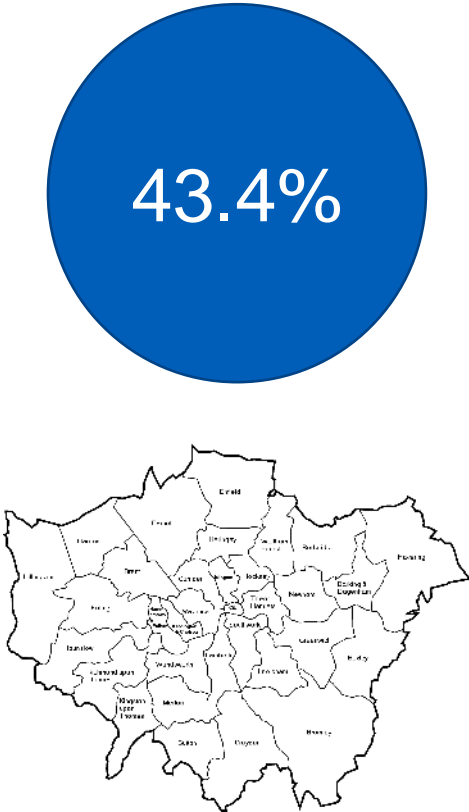


Our served population and activity profile

Population



Direct London Activity Share

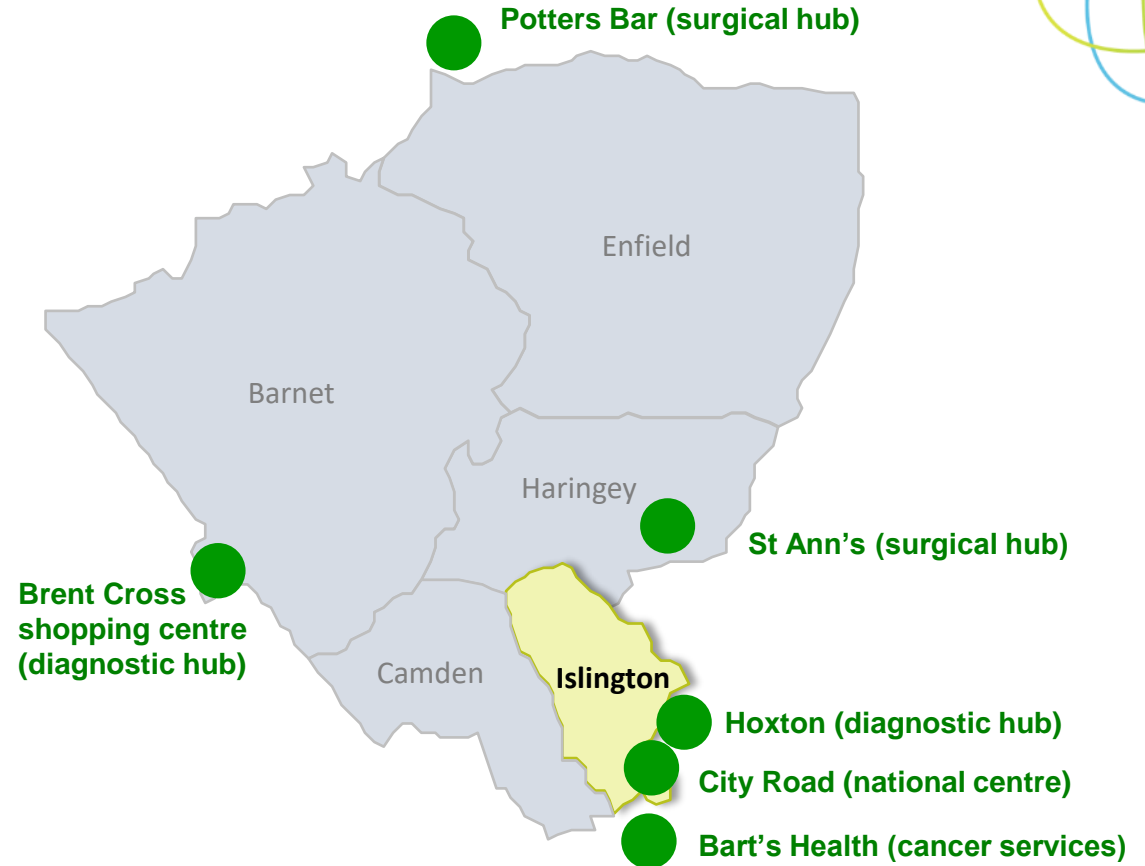


Annual planned activity

A&E
98 800
Day cases / inpatients
35 325
OP firsts
126 582
OP follow ups
470 187
Diagnostic imaging
10 913

Islington and our local sites

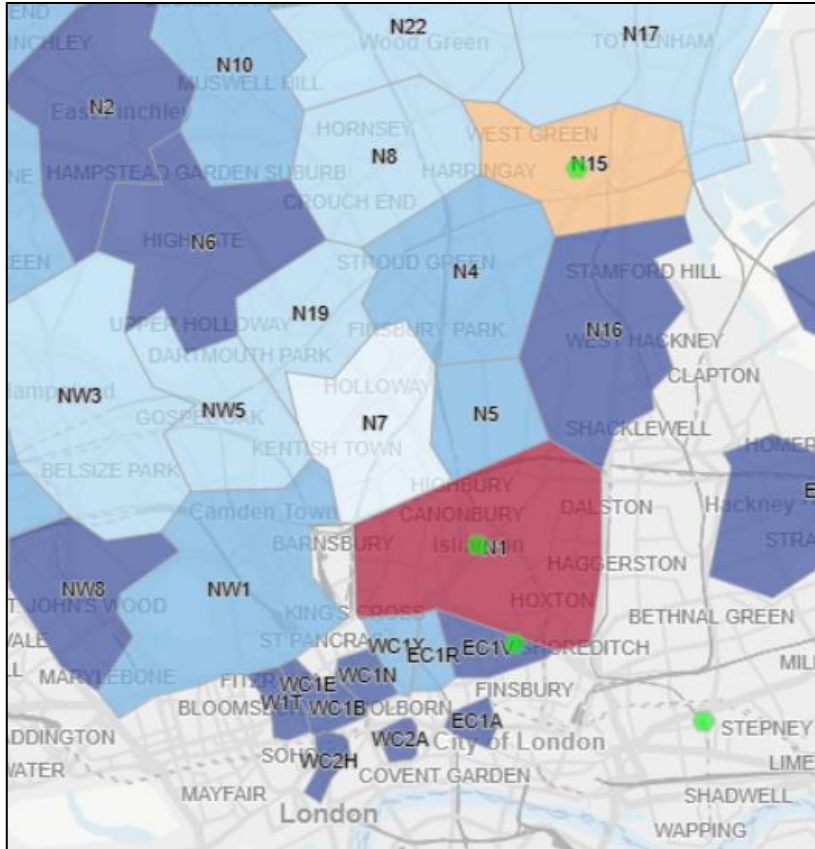
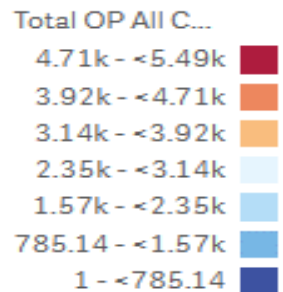
- The NHS has organised itself into 42 Integrated Care Systems (ICS) across England. Islington is part of North Central London (NCL) ICS together with four neighbouring boroughs.
- Altogether, Moorfields operates from 27 sites across London and the south east.
- Our local-to-Islington sites are shown on the map – although increasingly services are delivered digitally as well as face to face. We are doing important work on digital inclusion to make sure everyone can continue to access the care they need.
- Increasingly we work collaboratively with e.g. UCLH, GOSH, the Whittington, RFL and NCUH as part of the UCL Health Alliance Provider Collaborative.



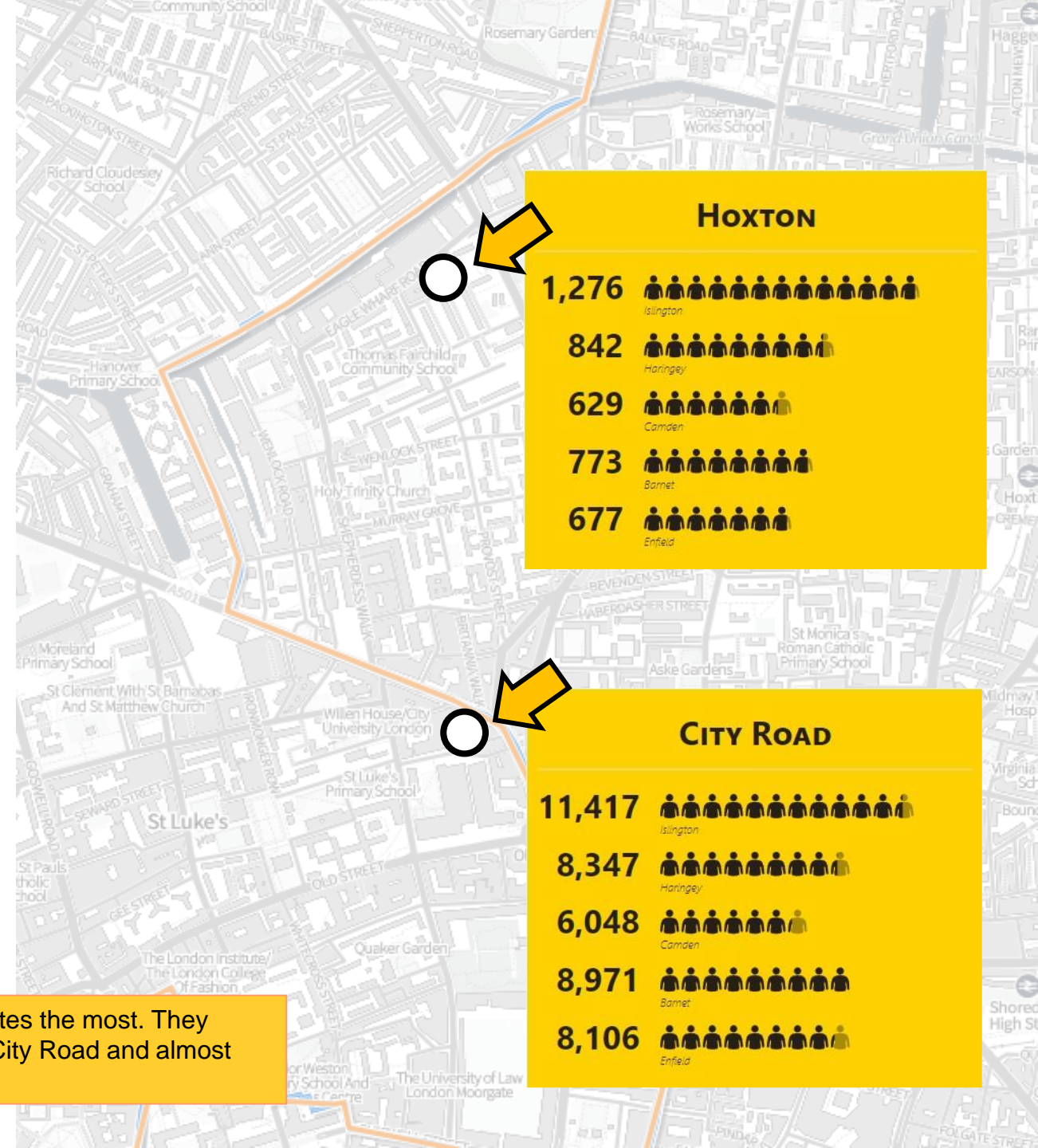
Our patient profile: Islington

Significant numbers
of our patients
come from
Islington.

In the 2022 calendar year we saw 5490 outpatient contacts from the N1 postcode alone.



Islington residents tend to use our City Road and Hoxton sites the most. They comprise around a quarter of our NCL OP activity seen in City Road and almost 30% of Hoxton (2022 calendar year).



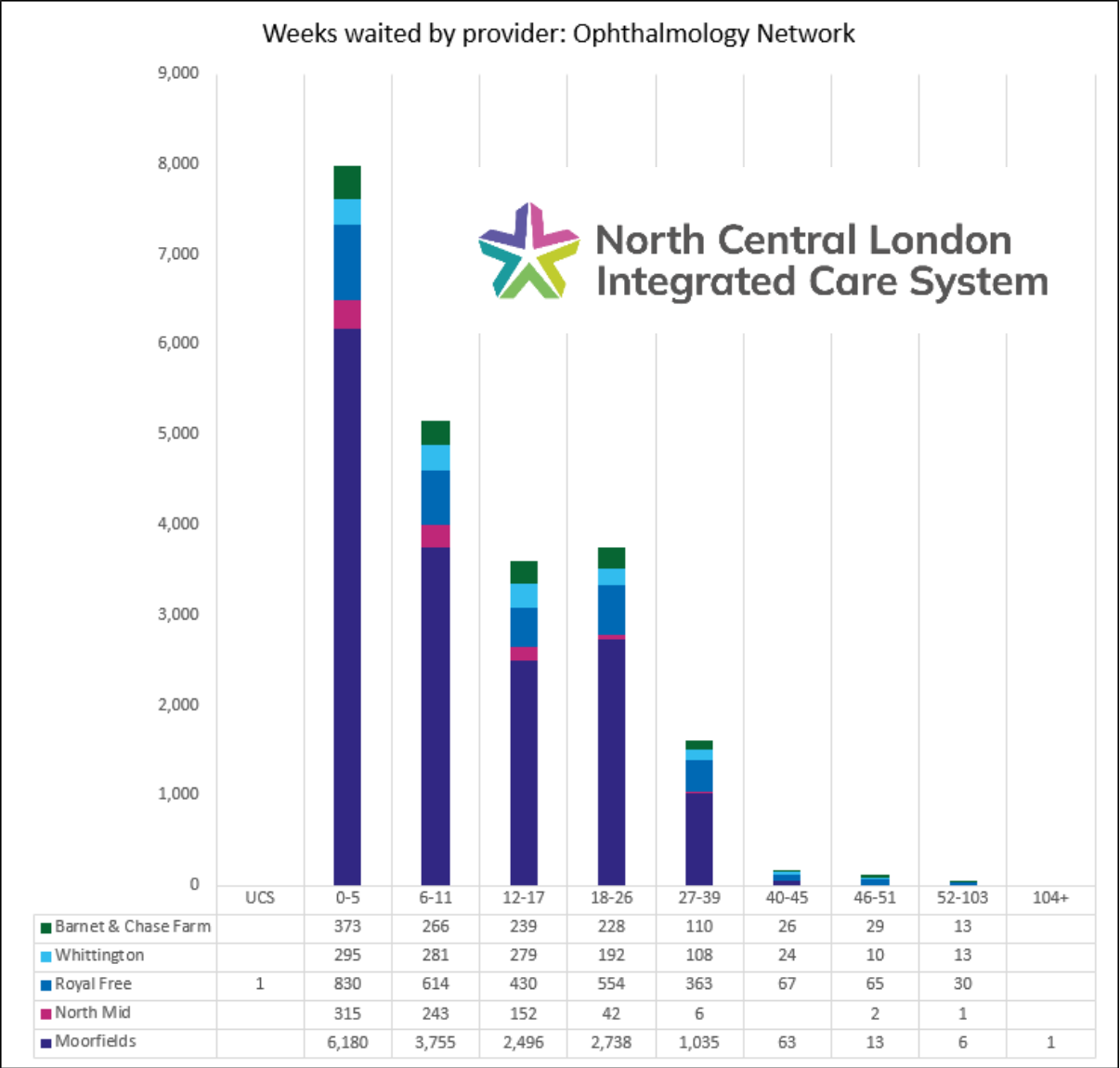
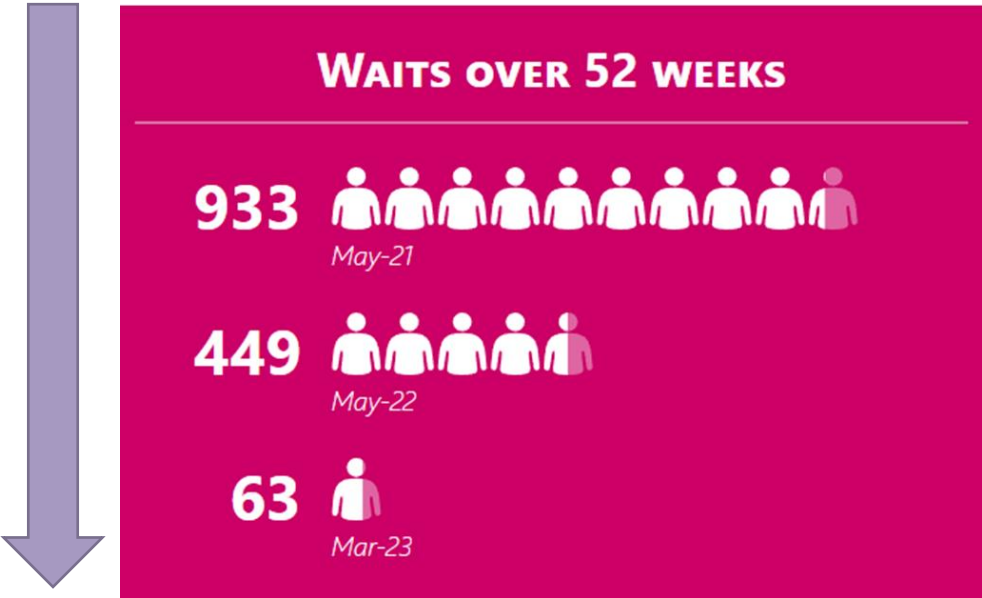
Our Performance: current and planned

The trust will continue to deliver the national key operational standards and national objectives in 2023/24. The following table sets out performance at month 10 22/23:

Area	23/24 Objective	Current performance
Urgent and Emergency Care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	99.4% patients seen within 4 hours
Elective Care	Eliminate waits of over 52 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	5 patients waiting over 52 weeks
Cancer	Continue to reduce the number of patients waiting over 62 days	100% patients treated within 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	100% patients urgently referred by GP diagnosed, or cancer ruled out within 28 days
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	99.4% patient received a diagnostic test within 6 weeks

Performance in the system context: Working collaboratively to reduce waits

- In May 2022, NCL had 11 patients waiting >104 weeks. This is now zero.
- In May 2021 NCL had 933 patients waiting > 52 weeks, this was reduced to 449 by May 2022. The latest March 23 data shows 63 waits over 52 weeks.



NCL ophthalmology waits March 2023
(We have now seen the patient waiting over 104 weeks)

Our new strategy

Our motivation

People's sight matters

Our values

Excellence, equity and kindness

Our purpose

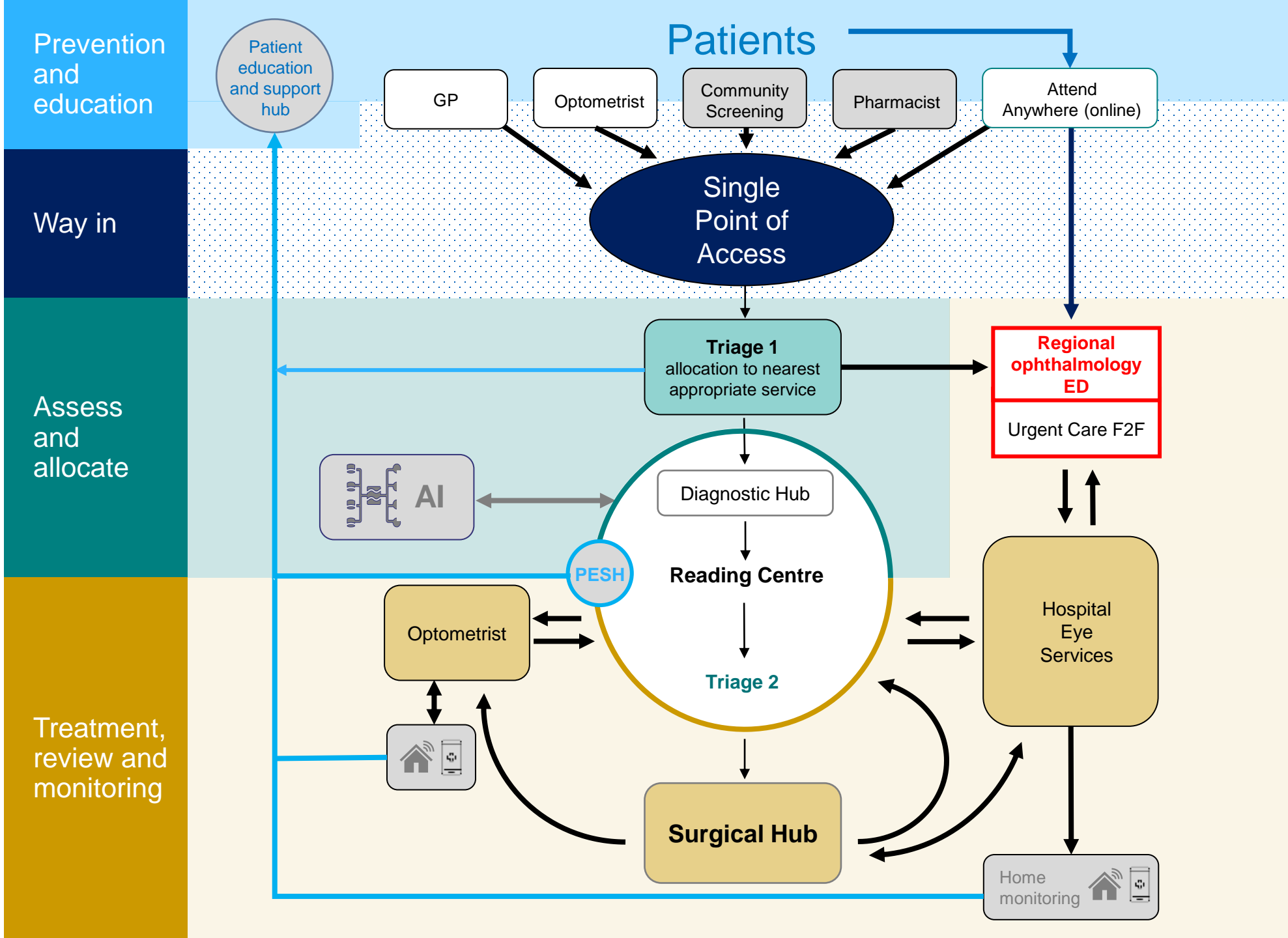
**Working together to discover,
develop and deliver excellent eye
care, sustainably and at scale**



**Moorfields
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Developing a new pathway



Implementation: Excellence Portfolio

- The strategy is being actively implemented through the excellence portfolio and its component programmes.
- The excellence portfolio supports our project activity across the trust by: providing a consistent project delivery and reporting framework for projects; driving the use of data for project decision making; and supporting the management of interdependencies and assumptions across excellence programmes.
- To be consistent with the trust's new five-year organisational strategy, the excellence portfolio is made up of five aligned programmes within four boards, with each board having a dedicated executive sponsorship.
- Under each programme are a number of supporting strategies or excellence areas.



Creating a world-leading integrated eye care,
research and education centre in Camden.

Attracting, inspiring and retaining the most
talented clinicians, researchers and educators.
Speeding up the development of new research
and treatments.





20 Benefits of Oriel



Sustainability

- New ways of working to meet our net zero and sustainability commitments.



Staff experience

- Encouraging innovation and collaboration
- Improved facilities for staff wellbeing
- New roles and career pathways



Patient experience

- Better, more accessible facilities
- More efficient pathways that will reduce patient waiting times
- More opportunity to get involved in research
- Quicker access to new treatments



Research

- Improved facilities to develop new treatments
- More opportunity for research collaboration
- At the centre of efforts to address the causes of blindness
- Contributing to reducing health inequalities



Education

- Expand our range of courses
- Attract more trainees and the best talent
- Improved education for patients, carers and the public



Design

- Modern fit for purpose environment
- Flexibility to meet changes in demand
- Can adapt to new pathway innovations far more easily



Location

- In the knowledge quarter, on the doorstep of Islington residents
- Clinicians and researchers under one roof

Service developments: Clinical quality and access to treatments

So, in the next five years we are relocating to St Pancras – but we have a programme of works scheduled from now until then to continuously improve patient experience and outcomes in Islington.

For example, we are refurbishing City Road so that patients continue to be provided with better services:

- Redeveloped Clinic 4 that provides medical retina services; and
- Cayton Street (laser procedures for cataract and glaucoma patients)

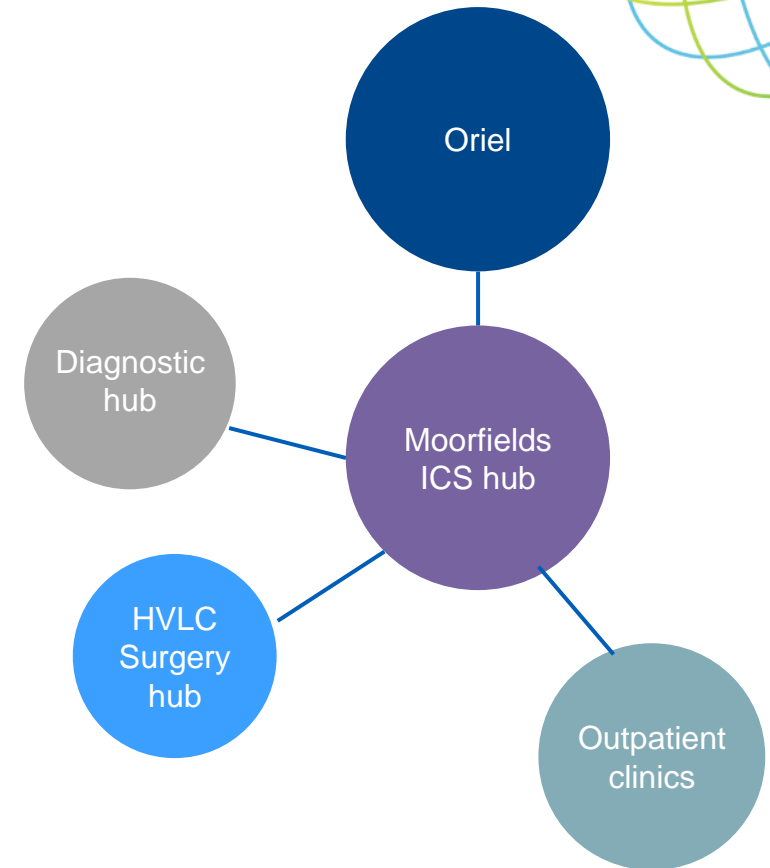
We are increasing capacity to deal with the care backlog caused by Covid and to help the whole system with elective recovery.



Optimising our network to better serve our populations

Last year we completed a review of our network sites. This work is informing our decision-making, providing a framework to address how we design and provide services in future, speaking to:

1. How to optimise the impact of Oriel across our served communities
2. Pathways that support better patient outcomes and experience
3. Improving access to care for all our served populations
4. How we address inequalities as an organisation and as a broader system
5. How we integrate digital opportunities, in service of the above
6. Cost improvement and value for money.



Attend Anywhere: A digital front door

- Over 26,000 patients have now used the virtual A&E service. 78% of patients have been able to get the treatment they need without travelling into Moorfields, and 95% of patients have given the service a maximum rating of five stars.
- Patients were able to avoid waits in A&E and receive reassurance from an experienced ophthalmologist within minutes without having to visit the hospital.
- A study published in peer-reviewed journal eClinicalMedicine also found the virtual A&E delivered safety levels comparable to in-person triages.
- The model lends itself to regional expansion, where you have one common system of on-call to ensure equitable access across a large footprint – perhaps ultimately growing into a national network.

The image displays the NHS Attend Anywhere digital front door. On the left, a desktop view of the 'Moorfieldstest Waiting Area' shows a 'Waiting (0 min)' status. The main content area features a news article titled 'Creating the Moorfields' virtual eye casualty: video consultations to provide emergency teleophthalmology care during and beyond the COVID-19 pandemic' by Caroline LS Kilduff et al. The article discusses the implementation of a virtual eye casualty service at Moorfields Eye Hospital during the COVID-19 pandemic, highlighting the use of video consultations to provide emergency teleophthalmology care. The article is published in eClinicalMedicine, a peer-reviewed journal. On the right, a mobile app interface shows a video consultation with a doctor, with a 'Thank you for your call' message and a 'Refresh' button.

Diagnostic Hubs

- We are rolling out a number of new diagnostic hubs, as part of the new model eye care pathway. The hubs enable us to see more people, more quickly, in dedicated diagnostic lanes.
- The hubs improve patient experience, as tests are provided in a close sequence – reducing the time patients have to wait for monitoring or treatment.
- We plan for the number of hubs we have to grow over time, though typically we expect each integrated care system to have two. In NCL there is a “research hub” at Brent Cross shopping centre, and a facility very close to the City Road site in Hoxton.
- In March 2023 we opened a new facility for north and east London in Stratford Broadway which will improve access to care for residents in the NE London area.
- We keep our “footprint” under regular review and commit to ensuring that Islington continues to be well-served in terms of accessible services well into the future.



High volume surgical treatment centres

- Moorfields started doing “cataract drives” in September 2020 as a precursor to rolling out a more substantive high volume low complexity (HVLC) model.
- We quadrupled the number of cataract operations taking place at the trust in a single week as part of a new initiative to help clear surgical waiting lists.
- In a recent review of our 27-site network, we have been exploring the optimum model of HVLCs for each ICS (alongside diagnostic hubs and complex provision), in a way that could be recommended as a standardised pathway.
- We have been visited by government officials, including Secretaries of State, to see our surgical hubs in action.
- NCL is carrying out a wider review of how elective surgery can be delivered more effectively and sustainably. We are part of these conversations and we will come to OSC / JHOSC in the Summer with our ICB colleagues to outline what is proposed and hear your views on the recommendations.



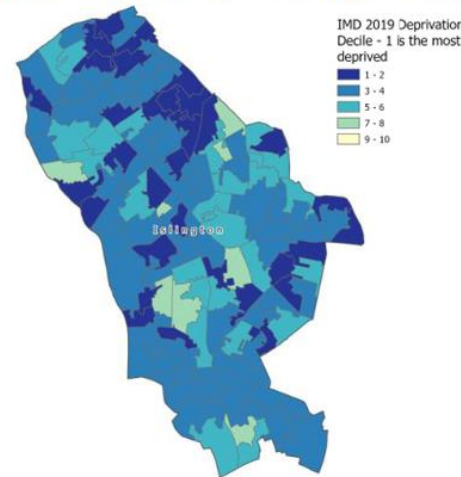
Adopting a population health approach

The discourse in health is increasingly about adopting a “population health management” approach as a means of achieving better outcomes and value for our served populations. It is an opportunity to concertedly address health inequalities. We are working as part of the NCL Integrated Care System to implement this approach in Islington. It is very much the beginning of the journey and we are at the stage of gathering data to establish our baseline.

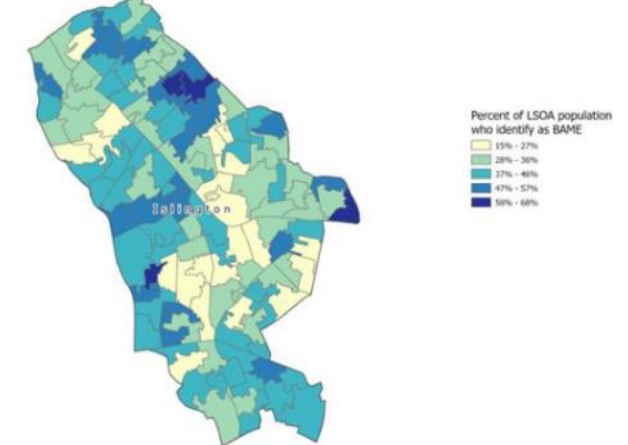
5 things Moorfields is doing in this space:

1. Waiting lists and PTL management / PIFU promoting better access in line with clinical need
2. Ensuring our sites are accessible, putting clinics where people live and work.
3. A greater focus on ensuring services are available for more deprived sections of our populations.
4. Work on digital exclusion and engagement with healthcare – links with social isolation / deprivation.
5. Developing analytics and telehealth to target interventions more effectively – for example tailoring advice to opticians that is bespoke to the people using their services.

Deprivation profile by LSOA (IMD 2019)

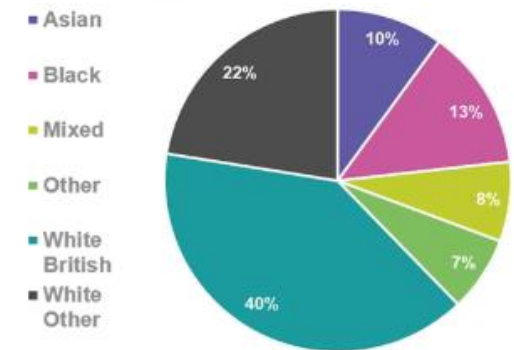


Ethnicity profile by LSOA (Census 2021)



Key population groups experiencing inequalities

- Key ethnicities: Black African (8% of population) and Black Caribbean (3%) – particularly Somali (Census 2021)
- Ethnic groups with high proportion living in most deprived 40% - 0-18s of Black African, Black Somali and Mixed Black ethnicities



Research developments

We are proud of our innovation at Moorfields, translating discovery into improved patient care, for everyone.

Last year we were awarded funding in continued support of our Biomedical Research Centre and Clinical Research Facility.

Though this is only a part of what we do. Increasingly in our new strategy, we want to lead in health services research too – how care is best organised across the country.

NIHR Moorfields Biomedical Research Centre	
7 themes	
	Inflammation and immunology
	Visual assessment and imaging
	Regenerative medicine and pharmaceuticals
	Cross-institutional research, collaborative themes and training
	Gene therapy
	Genomic medicine and informatics
	Patient and public involvement/engagement and clinical studies development

NIHR Moorfields Clinical Research Facility	
The NIHR Moorfields Clinical Research Facility (CRF) has pioneered the translation of laboratory discoveries for the benefit of patients with eye conditions. This includes the first gene therapy to cure an inherited human disease and the first stem cell membrane therapy to treat the most common cause of blindness in the developed world. Such landmark medical advances have cemented our pre-eminent international reputation for ophthalmic experimental medicine attracting biotech, device and pharmaceutical industry investment that is underpinned by our NIHR Biomedical Research Centre (BRC) at Moorfields Eye Hospital and UCL Institute of Ophthalmology.	

Artificial intelligence

We are excited by the potential of AI to improve what is possible in eye care, improving outcomes and experience for more people, more of the time.

Our ambition is to work this into the new eye care pathway so that people around the world can benefit from the opportunity of digital integration.

Development of new healthcare technology using Artificial Intelligence platforms

- High impact paper published in Nature Medicine in August 2018.
- Additional infrastructure funding from NHS England to support AI informatics research in discussion.

Health

Artificial intelligence 'did not miss a single urgent case'



Fergus Walsh
Medical correspondent
@BBCFergusWalsh

The Telegraph

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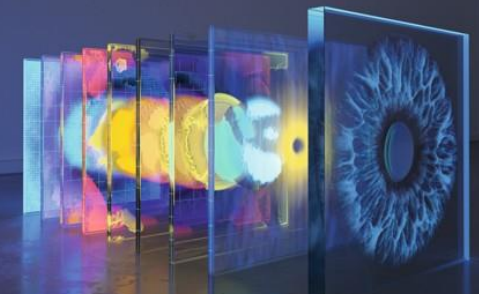
Artificial intelligence as good as human doctors at spotting early signs of blindness



Google DeepMind

nature
medicine

SEPTEMBER 2018 VOL 24 NO 9
www.nature.com/naturemedicine



AI accelerates diagnosis
NAD⁺ biosynthesis and high-risk hospitalizations
Targeted microbiome therapy for thrombosis

Service developments: Patient experience

There are practical physical things we can do to improve the experience of visiting Moorfields – one project we have at the moment is improving the front entrance to City Road, including our discharge lounge. We are putting in better seating while patients wait for transport, which should also reduce infection risk.

But most of all we are a people-oriented organisation. We are grateful to our local Islington volunteers who welcome our patients at the front door and guide them through the organisation. We appreciate all that they do.



This week we were delighted to welcome some @ucl students who regularly volunteer with us, teaching young patients origami while they wait for their appointments at the @Moorfields Richard Desmond Children's Eye Centre.



2:22 PM · Apr 6, 2023 · 308 Views



Focused on our patients: hand holding

- The majority of cataract, and some glaucoma eye surgeries is undertaken using local anaesthetic. This can be unpleasant and cause anxiety in patients.
- Moorfields Eye Hospital NHS Foundation Trust uses volunteers in a “hand-holding” role to provide comfort and support to patients undergoing operations. This role was introduced in 2019 and by 2020 there were twelve trained volunteers working for the trust.
- Due to the Covid-19 pandemic most of these volunteers stood down from the role, but there has consistently been at least two volunteers providing “hand-holding” support since the role was introduced.

Hand holder helped enormously through long operation. So thankful for her

First time operation; could not have done it without the hand holder. So very grateful to her. Thank you

I was very happy with the service. The volunteer made a big difference to me

To feel the support of the hand holder throughout the operation was a great comfort. I was very grateful to her

The staff and the volunteer, Nasrin, were very supportive and I felt comfortable.

The volunteer lady who held my hand during the surgery made me feel very relaxed and comfortable. My anxiety level went down a lot. Thank you for the support.



**Friends of
Moorfields
Eye Hospital**



Our Eye Envoys programme

- With support from HEE we are conducting a pilot project called “Eye Envoys”. Our 24 Eye Envoys are social care and community nurses working in the 32 primary care networks across the North Central London Integrated Care System area.
- In March/April 2023 they were trained in the basics of eye care, early detection of emergency issues, importance of eye medication, proper administration of eye medication, preventative eye health and risk management for example, conducting visual acuity as part of a falls risk assessment.
- We expect the Eye Envoys to be the local hub of information for their colleagues and identify eye issues and know when to escalate to the GP/local optician/optometrist, if required.



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Pathway to excellence

- Moorfields nursing staff are being supported with an internationally renowned quality framework: the Pathway to Excellence, developed in the US.
- It gives us a way of bringing everyone together around a narrative of improvement, the highest safety standards, staff welfare and leadership.
- It is important that we learn from the best globally to improve the care we provide locally.
- There is a lot of enthusiasm for the initiative.



Working in partnership

Hearing from you.



**Moorfields
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