Moorfields Eye Hospital NHS Foundation Trust

Moorfields Eye Hospital update for Islington Health and Care Scrutiny Committee

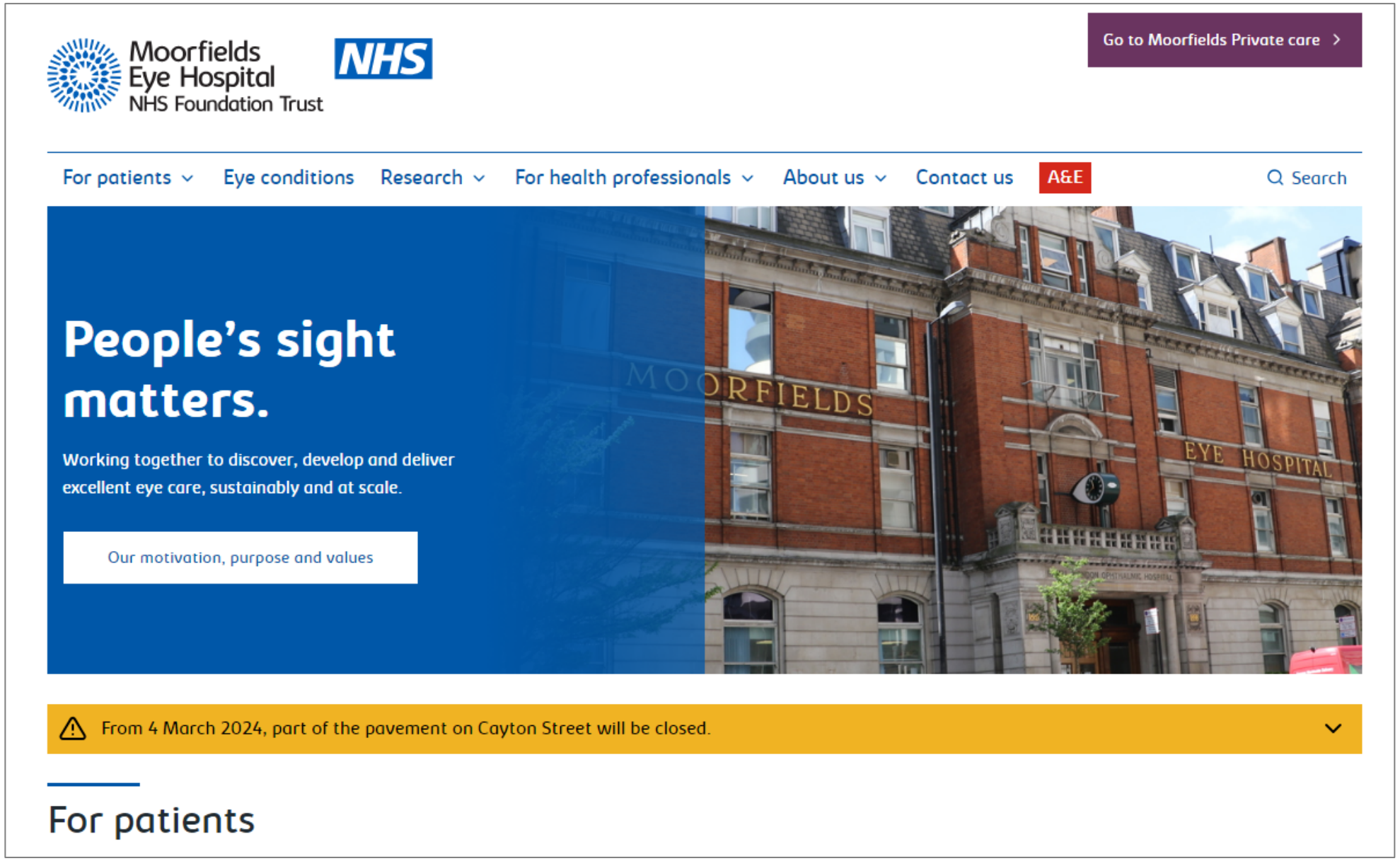
Sheila Adam (CNO) and Jon Spencer (COO)
April 2024

Moorfields: a headline update

	Last year	This year
Performance	Moorfields was performing well locally and providing mutual aid to other providers.	• We are working regionally to more systematically reduce waits across the board using a dynamic single point of access • We have significantly reduced the length of time people wait to be seen and treated, eliminating the majority of waits over 52WW and we on track to meet the 18WW target next year.
Innovations for local benefit	We outlined our plans for a new digitally-enabled pathway	• We are beginning to see early benefits from the single point of access. • We have bid to be the lead provider for eye care in NCL. • We are evaluating diagnostic lanes which we believe provide a better patient experience for lower cost.
The patient at the heart of healthcare	We reported on our Eye Envoys programme and initiatives such as hand holding	• The Eye Envoy programme is being extended as part of our outreach work. • We are beginning to consider how we can reach more communities across Islington. • We are doing more digitally – but are working hard to ensure no-one is excluded and care is provided in ways accessible to all.
Serving all of our populations	With other local providers we were beginning our population health journey	The single point of access has begun to give us insights into the state of healthcare locally in ways that will enable us to target unmet need and make eye care much more accessible for everyone.
Supporting our staff and volunteers	We were working towards “a pathway to excellence”.	• We are pathway designated. • Our work on EDI is much more developed.
Our new hospital	Plans for a new hospital at St Pancras were well advanced.	Building is now underway and we recently held an Oriel Showcase attended by 700 staff.

A new more accessible website

- Clearer
- Cleaner
- Meets accessibility standards
- Easier to find the information you need



A snapshot of our overall performance (12/03/24)

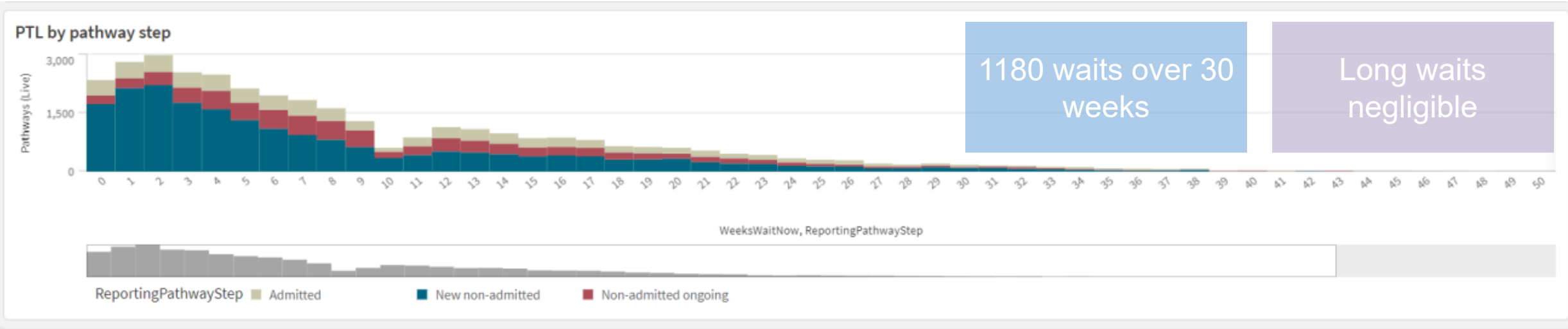
35,228 pathways

82.9% 18 week wait performance

100% A&E 4 hour wait target met

600,000 OP attendances in 2023-24

1,270 daily OP attendances (City Road)



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Publication, Part of Patient-Led Assessments of the Care Environment (PLACE)

Patient-Led Assessments of the Care Environment (PLACE), 2023 - England

Publication Date: 22 Feb 2024

Category	Moorfields Score (%)	Regional average (%)	National average (%)
Cleanliness	97.84	98.4	98.1
Food-Ward	89.58	92.3	90.9
Privacy, Dignity & Well being	86.44	87.7	87.5
Condition and Appearance	98.09	96.5	95.9
Dementia	86.76	85.6	82.5
Disability	85.04	86.9	84.3

Three Moorfields sites were inspected: City Road, Stratford and St Georges.

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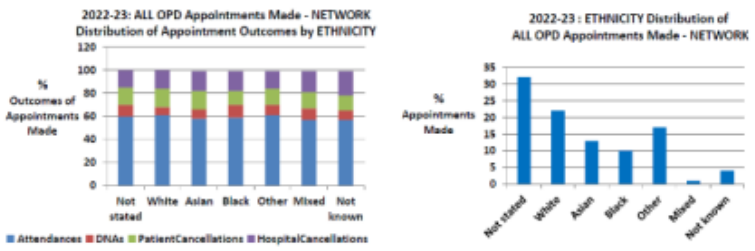
Population health

- Last year we reported on our nascent work on population health. Making progress here is the real opportunity for Integrated Care Systems and associated Partnerships – making the NHS work for all.

- The SPoA, AI and digital twin are helping us understand populations and target interventions in ways that have not been possible before – some examples are on the following slides.

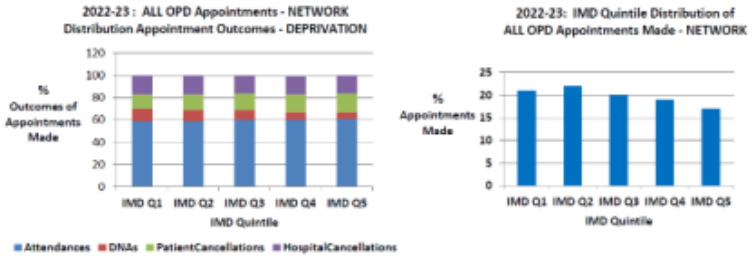
- We are also progressing work on health inequalities as part of developing our services to meet the needs of residents: one recent example being that the rate of DNAs (did not attend) was due more to age than e.g. ethnicity or deprivation.

Variations in ALL OPD Appointment Outcomes: ETHNICITY



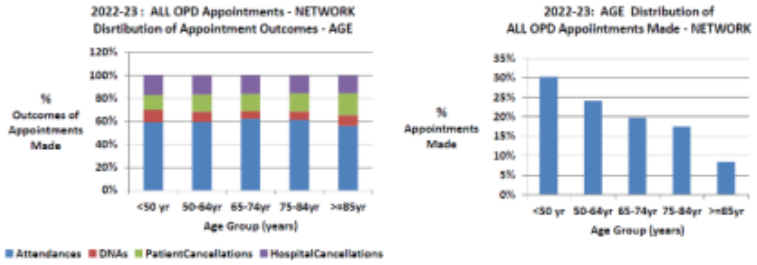
- **No variations apparent in types of attendance outcomes of ALL OPD appointments by ethnicity**
  - Patient Cancellations >> than DNAs for all groups
  - All Patient Non-Attendance (DNA + Patient Cancellation) – 23% for all groups
  - Hospital Cancellations – 16% for all groups
  - New and Follow-Up Appointments – similar appointment outcomes
- **Ethnicity Data: "Not Stated" largest ethnic group (32%) – greater for New Appointments (41%)**
  - Coding completion – 96%
  - Ascertainment issues –patient *and* process contributors involved

Variations in ALL OPD Appointment Outcomes: DEPRIVATION



- **Index Multiple Deprivation (IMD) ranks areas of deprivation in quintiles: IMD Q1 most deprived & IMD Q5 least deprived**
  - At Selected Sites - IMD distributions of appointments reflected their respective populations
- **No variations apparent in types of attendance outcomes of ALL OPD appointments by Deprivation**
  - Patient Cancellations >> DNAs for all groups
  - IMD Q1 more DNA than IMDQ5; but IMD Q5 more Patient Cancellations than IMD Q1
  - All Patient Non-Attendance (DNA + Patient Cancellation) – 23% for all groups
  - Hospital Cancellations – 16%
  - New and Follow-Up Appointments – similar appointment outcomes

Variations in ALL OPD Appointment Outcomes: AGE



- **Variations apparent in types of attendance outcomes of ALL OPD appointments by AGE**
  - Oldest age group >=85yrs greater Patient Non-Attendance(DNA + Patient Cancellation) – 28%
  - All age groups –
    - Patient Cancellations > > DNAs
    - Hospital Cancellations – 16%
  - New and Follow-Up Appointments – similar appointment outcomes

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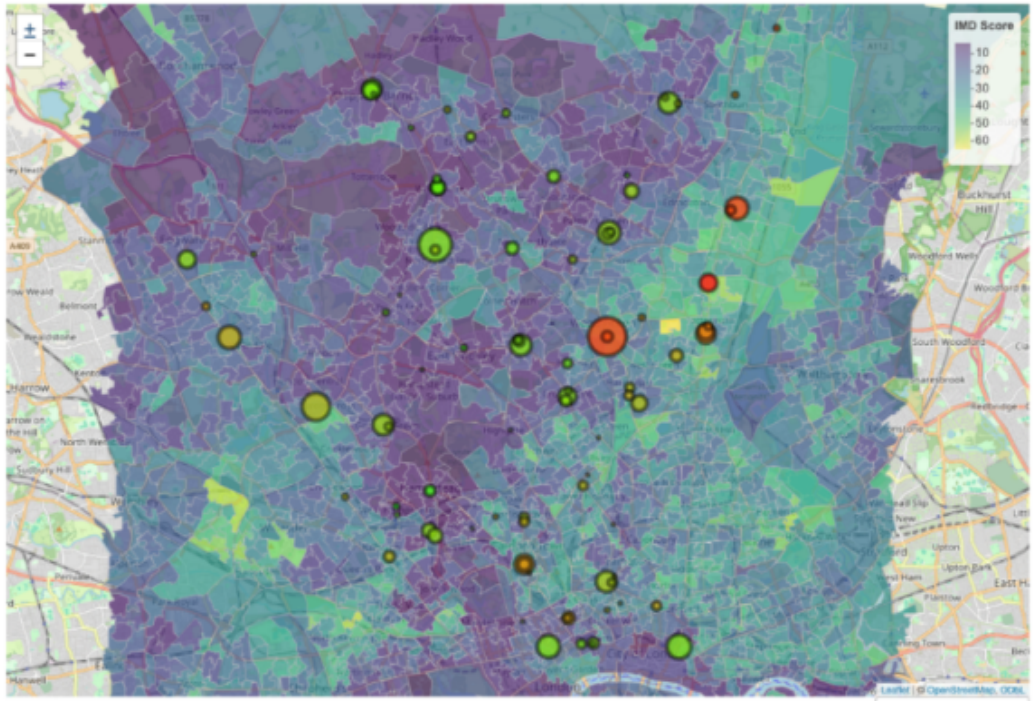
Improving inclusion

Tools like our single point of access (SPoA) are helping us understand the shape of demand, enabling us to better target interventions for population need, such as referrer or patient education.



Search:

	Optom Referrer	DeprivationIndex	No Emails
1	SPECSAVERS (WOOD GREEN)	46.325	493
2	SPECSAVERS (NORTH FINCHLEY)	14.405	365
3	VISION EXPRESS (HENDON)	23.325	247
4	SPECSAVERS (BISHOPSGATE)	13.584	191
5	SPECSAVERS (TOTTENHAM COURT RD)	14.252	169
6	SPECSAVERS (PALMERS GREEN)	17.405	160
7	BOOTS OPTICIANS (COLLINGDALE)	27.671	158
8	SPECSAVERS (EDMONTON GREEN)	46.391	158
9	SPECSAVERS (ENFIELD)	16.806	155

Deprivation map with referrers overlaid

(each circle is an optometry practice, red referrers are in deprived areas, larger circles mean more referrals).

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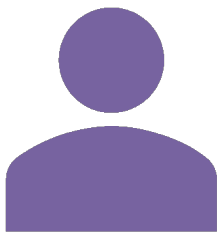
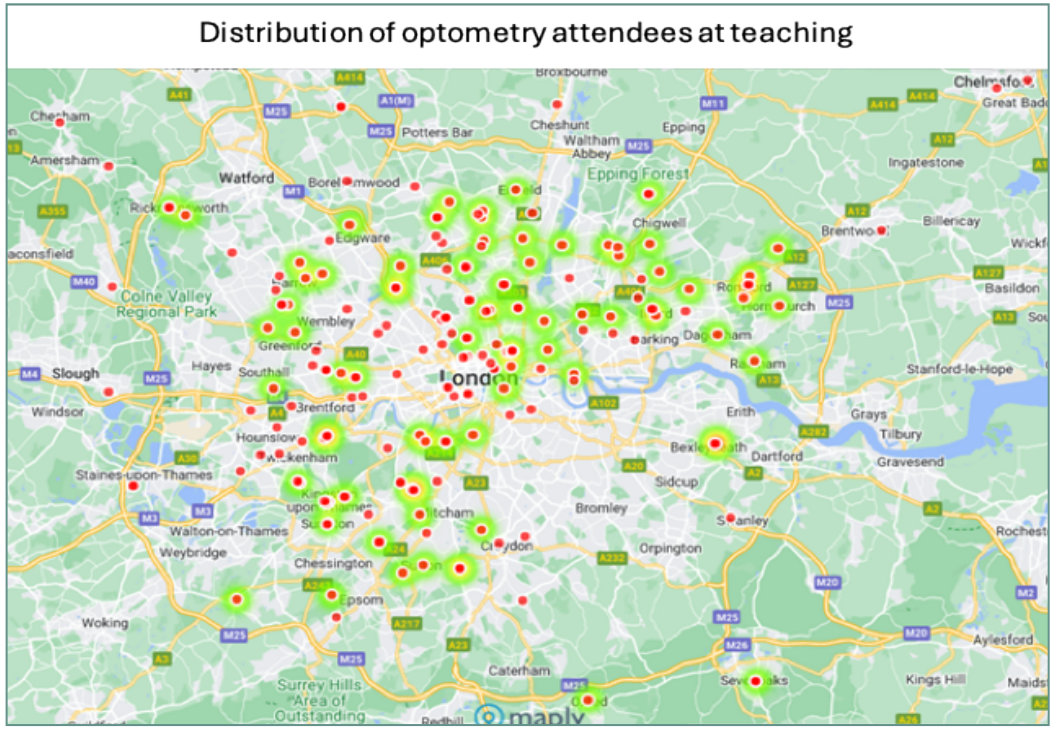
Monthly education sessions, targeted for referring optometrists

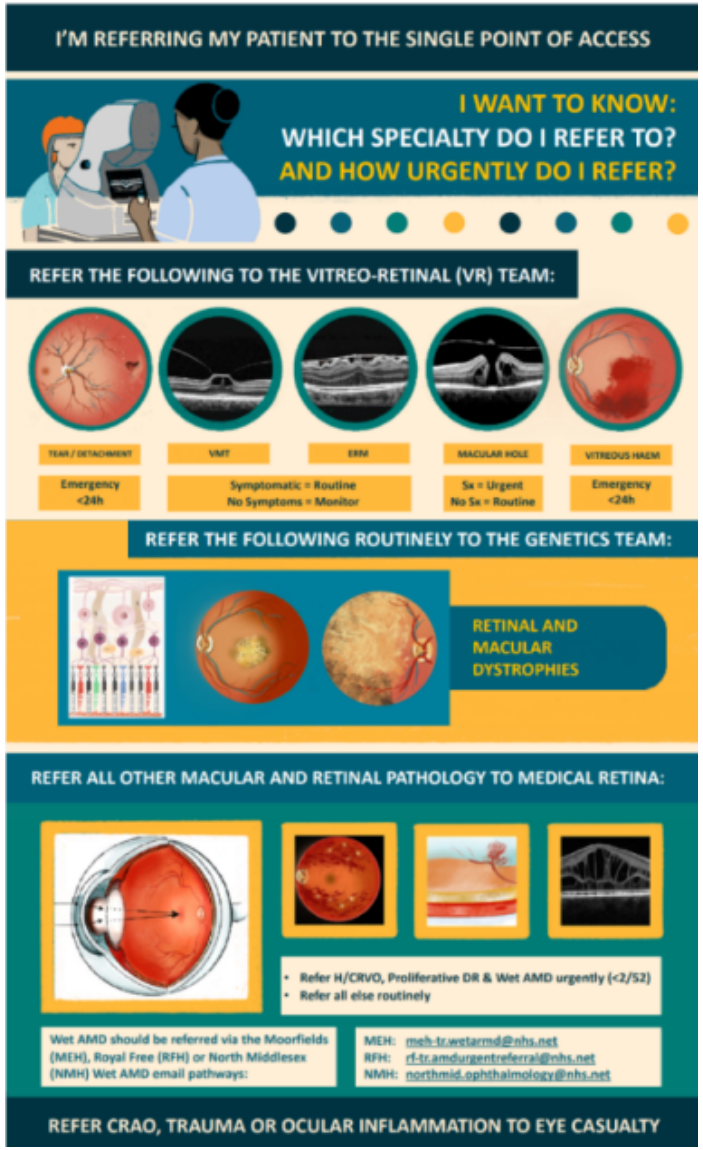
"I have learnt so much that I feel more confident on how to manage and where to refer patients presenting with symptoms discussed in the webinar."





Typical London attendance (high street optometrists) at a monthly teaching session (each dot can be multiple people, approx 150 at each)

99% of attendees registered for future events



Digital Twin

The digital twin is a constantly updating simulation tool of patient flow from referral to treatment.

Provides real-time optimal referral suggestions based on distance, waiting times and capacity.

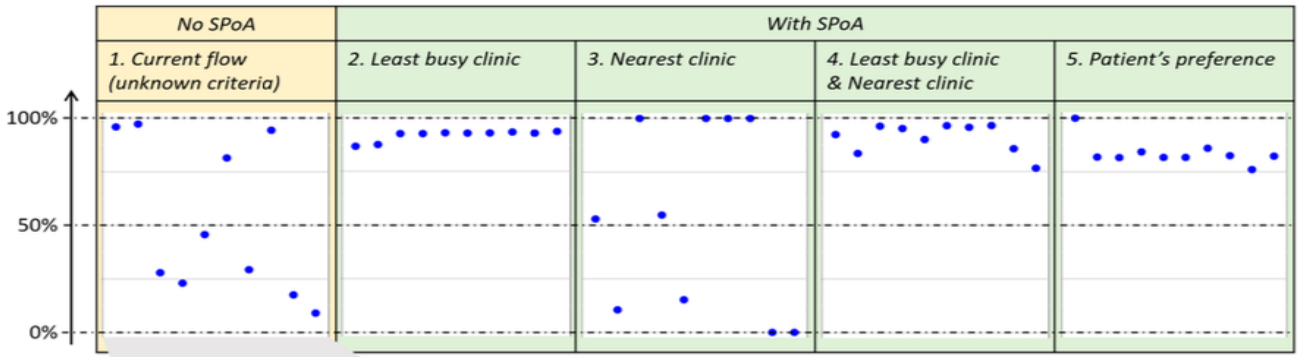
This will ensure all services across an ICB are used to the best of their capability - maximise whole-system patient flow.

The SPoA scenarios substantially outperform the “as is” scenario, **reducing time to first appointment by up to 35 days**.

Scenarios

Performance metrics	Routing criteria	No SPoA: 1. Current flow (unknown criteria)	With SPoA: 2. Least busy clinic	With SPoA: 3. Nearest clinic	With SPoA: 4. Least busy clinic & Nearest clinic	With SPoA: 5. Patient’s preference
	Referral to triage (days)	39	3	3	3	3
	Triage to 1st appointment (days)	11	12	32	12	21
	Referral to 1st appointment (days)	50	15	35	15	24
	Distance travelled (km)	6	11	2	8	11
	Patient’s satisfaction on assigned provider	9%	12%	15%	12%	100%
	Average resource utilisation (first appointments)	52%	92%	53%	91%	84%

Clinic’s resource utilisation for 1st appointments



- Lowest utilisation seen when only nearest clinic was considered (3)
- Maximal utilization if both least busy clinic and geographical location combined (4)
- Patient preference reduced clinic utilization but could be mitigated by combining with location and capacity (5)

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Using eRS to support patient choice

In a small scale sample, when 50 patients were given a choice of 5 options for cataract surgery in NCL 39 patients responded

The analysis from this cohort of patients shows that:

- Patients do not always choose the shortest waiting times nor the closest in distance
- This system demonstrates that **patients can, and do, choose care on the basis of the most important variable to them** – waiting time, outcomes, travel time etc.
- Once a patient has exercised a choice, this feeds directly into the shape of the PTL so that the next patient choosing has their options presented and optimised according to real time data.

78% of patients responded

36% of these patients remained with the default first choice

64% of these patients changed their decision from the Optom suggestion on the referral when 5 choices

5% of these patients choose out of NCL cataract service that was not specified

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Eye envoys

Last year we reported on our Eye Envoys programme and how it provides an outreach service. In October 2023 Moorfields' Eye Envoy programme won the Care of Older People award at the Nursing Times Awards 2023 ceremony.

- The Eye Envoy initiative was devised as a training programme by Moorfields nurses to upskill local community teams in care homes to improve service delivery, decision-making, risk management and supervisory capacity.

- In the UK, 80% of people over age 60 already live with sight loss. Such conditions have knock-on effects beyond how it changes a patient's ability to see and carry out daily activities. For example, a fall can be the result of the patient not being able to see an obstacle instead of motor issues, while mental health issues may be accentuated by the degeneration of a patient's vision.

- The Eye Envoy programme looked to improve care and reduce hospital admissions for local, older patients with progressive eye conditions.

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Dr Roxanne Crosby-Nwaobi, lead nurse for research and Tendai Gwenhure, clinical tutor and programme lead for UCL Clinical Ophthalmic Practice Programmes.

NHS

Our Quality priorities for 2024-25

Safe

- Transition and embedding of the National Patient Safety Incident Response Framework (PSIRF)
- Development of a learning system to support knowledge transfer following events as described in the trust's patient safety incident response plan (PSIRP)

Effective

- **NEW** Continue to embed shared decision-making tools and guidance across the trust to support the way healthcare professionals work together with a patient to reach a decision about care. We must ensure we comply with NICE guidance.
- **NEW** Support staff engagement and empowerment in the development of shared decision-making councils

Patient Experience

- Improve the process for the allocation of Certificates of Visual Impairment to eligible patients.
- **NEW** To improve the experience of patients requiring transport to and from our sites by utilising data in collaboration with our third-party suppliers
- **NEW** To operationalise the approach developed for routine reporting, review and utilisation of data on service delivery for health inequalities, ensuring that it is readily accessible to teams to support their programmes of work; whilst also meeting the statutory requirements of NHS organisations.
- Implementation of patient experience principles
- Implementation of the patient experience framework
- **NEW** To review how we communicate with our patients. We will evaluate existing communication channels (digital and non-digital) and formulate a plan for the integration of patient-centred communication into clinical and operational practice, including the new EPR.
- Continue to embed the Accessible Information Standard (AIS) across Moorfields' network

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Staff survey results

- The NHS staff survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS.
- Alongside other trusts, NHS England published our 2023 NHS Staff Survey results on 7 March 2024
- 66% of us took the opportunity to have our say in the 2023 survey; 16% more than in 2022.

Our results show that against the seven NHS People Promise themes, plus the themes of Engagement and Morale, as a trust we have:

Improved against six themes. They are:

- we are recognised and rewarded
- we are safe and healthy
- we are always learning
- we work flexibly
- we are a team
- morale

Maintained against two themes. They are:

- we are compassionate and inclusive
- engagement

Deteriorated against one theme

- we each have a voice that counts

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NHS

Equality, diversity, inclusion

Our three equality, diversity, and inclusion (EDI) strategic priorities are based on evidence about where we need to improve as a trust. This includes the NHS Staff Survey, and our employee Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), and Gender Pay Gap (GPG) data. We are working to improve each of these priorities:

1. Increase the diversity of our leadership and management teams

Leadership Academy Programme: for colleagues with disabilities or long-term health conditions in collaboration with Disability Rights UK.

Career Sponsorship Programme: to provide Black, Asian and minority ethnic colleagues with mentoring and sponsorship from a senior leader.

Debiasing recruitment: A revised recruitment and selection policy will be launched soon, alongside a good practice guide for managers to ensure consistent equitable recruitment. We are committed to being a Disability Confident employer.

Board recruitment: We have upcoming vacancies for executive and non-executive positions. We will ensure we interview diverse candidates so that our senior leadership teams better reflects our employee base and our communities.

2. Build a strong and positive culture of inclusion and belonging

- **Reasonable adjustments guidance**
- **Active bystander training**
- **Equality and Health Inequality assessments**
- **Developing approach to anti-racism**
- **NHS Rainbow badges assessment**
- **Embedding our values (Excellence, Equity, Kindness)**
- **Freedom to Speak Up**

3. Improve the collection, reporting and transparency of our EDI data

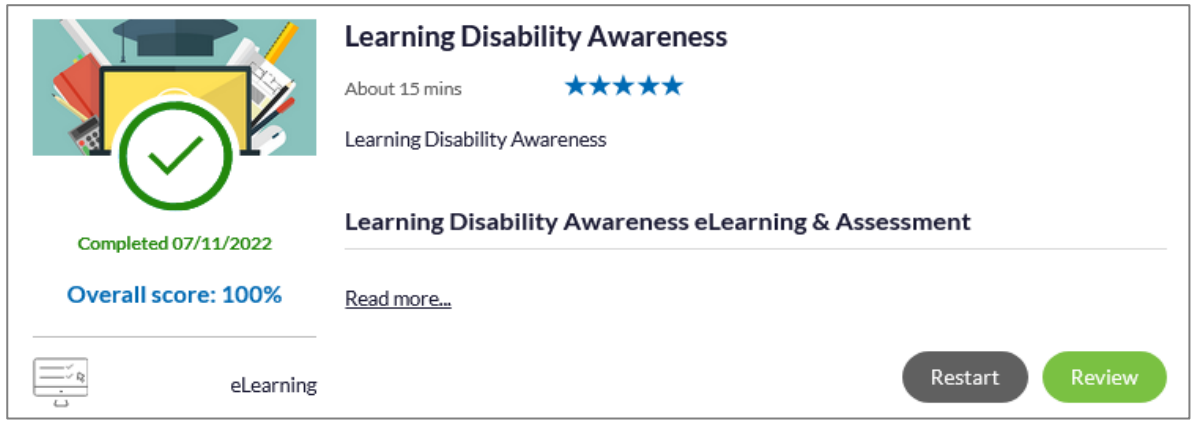
Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES): We report annually on our performance against the WDES and WRES indicators.
We share this data with our staff networks and seek their ideas for our action plans.

Declaration campaign: We want colleagues to confidentially declare their disabilities and long-term health conditions within ESR to make sure we have an accurate picture of declaration rates, ensuring equity. We similarly want people to feel they can declare their sexuality. We will keep you updated on progress.

Learning disability and autism training

Moorfields has been at the forefront of providing staff training in working with people with learning disability and conditions such as autism – having done so since 2017. It is now a national requirement. The current compliance level for the training is 90% (Feb 2024)

- Interactive sessions delivered will ensure staff also are able to discuss how reasonable adjustments can be made.
- This is led by our Vulnerable Adults and Safeguarding Lead who is a registered learning disability nurse.
- Patient Hospital Passports are in use and use our digital systems to record flags to support consistent application of reasonable adjustments.



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An improved eye care pathway

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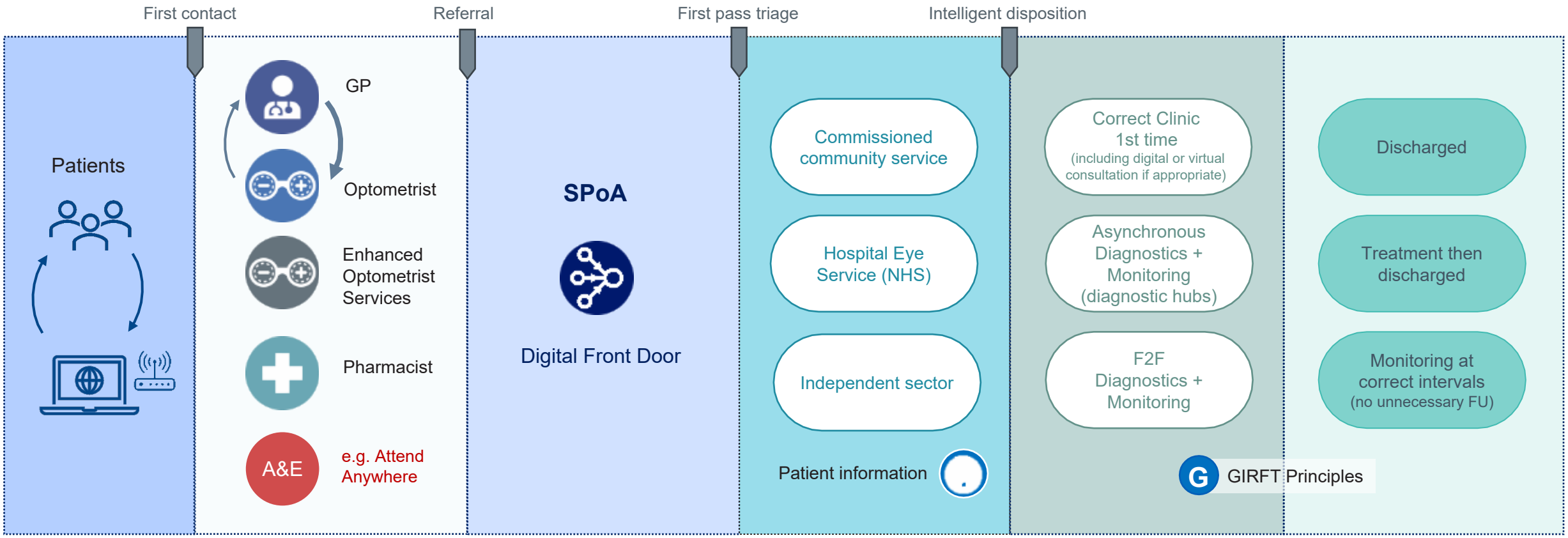
A standard eye care pathway for London



Self-management options (internet / other)	Optimised Primary Care (shared decision making)	Transparent informed patient choice	Shared subspecialty PTL (true demand and capacity) Follow up waiting list visible	London Lean Pathways (e.g. MR / Glaucoma) Avoiding unnecessary FU	e.g. High Volume Surgery, Medical Laser Expansion of PIFU

- Population health based planning to address inequalities
- Use of AI and machine learning across pathway to improve outcomes

Yellow text = in development

Why are we doing this?: the case for change

The biggest outpatient speciality – 8.5% of all NHS attendances

People are suffering avoidable sight loss

People's sight matters – essential for a healthy, productive population

Increasing burden of disease - ageing population with more diabetes

Increased demand predicted 2017 – 2037:

- Cataracts up 50%
- Glaucoma up 44%
- Retinal conditions (AMD & diabetic retinopathy) up 60%

GIRFT report, RCOphth Way Forward

We need to transform

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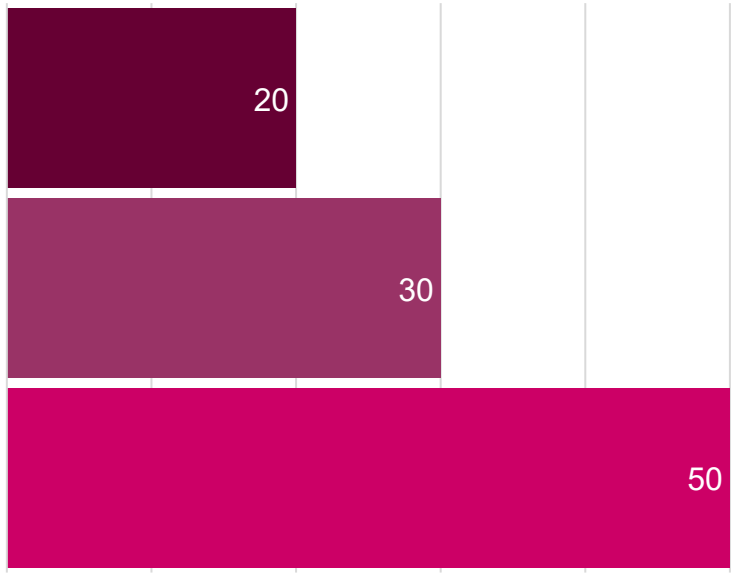
NHS

Regional Urgent Eye Care

Video consultation using 'attend anywhere'

- By Dec 23, 47000+ patients had used our virtual A&E
- Earlier published data showed 95% gave a 5/5 rating
- Safety shown comparable to in-person triage
- Scalable



Recent disposition;

- 20% advised to attend in person that day
- 30% brought in for urgent outpatients in next 2 weeks
- 50% do not attend hospital – advised self care at home, or via local optometrist, pharmacist or family doctor

NB. ratios depend on capacity and knowledge base developed in primary care

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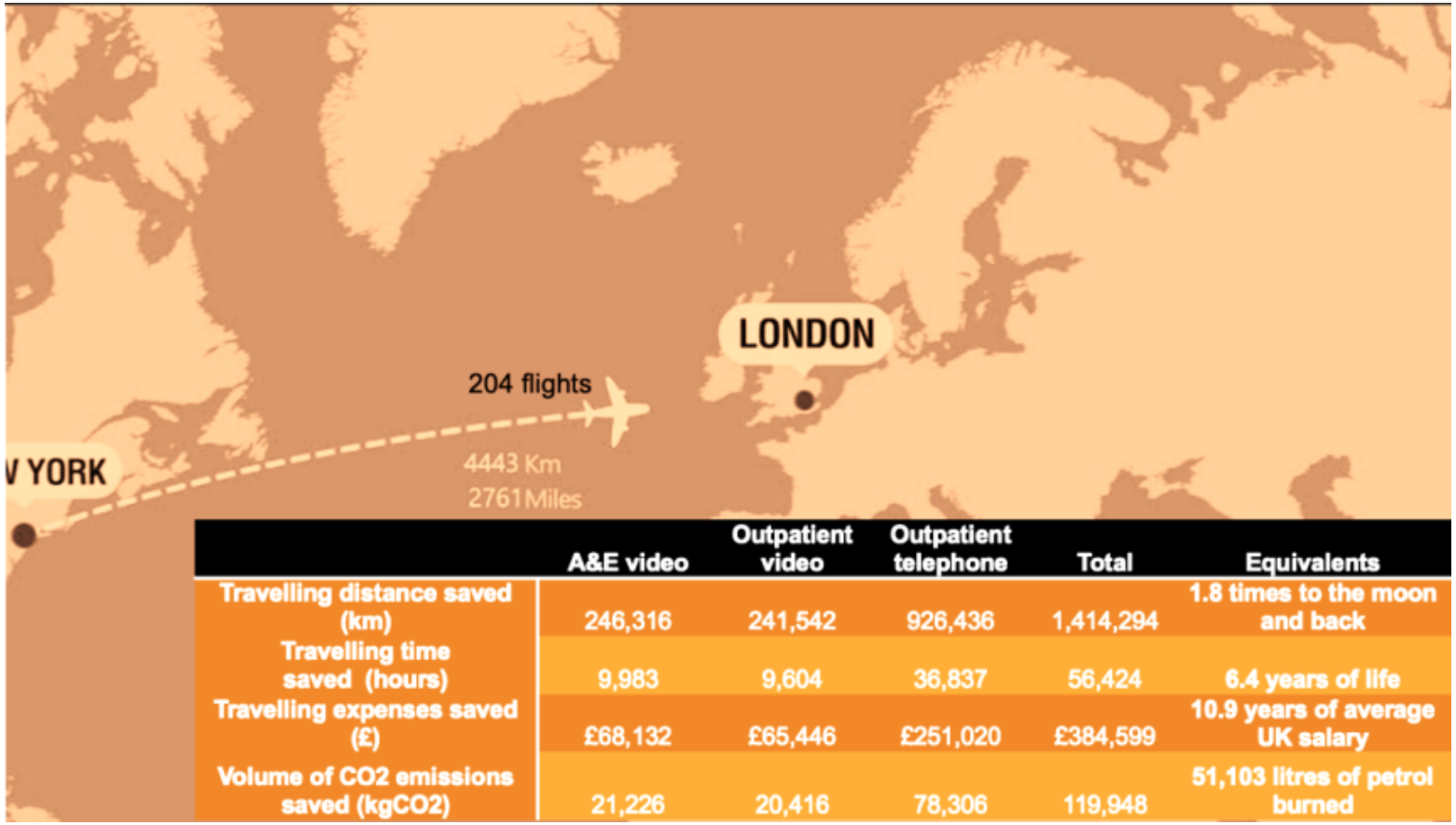
Environmental benefits: annual travel CO2 impact of our video services



	A&E video	Outpatient video	Outpatient telephone	Total	Equivalents
Travelling distance saved (km)	246,316	241,542	926,436	1,414,294	1.8 times to the moon and back
Travelling time saved (hours)	9,983	9,604	36,837	56,424	6.4 years of life
Travelling expenses saved (£)	£68,132	£65,446	£251,020	£384,599	10.9 years of average UK salary
Volume of CO2 emissions saved (kgCO2)	21,226	20,416	78,306	119,948	51,103 litres of petrol burned

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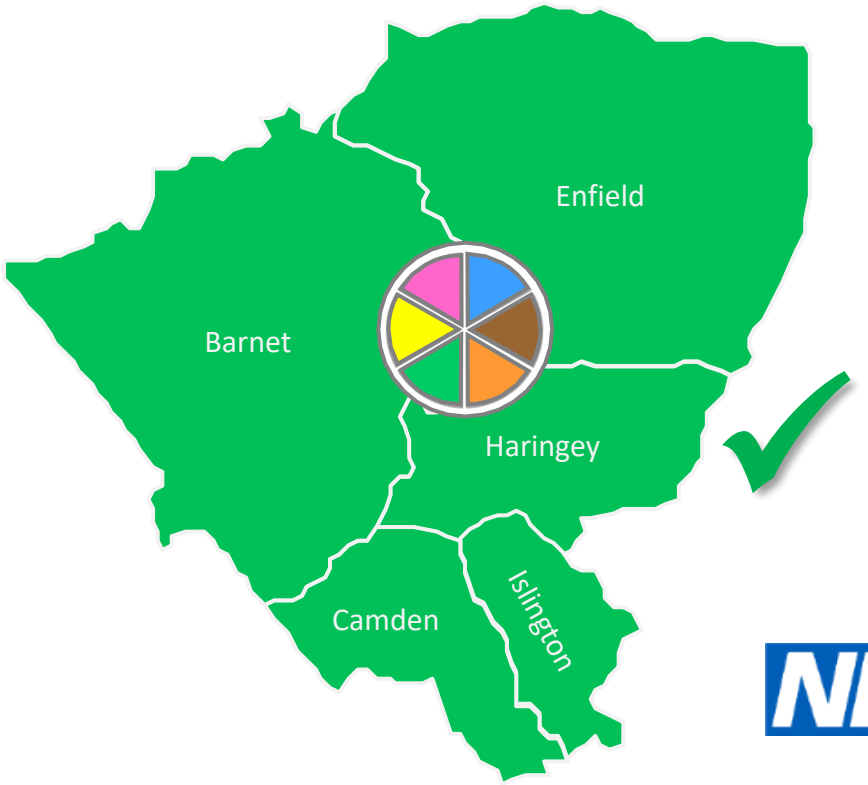
Single Point of Access (SPoA): Fully in place in Islington

- We have implemented a single point of access in North Central London since July 2023. It includes all referrals including direct from optometry.
- The SPoA shows demand and allows best use of system capacity; it also informs population health planning.
- The SPoA, or tools like it, are being implemented across the country. We hope an SPoA system will cover London in due course.
- In the meantime, Islington has the benefits of having our fully-developed model of SPoA which is driving improvements to system healthcare planning and patient experience.

MVS	Email referral, eRS and triage / booking
WP1	Digital twin to optimise use of resources
WP2	Centralised triage, advice & guidance
WP3	Educational interventions (for optoms)
WP4	Early patient information and support
WP5	Deployment of NHS Mail and eRS to optoms



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8777 NCL referrals

received since July 2023 (on 21.3.24)

NHS

Evidenced SPoA benefits to date (January ‘24)

Benefit	Baseline	Currently observed	Change/benefit	Scaled to 18k patients per year
Reduced time to triage (days)	11	1	↓ - 10 days	n/a
Reduce time taken for referral to go from optometrist to definitive provider	11 days (to re-baseline)	2 hours (median)	↓ 10+ days	
Appropriate clinic utilisation	38%	71%	↑ 33%	
Distance travelled by patient	49.3km	27.1km	↓ 22.2km	396,000Km
Clinical touchpoints for patients accessing care via A&E Medical Retina Wet AMD patients	2.3	2	↓ -0.3 touchpoints	Reduction in FU OP of c. 5400
Reduction in A&E attendance for Wet AMD cohort			↓ -25%	N/A
Carbon saving from travel	4.23kgCO2	2.33kgCO2	↓ 1.9kgCO2 per patient	34.2 TonnesCO2 (likely underestimate)
Reduce GP forwarding of referrals			↓ 43% reduction	6582 NCL referrals 1520 NEL referrals not processed by GPs
Reduction in referrals unneccessarily marked as "urgent"	21.6% of referals marked as urgent	12.6% urgent following first pass triage	↓ 58% rate of de-escalation from urgent to routine.	Annual reduction of 1620 urgent referrals
Increase proportion of referrals with imaging	17%	29%	↑ 12%	Additional transfer of 2160 images

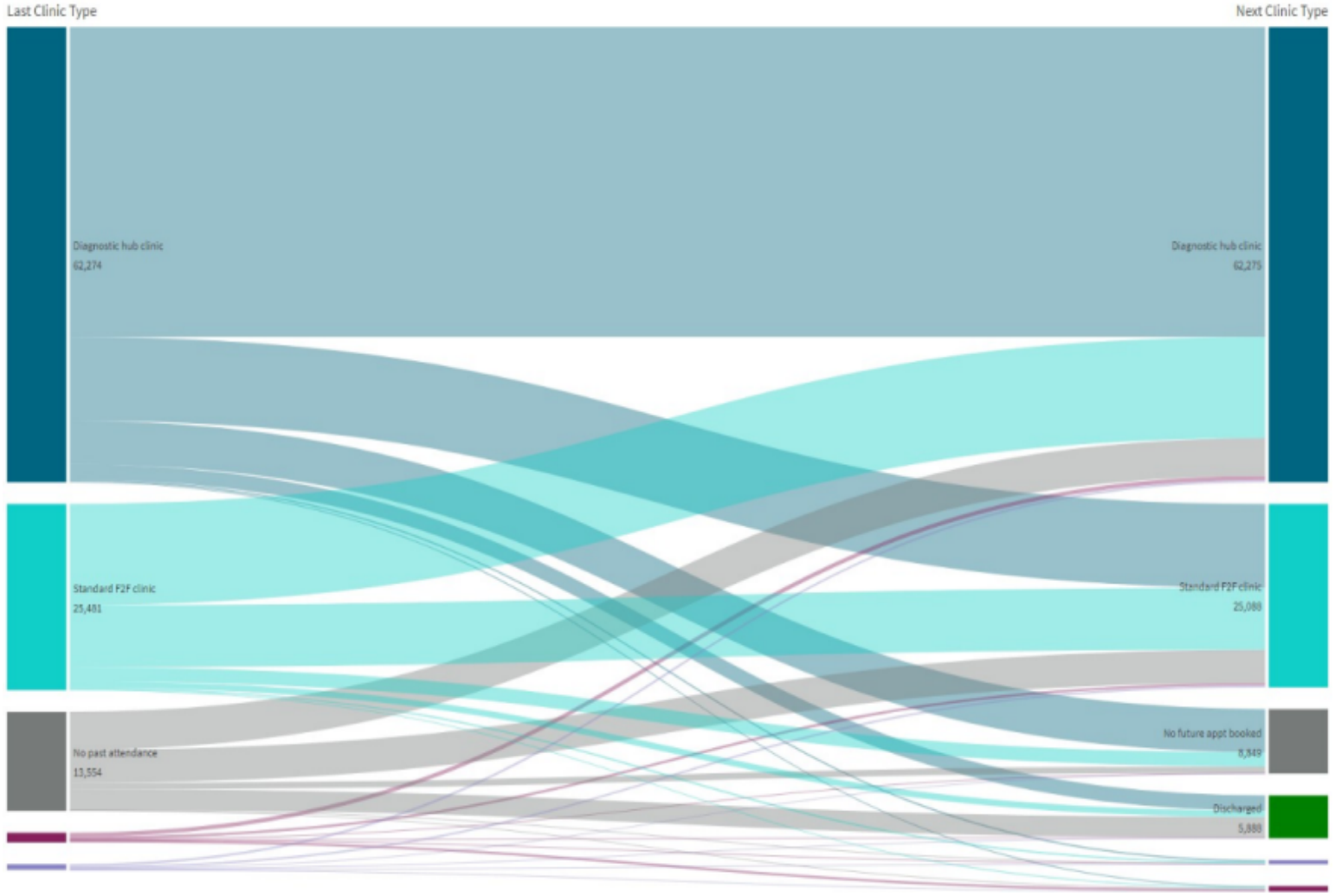
- The data here is mostly derived from NCL numbers, though NEL referrals have been included.
- SPoA promotes patient choice and potentially enables significant reductions in non-contracted activity and over-treatment. Coding is accurate and standardised.

Diagnostic hub flows Dec ‘22 – Nov ’23 (Moorfields)

60% attendances suitable for diagnostic hub care.
Asynchronous clinical review for all.
Patient journey time optimised (30-60 minutes)
Patient satisfaction 97%

Last Clinic Type	Total Attendances	Percentage
Diagnostic hub clinic	62,275	60.2%
Standard F2F clinic	25,483	24.6%
No past attendance	13,558	13.1%
Injection clinic	1,360	1.3%
Telemedicine clinic	793	0.8%

Next Clinic Type	Total Attendances	Percentage
Diagnostic hub clinic	63,013	60.9%
Standard F2F clinic	25,409	24.6%
No future appt booked	7,747	7.5%
Discharged	5,940	5.7%
Injection clinic	759	0.7%
Telemedicine clinic	601	0.6%



The diagnostic and monitoring service provides consistent and reliable clinical care with patients directed to alternate settings only as required. This releases hospital capacity.

Oriel: our new hospital in St Pancras

Construction is well under way for Oriel with cranes onsite, foundations being laid and the building will start to appear from the ground up this year.

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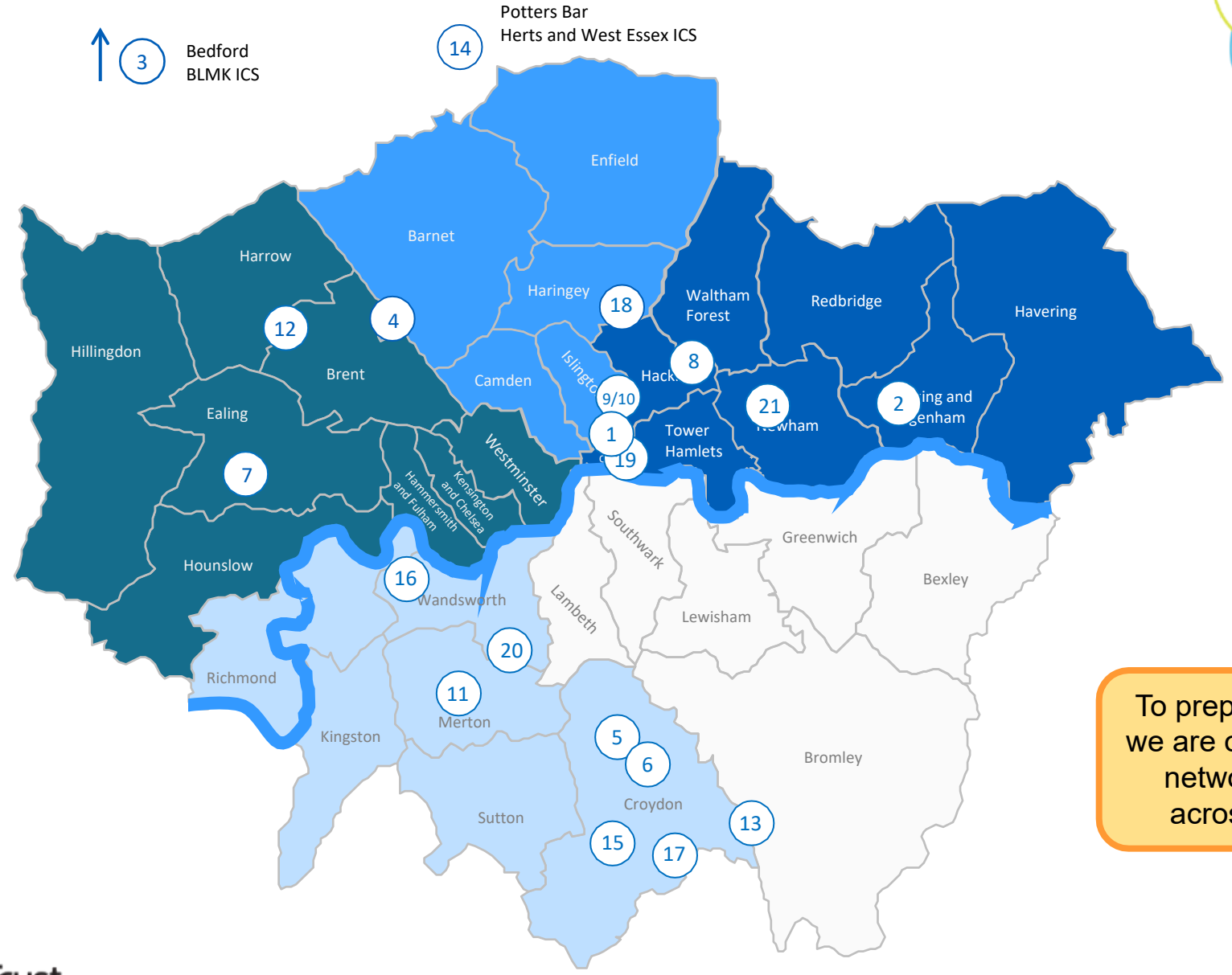
1 MEH City Road (inc. RDEC)
2 Barking Hospital
3 Bedford Hospital
4 Brent Cross Diagnostic Hub
5 Croydon University Hospital
6 Croydon Vision LVA clinic
7 Ealing Hospital
8 Homerton Hospital
9 Hoxton Diagnostic Hub
10 Hoxton Maze (mobility assessments)
11 Nelson Health Centre
12 Northwick Park Hospital
13 Parkway Health Centre
14 Potters Bar Community Hospital
15 Purley War Memorial Hospital
16 Queen Mary's Hospital
17 Sanderstead Health Centre
18 St Ann's Hospital
19 St Bartholomew's Hospital
20 St George's Hospital
21 Stratford Broadway



To prepare for Oriel, we are optimising our network of sites across London

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February 2024: a new larger premises opens at Brent Cross

- As part of project Hercules, Brent Cross has paved the way in how we and our partners across NCL deliver diagnostic care more efficiently to patients.
- In its first year of opening, it provided care to more than **15,000** patients, helping to reduce patient waiting times in cataract, glaucoma, and medical retina services across north London.
- It now sees **25,000** patients, which would not be possible without the continued hard work of our dedicated teams.
- The hub has also provided new careers for those not traditionally employed in healthcare services. Many of our technicians across our sites were trained at Brent Cross.

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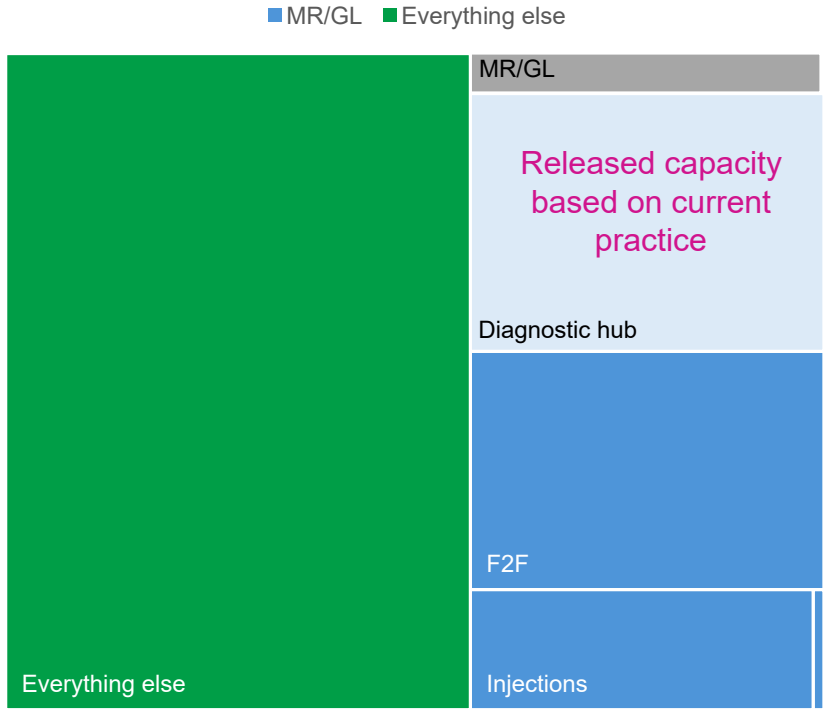
Our new NEL Stratford hub: reducing waits in Islington

- In April 2023 we were pleased to open a new centre on Stratford Broadway; we opened our operating theatres there in October last year.
- This will create capacity for NCL and NEL, directly benefitting Islington residents (e.g. reducing wait times for surgery at St Anns).
- We did some analytical work which showed that if we put more of our sites near where people live and work (such as shopping centres) we can free up 20% of hospital capacity, improving our wait times even more.

Impact of diagnostic hubs



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Hearing back from you.

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