## Report to trust board 25 May 2017

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<th>Report title</th>
<th>Vanguard programme highlights and forward plans</th>
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<tr>
<td>Report from</td>
<td>Johanna Moss, director of strategy and business development</td>
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<td>Prepared by</td>
<td>Karen Reeves, vanguard programme director</td>
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<td>Previously discussed at</td>
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<td>Attachments</td>
<td>Moorfields network history timeline (NB this is an interactive pdf and needs to be accessed electronically to activate the pop-ups)</td>
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### Brief summary of report
This report provides a retrospective of the year one vanguard programme highlights and a forward view into year two activities and will accompany the presentation at the board meeting.

### Action Required
Board is asked to note the progress update report.

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Vanguard programme

Report to the trust board: year one highlights and programme plan year two

1. Introduction

This report provides a retrospective of the year one vanguard programme highlights and a forward view into year two activities.

In 2015 Moorfields was selected as one of only 50 national vanguard programmes to help develop and deliver NHS New Care Models (NCM). The national vanguard programme is part of the NHS Five Year Forward View (5YFV), a new shared vision for the future of the NHS, led by NHS England (NHSE). More information about the vanguard programme and the NHS Five Year Forward View is available on the NHS England website.

Moorfields vanguard programme is one of only 13 acute care collaborative vanguard programmes which are all primarily focused on the sustainability of local district general hospital services. Some of the programmes are focused on a new care model providing hospital wide support; with others, such as Moorfields, focusing on the sustainability of single specialty services.

Moorfields has network of 32 NHS sites across greater London, in Bedford and in Dartford in Kent. In April 2017 our programme launched a unique toolkit as a way of sharing our own experience in delivering networked care across many sites and sharing learning from other healthcare providers nationally and internationally. The toolkit is an on line, interactive digital resource to provide practical advice to help provider and partner organisations consider whether this new care model can support single service sustainability for the smaller local hospital; and practical tools to enable them to set up a networked model of care more quickly.

The toolkit is intended to play a key role in future NHS service sustainability. Acute hospitals face increasing challenges to deliver safe and cost effective care, especially in smaller clinical specialties such as ophthalmology which often lack the benefits of scale in a local setting. In the absence of a critical mass of patient numbers or specialty workforce, provision of care may become clinically or financially unsustainable. These difficulties are often compounded by competition generated by local commissioners and other providers. The aim of our vanguard is to consolidate our learning and from other organisations’ experience in delivering networked care; so that we and the wider NHS can develop a clear understanding of when and how this model of networked care can enable acute hospitals to become clinically and financially sustainable.
2. The toolkit

We developed the toolkit to evidence what best practice looks like for a networked care model. We learned from reviewing our own network (historically and currently) and from other networked and non-networked healthcare organisations.

We were encouraged to use part of the funding from year one to review the Moorfields network growth and use this learning to help other trusts considering a networked care model. To do this we contacted past and present key internal staff and we have shared this learning through an interactive timeline in the toolkit (to view click on the icon in ‘attachments’ section on cover page). This maps the growth and rationale for each site from the first network site at Bow Hospital in 1993 through to the opening of our last network site at the Nelson Health Centre in 2015.

Moorfields networked care growth and experience has made a significant contribution to the toolkit learning but the online resource has generic appeal for all sub-speciality clinical services.

The learning highlighted a number of critical success factors which need to be in place for a best practice networked care model – the most critical being:

- standardisation of best practice across a networked model of care to assure quality and safety.
- a well-trained and motivated workforce to deliver high quality care.
- engaged and involved patients to ensure service pathways are responsive to patient needs.

There is learning to be gained for our own organisation from the toolkit content and this insight has been shared through our trust management board.

Our successful publication of the toolkit has had early success with over 122 toolkit subscribers in the first week following launch with 1,492 downloads of documents from our resources section.

We will continue to monitor the toolkit take up and respond to requests to visit and share the toolkit usability as well as proactively seeking out potential for the networked care model.

3. How has Moorfields benefitted from participating in the vanguard programme?

- The national vanguard programme has a high profile with commissioners and politically. In the light of the funding allocations and outcomes being questioned we have delivered out output on time, within budget and to excellent reviews from other trust colleagues.
- We have had positive media exposure through HSJ, Optometry Today, national blogs, Twitter, LinkedIn and Facebook.
- We have developed collaborative partnerships with other vanguard and non-vanguard organisations raising our profile as a learning and listening organisation.
- Vanguard funding has supported a review of our own networked care model enabling a look back and learn, as well as being able to stand back and look
objectively at what we do well now and, learning from others, what we can do even better.

- Staff have benefitted from secondment into the programme and the learning opportunities it provides.
- Provision of a framework for standardisation of processes, clinical governance and quality assurance for consistent use across the network and to support the sustainability and improvement programme
- Has a robust evidence based decision making methodology for expansion or major change to the network sites/service provision

4. Year two programme plan

Toolkit testing

We will be supporting other organisations to use the toolkit to consider whether this model of care can benefit service sustainability. We are already supporting the George Eliot Hospital in Nuneaton as they consider future options for ophthalmology service delivery.

Patient participation

In year two we are being resourced to roll out the learning from our patient participation project across our network. The aim is to bring staff and patients together to co-create around service planning and innovation. We intend to start this work at St Georges Hospital (as the site identified by the CQC) but roll the workshops out each month across other network sites. The aim of this work will be to embed a culture that puts patients at the centre of service planning and draws on their experiences to help design more effective patient pathways.

Benefits and challenges for extending the networked model numerically and/or geographically

In the coming year we are also continuing our research into networked care looking at whether a single specialty network model can be effective at scale either numerically and/or geographically. We will be talking to bigger national non-health related commercial networks to understand how they manage these models but also with independent healthcare organisations with multiple hospitals and services nationally.

Benefits and challenges around commissioning (including operating with or in other care model frameworks), payment and regulation for a networked care model

We will also be considering the challenges that the networked care model presents to the inspector (CQC) and regulator (NHSI), as well as the commissioners (CCGs and NHS England). How the network can add value to other commissioning models such as a single accountable care model and financial sustainability of smaller hospital services in a changing payment structure.

Developing clinical kite marking and an ophthalmic national alliance membership model
We will also be working with the National Orthopaedic Alliance (NOA) vanguard to help replicate their orthopaedic membership model for ophthalmology, developing clinical standards kite marking on a national basis working with other eye providers, getting it right first time (GIRFT) and the royal college.