Improving hospital gynaecology and maternity services in Liverpool

Engagement report for NHS Cheshire and Merseyside Integrated Care Board

March 2025

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Contents

1 Executive summary ___ 4

2 Introduction ___ 8

3 An overview of this engagement ___ 11

4 Questionnaire methodology ___ 15

5 Responses and findings from the questionnaire ___ 16

6 Responses and findings from listening events ___ 40

7 Feedback from correspondence, emails, and telephone calls ___ 47

8 Feedback from social media ___ 50

9 Petitions ___ 52

10 Responses and findings from voluntary, community, faith, and social enterprise groups 53

11 Next steps ___ 62

Appendix A: Demographic information ___ 63

Appendix B: Promotional material to support the engagement period ___ 84

Appendix C: Engagement questionnaire ___ 85

1 Executive summary

1.1 Introduction

The NHS is looking at hospital gynaecology and maternity services in Liverpool.

The organisation leading this work is NHS Cheshire and Merseyside Integrated Care Board (ICB), which is responsible for planning healthcare services in the area.

Currently, most of these services happen at Liverpool Women's Hospital, which means they are separate from other hospital services, and NHS Cheshire and Merseyside is concerned that this can sometimes create issues and delays with care.

The NHS is committed to finding a long-term solution that will improve the quality and safety of hospital gynaecology and maternity services, giving patients the best experience, wherever they are being treated. Although these issues have been discussed in the past, this is a new process aimed at addressing the problems as they stand today.

The public engagement detailed in this report was part of a new programme of work, but it follows earlier conversations with the public about women's hospital services in Liverpool.

This report summarises feedback received from a public engagement period which ran from 15 October until 26 November 2024.

The primary purpose of the engagement was to ask people to share their views on women's hospital services and respond to the newly-developed case for change for these services.

1.2 Overview of who responded

913 people completed a questionnaire during the engagement period in order to share their views. Of these, 229 indicated that they were a healthcare or social care professional, although many completed the questionnaire to share their experiences of having been a patient.

Among those who provided information on ethnicity, the majority identified as White (72%). The largest proportion of respondents was aged between 30 – 49 (59%), with 28% aged 50 or older and 11% under 30. In terms of gender, the majority of respondents identified as female (88%), with males representing 9%. A small number identified as non-binary. For more information about the demographics of respondents, see section 5.

In addition to the questionnaire, feedback was received from people attending public listening events, and by email or social media. For more information about how the engagement period was promoted and about the respondents, see section 3.

1.3 People’s views on the case for change

Awareness and understanding

The majority of questionnaire respondents (62%) agreed that NHS Cheshire and Merseyside had fully described why hospital gynaecology and maternity services need to change. A further 26% agreed that the organisation had partly described the reasons.

However, 9% said the organisation had not clearly described why these services need to change, and 4% said they were unsure.

Overall agreement on the need for change

Respondents were asked to what extent they agreed or disagreed with this statement:

> *“The NHS needs to make changes to hospital gynaecology and maternity services in Liverpool.”*

Among the 898 participants who answered, there was a broad consensus regarding the need to make changes to hospital gynaecology and maternity services:

- 82% agreed with the statement (50% strongly agreed and 32% tended to agree)
- 11% disagreed (6% tended to disagree, 5% strongly disagreed)
- 6% neither agreed nor disagreed

1.4 How people have experience of hospital gynaecology and maternity services

Experience of current services

Questionnaire respondents who had experienced hospital gynaecology or maternity services, or knew someone who had, were asked to rate their experience, or that of the person close to them, of these services.

Of the 794 people who responded:

- 56% reported a positive experience (31% described it as positive and 25% as very positive)
- 25% reported a negative experience (11% rated their experience as negative and 14% as very negative)
- 18% reported a neutral experience
- 1% reported that they didn’t know

People who had direct experience of hospital gynaecology or maternity services (or had a close relative or friend who had used them) were invited to provide more information about these experiences.

This was an open question, and feedback revolved around four key themes:

- Staff attitude and compassion
- Maternal and neonatal care quality
- Access and waiting times
- Staffing and expertise

Whether people felt disadvantaged when using the services

Questionnaire respondents were asked whether they, or someone close to them, felt disadvantaged when using hospital gynaecology or maternity services. Of the 788 people who responded:

- 62% responded that they had not felt or observed some form of disadvantage
- 21% indicated that they had felt or observed some form of disadvantage
- 17% were unsure

From their responses, four key themes emerged, highlighting the specific ways they or their loved ones felt disadvantaged in accessing or receiving care. These were:

- Staff attitude and compassion
- Discrimination and bias
- Patient autonomy and being treated with respect
- Consistency and standards of care

People completing the questionnaire were also invited to give their thoughts on the challenges facing these hospital services in Liverpool in a free text box. Five key themes emerged from respondents' reflections:

- Waiting times for treatment and delays with appointments
- Staff compassion and competence
- Facilities, environments and locations
- Patient autonomy and being treated with respect
- Specialised care and follow-up services

Future priorities

Questionnaire respondents were asked to identify the three most important factors to them when considering the future of hospital gynaecology and maternity services in Liverpool.

Five broad themes emerged in the feedback which, understandably, echo feedback provided elsewhere in the questionnaire. The five key themes were:

- Patient experience
- Accessibility and equity of care
- Waiting times and reducing appointment delays
- Patient safety

- Staff compassion and competence

A range of views were also expressed at the public listening events (see section 6), by correspondence and emails (see section 7), social media (see section 8), and by petition (see section 9).

2 Introduction

The NHS is looking at hospital gynaecology and maternity services in Liverpool.

The organisation leading this work is NHS Cheshire and Merseyside, which is responsible for planning healthcare services in the area.

Currently, most of these services happen at Liverpool Women's Hospital, which means they are separate from other hospital services, and NHS Cheshire and Merseyside is concerned that this can sometimes create issues and delays with care.

The NHS is committed to finding a long-term solution that will improve the quality and safety of hospital gynaecology and maternity services, giving patients the best experience, wherever they are being treated. Although these issues have been discussed in the past, this is a new process aimed at addressing the problems as they stand today.

The public engagement detailed in this report was part of a new programme of work, but it follows earlier conversations with the public about women's hospital services in Liverpool.

During 2015, Liverpool Women's NHS Foundation Trust held a 'Summer of Listening', involving both public and staff engagement, to help inform the development of its 'Future Generations' clinical strategy.

In June 2016, NHS Liverpool Clinical Commissioning Group (CCG), which was responsible for planning local hospital services, undertook patient, public, staff and stakeholder engagement as part of a review of women's services and neonatal care. This set out the reasons why change was required for these services, and invited people's views, thoughts, and feedback.

The insights gathered were used to develop a 'pre-consultation business case', which included a proposal for a new Liverpool Women's Hospital alongside an adult acute hospital, but this plan did not move forward because funding wasn't available.

In July 2022, NHS Cheshire and Merseyside took over the CCG's responsibilities for commissioning (buying) healthcare services. Starting the same month, it oversaw the Liverpool Clinical Services Review, which looked at how all of Liverpool's hospitals could work better together to improve care for patients.

The review identified resolving the challenges facing women's hospital services in the city as one of three urgent priorities. And, as a result, NHS Cheshire and Merseyside established the Women's Hospital Services in Liverpool programme, to oversee the development of a safe and sustainable future care model.

The engagement set out in this report was led by NHS Cheshire and Merseyside. Planning for it included representatives from:

- Liverpool Women's NHS Foundation Trust* (which manages Liverpool Women's Hospital)
- Liverpool University Hospitals NHS Foundation Trust* (which manages Aintree University Hospital, Broadgreen Hospital, Liverpool University Dental Hospital and the Royal Liverpool University Hospital)
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust

On 1 November 2024, Liverpool Women's NHS Foundation Trust and Liverpool University Hospitals NHS Foundation Trust became part of NHS University Hospitals of Liverpool Group.

Planning also included representatives from three local Healthwatch organisations:

- Healthwatch Knowsley
- Healthwatch Liverpool
- Healthwatch Sefton

In addition, NHS Cheshire and Merseyside set up a 'Lived Experience Panel'. This comprises around 30 people with experience of using hospital gynaecology and / or maternity services in Liverpool, whether as a patient, family member or carer.

Members of the panel provided feedback on both the summary information booklet published for the engagement, and the questionnaire used to enable people to share their views. NHS Cheshire and Merseyside remains grateful for their invaluable experience and ongoing input.

NHS Cheshire and Merseyside's Board approved a 'case for change' for these important services on 9 October 2024, and a six-week period of public engagement launched the following week, on 15 October 2024.

Previous conversations around hospital gynaecology and maternity care in Liverpool provided an important foundation, but it's important to note that this engagement was not a continuation of an earlier process.

NHS Cheshire and Merseyside were mindful that, not only had a significant period of time passed since people last had an opportunity to share their views on women's services, the engagement described in this report also asked people to respond to a newly-developed case for change, reflecting the situation as it stands today.

The public engagement exercise described in this report did not set out any proposals for services. While a number of people who responded to the questionnaire and attended listening events made specific comments about the location of services, the case for change did not set out any potential options for the future.

NHS Cheshire and Merseyside will use the views on women's health services in Liverpool shared during this engagement period – including people's experiences of them, their views on change, and what is important to them about the future of these

services – to inform what happens next, including the development of any proposals for how hospital gynaecology and maternity services could look in the future.

Views, insights and feedback gathered by NHS Cheshire and Merseyside during the engagement period – for example notes from listening events – were anonymised (with the exception of a letter from a local MP) and then provided, otherwise unedited, to Hood & Woolf to draft this independent report.

Where feedback is verbatim, such as responses to questions in the questionnaire, it appears in quotation marks throughout the report against a blue background.

> *"Direct quotations are presented in this format against a blue background."*

Feedback that has been received in note form, for example from notes of listening event discussions, is not in quotation marks.

> *Feedback received in note form is presented in this format against a green background.*

The direct feedback included in the report is illustrative of the points raised – it is not intended as a comprehensive inventory of all feedback received. All the feedback received during the engagement period will be supplied, anonymised, to NHS Cheshire and Merseyside.

Where percentages are used, these have been rounded up or down to the nearest 1%. As a result, on occasion, totalled percentages may not equal exactly 100%. On some questions in the questionnaire, respondents could select more than one answer, which will result in some totals being more than 100%.

A note on language

It's not only people who identify as women (or girls) who use women's health services. Like NHS Cheshire and Merseyside, we use the terms 'woman' and 'women's health' in this report to include trans men and non-binary individuals assigned female at birth who also access these services.

Thank you

NHS Cheshire and Merseyside would like to thank everyone who took the time to share their views during the engagement period.

3 An overview of this engagement

3.1 Promotion to patients, people and communities

Pre-consultation engagement plan

A pre-consultation engagement plan was developed to support the period of engagement and was approved by NHS Cheshire and Merseyside's Women's Services Committee in September 2024. 'Pre-consultation engagement' is a commonly used term in NHS service change, but NHS Cheshire and Merseyside used 'public engagement' to describe the process, as it was felt this was more accessible and less likely to cause confusion.

A wide range of mechanisms were used to share information, promote the engagement period, and encourage as many people as possible to take part. These included:

Website

A dedicated website for the Women's Hospital Services in Liverpool programme – www.GynaeandMaternityLiverpool.nhs.uk – launched on the first day of the engagement period.

This set out the context of the programme, including supporting information, and also included the summary case for change booklet, the full technical case for change document, and a range of videos with clinicians setting out some of the current clinical challenges.

Over the six-week engagement period, the website was visited by a total of 7,656 unique users, with a total of 15,056 page views and 46,090 actions taken (such as downloads or clicks to another link).

The website will remain live as work on the programme continues. Visitors to the site can sign up to join the Virtual Reference Group to receive further news and updates by email.

Engagement materials

The main case for change booklet (also known as the summary information booklet) and engagement questionnaire were produced in English (available online, and printed on request), and translated into 16 additional languages.

An Easy Read version of the summary information booklet and questionnaire were also made available on the website, and a British Sign Language (BSL) summary video was produced, highlighting key points from the case for change and details of the public engagement. These were made available on the programme website, and also shared directly with relevant organisations.

Communications toolkit

A communications toolkit was cascaded to a wide range of public sector organisations and community partners in Liverpool, Sefton, and Knowsley.

This included all NHS provider trusts and local authorities within Cheshire and Merseyside, GP practices, Healthwatch organisations, and council for voluntary services (CVS) organisations.

The toolkit – which contained content which could be easily shared to promote the engagement – was also made available on the resources page of the programme website, so that it was widely accessible.

Attendance at external meetings and events

In addition to six NHS-led public engagement sessions (see section 5 for further details), NHS Cheshire and Merseyside offered to attend existing stakeholder and community group meetings, to provide a briefing on the case for change and explain how people could share their views on the issues facing hospital gynaecology and maternity services.

This offer was taken up by a number of groups and organisations, including Healthwatch Liverpool Community Engagement Board and Sefton CVS. The engagement was also promoted at a health fair that formed part of the Liverpool University Hospitals NHS Foundation Trust and Liverpool Women's NHS Foundation Trust Annual Members' Meeting, and at an event held by One Knowsley, an independent social infrastructure body for the borough.

Media promotion

Four press releases were issued to regional and local media during the course of the engagement period. This resulted in a number of pieces of coverage, across the following outlets:

> *BBC Radio Merseyside, BBC North West Today, BBC North West Tonight, ITV Granada Reports, Liverpool Echo, BBC Online, Capital FM Liverpool, LBC, Radio City Liverpool, The Guide Liverpool, and the Health Service Journal*.

Social media promotion

In addition to organic (unpaid) social media posts across NHS and partner accounts, a ten-day social media advertising campaign was run through Meta (Facebook and Instagram), towards the end of the engagement period.

This specifically targeted women in Knowsley (focused around the Kirkby area), Liverpool and south Sefton.

This enabled NHS Cheshire and Merseyside to focus on groups that were under-represented at the mid-point review of the engagement period (see section 4). These

were those aged 18 – 29, and those aged 55+. The promotional social media activity was later extended to include those aged 30 – 54.

The campaign generated 5,718 'click-throughs' to the programme website, and had an approximate reach (the estimated number of people who saw the social media content) of 237,566.

3.2 Promotion to NHS staff

The NHS organisations involved in the programme shared information about the opportunity to take part in the engagement using a range of existing internal communications channels, including all-staff emails, bulletins and briefing sessions.

Liverpool Women's NHS Foundation Trust also held an online listening event for staff, aimed at supplementing the trust's ongoing communications about the issues affecting gynaecology and maternity services. The session was focused on briefing staff members who were newer to the trust, but all staff were invited to attend and ask questions. A total of 25 colleagues joined, and the session was recorded and shared with all staff, so that those who could not attend were able to watch it back at a later date.

3.3 Methods of providing feedback

The engagement period was designed so that people could share their views using a variety of methods, including by:

- Completing a questionnaire online, or completing and returning a hard copy
- Attending one of six listening events
- Emailing engagement@cheshireandmerseyside.nhs.uk
- Post
- Telephone

3.4 Summary of overall responses

During the engagement period, people took part in a variety of ways to share their views and experiences of hospital gynaecology and maternity services in Liverpool, their thoughts on the challenges it faces, and what was most important to them for those services in the future. These comprised:

- 913 people who completed the online questionnaire
- 13 who shared their feedback by email
- 1 who shared their feedback by letter
- 71 members of the public who attended events
- 25 NHS staff from Liverpool Women's Hospital who attended a separate listening event
- 74 people who shared thoughts on social media

Respondents came from a range of demographic backgrounds. Specific actions were taken to ensure feedback was obtained by a wide range of people who access and use these services. However, it's important to note that the feedback contained in this report cannot be generalised to the population served by the services in question. That is to say, those who took part were self-selecting and some groups will be over or under-represented as a result.

The full case for change document published as part of this engagement includes demographic information for people using Liverpool Women's Hospital services. This information has not been reproduced here as, while NHS Cheshire and Merseyside was keen to hear from those individuals during this engagement period, it also wanted to seek views from a wider range of people.

4 Questionnaire methodology

4.1 Questionnaire design

The questionnaire aimed to enable people to share their views on, and experiences of, hospital gynaecology and maternity services as easily as possible.

No questions were mandatory, which meant that participants could choose not to answer any that didn't apply to them, or where they did not want to provide feedback. Importantly, this means that where percentages are provided throughout this report, they refer to the proportion of respondents who answered that question.

The questions were carefully selected to generate a range of both quantitative and qualitative feedback.

The quantitative data provides a basis for numerical comparison, while the qualitative feedback, such as people's thoughts and experiences, means we could hear from people directly in their own words. We use these answers to identify any key themes across all the responses, and use direct quotations of people's specific feedback to highlight themes, opinions, and views.

The qualitative feedback was analysed using a structured thematic coding approach. The themes that emerged from this analysis are presented with the most commonly mentioned first within the relevant sections of this report.

The main body of the questionnaire asked about people's views and experiences of gynaecology and maternity services.

The remainder of the questionnaire was dedicated to asking respondents about themselves, for example whereabouts they live and where they work (if they are a healthcare or social care professional).

The final section contained equalities monitoring questions. These ask about people's characteristics (such as their age, gender, religion, relationship status, and if they have any disabilities).

In order to measure the effectiveness of promotional activity, identify any gaps in responses, and ensure that responses were received from a diverse range of people, a mid-point review was built into the engagement period. As a result of this, a number of actions were put in place, including targeting of specific groups, both using social media and though promotion to relevant organisations and community networks.

5 Responses and findings from the questionnaire

5.1 Overview of who responded

Number of responses

913 people completed the questionnaire during the engagement period. Some questionnaires were completed online, and others were completed as paper versions then inputted into the online system by NHS Cheshire and Merseyside staff or VCFSE (voluntary, community, faith or social enterprise) representatives. See section 10 for more information about the engagement undertaken by VCFSE organisations.

Of the 913 respondents, 229 indicated that they were a healthcare or social care professional – although they did not necessarily work in or alongside gynaecology or maternity services, and many completed the questionnaire to share their experiences of having been a patient.

Of those who completed hard copies, a number were translated into English from another language. Some of the translations were undertaken by NHS Cheshire and Merseyside, and some were undertaken by VCFSE organisations. Of the languages translated from NHS Cheshire and Merseyside, 13 were completed in Arabic, five in Farsi, two in Polish, and one each in Hungarian, Pashto, and Somali.

Six people who completed the questionnaire ticked the box to say they were responding on behalf of an organisation, but then gave no further details indicating the name or type of organisation. We have included these responses and they have been treated as individual responses.

A full breakdown of the demographic information for questionnaire respondents can be found in Appendix A. This also includes how people found out about the questionnaire, and the level of engagement material they had read before responding.

Key demographic information

The map below plots the postcodes of respondents to the questionnaire, and is colour-coded by number of people who participated who live in that area.

Where people live

Figure 1: What is the start of your postcode?

Almost three quarters of respondents – 71% – live in Liverpool, while 12% live in Sefton, and 7% in Knowsley. Smaller proportions live in Wirral (3%), and Cheshire West, St Helens, Halton, Cheshire East, and Warrington (each with 1% or less).

Ethnicity

Among those who provided information on ethnicity, the majority identified as White (72%). The majority were English / Welsh / Scottish / Northern Irish / British, who accounted for 67% of respondents.

Other notable groups included individuals of Asian / Asian British backgrounds, who collectively represented 15%, with significant numbers identifying as Bangladeshi (6%) Indian (5%), and Pakistani (3%).

Respondents from Black / African / Caribbean / Black British backgrounds made up 3%, while smaller percentages identified as Mixed / Multiple ethnic groups or other ethnic categories.

Age

The largest proportion of respondents was aged between 30 – 49 (59%), with 28% aged 50 or older and 11% under 30.

Gender

In terms of gender, the majority of respondents identified as female (88%), with males representing 9%. A small number identified as non-binary.

Healthcare or social care professionals

26% of respondents indicated that they worked in healthcare or social care, although they did not necessarily work in or alongside gynaecology or maternity services, and many shared their experiences of being a patient.

A full breakdown of the demographic information for questionnaire respondents can be found in Appendix A.

5.2 Awareness and understanding

Respondents were asked to if they thought NHS Cheshire and Merseyside had clearly described why hospital gynaecology and maternity services need to change. The possible responses they could provide were:

- Yes – fully
- Yes – partly
- No
- Not sure

The majority of respondents (62%) agreed that NHS Cheshire and Merseyside had fully described why hospital and gynaecology and maternity services need to change. A further 26% agreed that the organisation had partly described the reasons.

However, 9% said the organisation had not clearly described why these services need to change, and 4% said they were unsure (see Chart 1).

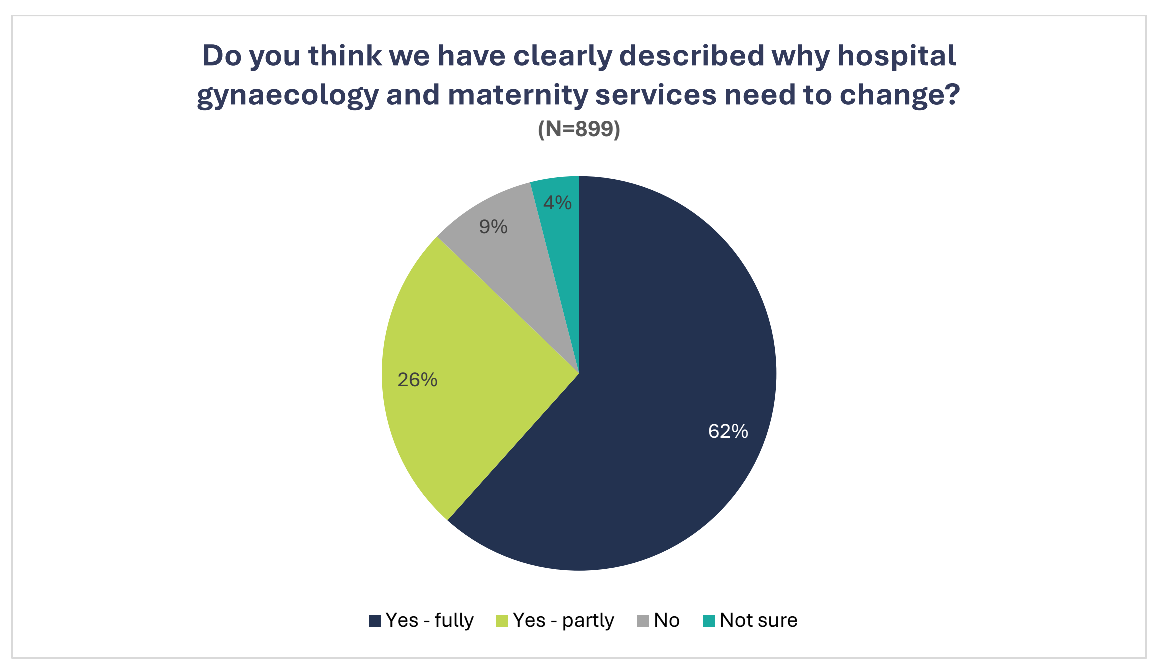

Chart 1: Do you think we have clearly described why hospital gynaecology and maternity services need to change?

Further analysis showed that those who responded that NHS Cheshire and Merseyside had fully or partly described why hospital gynaecology and maternity services need to change were far more likely to agree than to disagree that there is a need for change (93% vs 53% respectively). This group were also more likely to describe their experience of the services as negative than positive (91% vs 85%).

In contrast, those who felt that NHS Cheshire and Merseyside had not clearly described why hospital gynaecology and maternity services need to change were more likely to disagree than to agree that there is a need for change (37% vs 4% respectively), and were more likely to describe their experiences of services as positive rather than negative (11% vs 6%).

Demographic analyses revealed that:

- Healthcare and social care professionals were more likely than the public to respond that NHS Cheshire and Merseyside had clearly described why hospital gynaecology and maternity services need to change (92% vs 86%).
- Younger respondents tended to be more likely to state that the organisation had fully described why hospital gynaecology and maternity services need to change than older respondents: those aged 30-39 (65%) and those aged 40-49 (66%) were more likely than those aged 50+ (56%) to feel the case for change had been fully explained.
- Currently or recently pregnant people were more likely to respond that NHS Cheshire and Merseyside had described why hospital gynaecology and maternity services need to change (93%) compared to non-pregnant people (85%).

Those who partially agreed or did not agree that the case for change had been made were asked how they thought the information could be made clearer. 39% responded that there was not enough information, while 21% said there was too much information.

21% also said that the way the content is laid out made it difficult to read, and 14% said there was too much jargon. 4% said they did not like the design (see Chart 2).

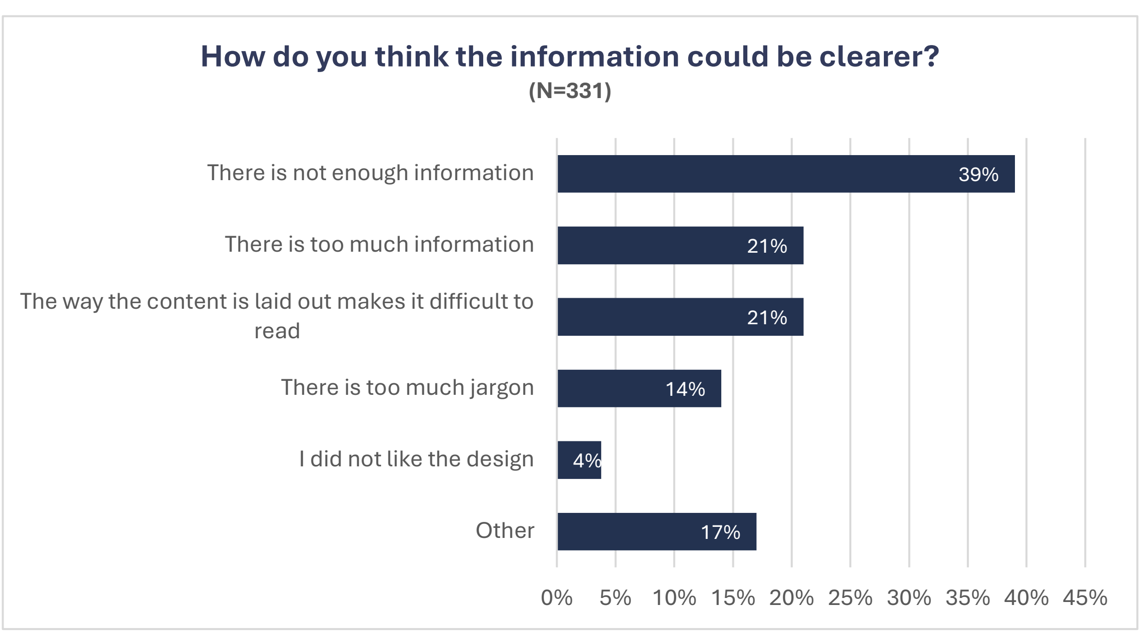

Chart 2: How do you think the information could be clearer?

Of the 17% who responded 'Other', many perceived the content as biased, citing that it focused primarily on the negative aspects of current provision without presenting the benefits, a balanced view, or sufficient evidence:

> *"The information is presented in a biased fashion which is designed to create prejudice against retention of the Crown Street site."*

> *"The information is not neutral but is making it seem as if a move is the only possible answer."*

> *"The content focuses on the negative issues and not on the bigger picture of why those issues are happening at this time of underfunding in the whole of the NHS."*

Accessibility challenges were also highlighted, including difficulties in locating the summary information booklet online. Additionally, some respondents identified a lack of detail in the materials, with feedback including:

> *"The information is not clear and doesn't cover all the issues."*

> *"The arguments given ignore important relevant information, alternative views, and public opinions."*

5.3 Overall agreement on the need for change

Respondents were asked to what extent they agreed or disagreed with this statement:

> *"The NHS needs to make changes to hospital gynaecology and maternity services in Liverpool."*

The possible responses people could provide were:

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

Among the 898 participants who answered, there was a broad consensus regarding the need to make changes to hospital gynaecology and maternity services: 82% agreed with the statement (50% strongly agreed and 32% tended to agree), while 11% disagreed (6% tended to disagree, 5% strongly disagreed) and 6% neither agreed nor disagreed (see Chart 3).

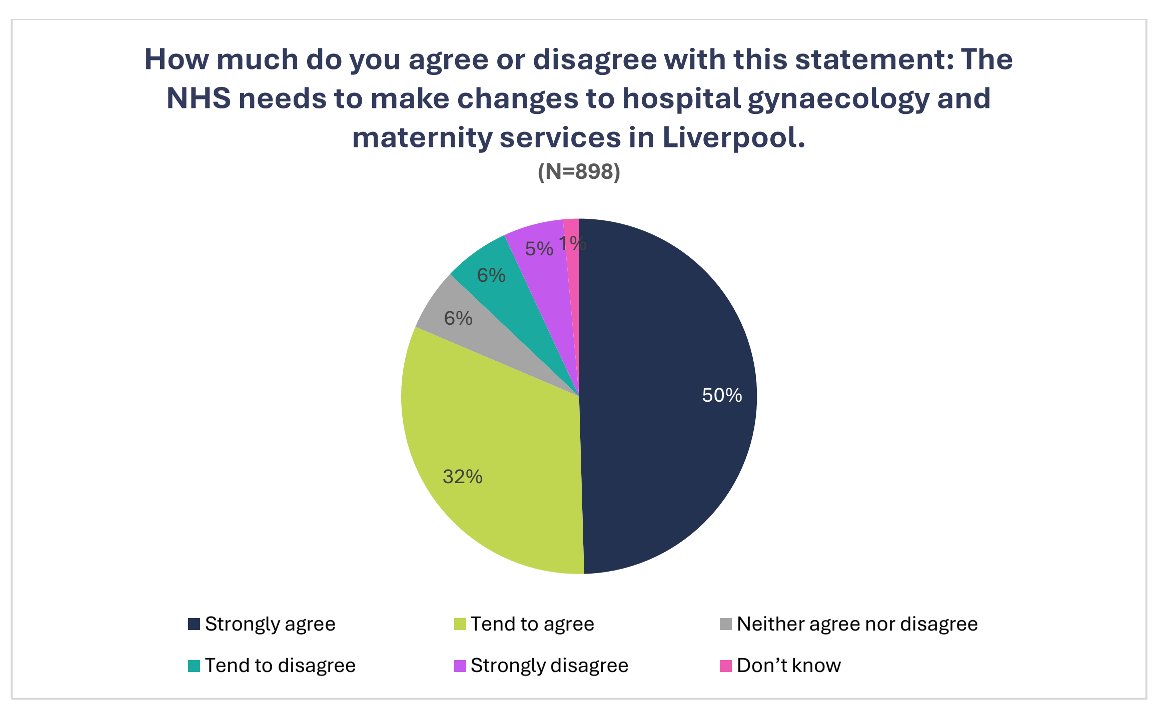

Chart 3: How much do you agree or disagree with this statement: The NHS needs to make changes to hospital gynaecology and maternity services in Liverpool

As already noted in section 4.2, people's experience of the services appears to relate to their agreement with the need for change, and how clear they think the case is for making changes.

For example, 98% of those who had a negative experience of care agreed with the need for change, vs 72% of those who had a positive experience.

Among those who felt the case for change was fully made, 92% agreed with the statement, compared with 75% of those who said the case is partly made, and only 41% of the group who didn't believe the argument had been made at all.

Overall, 93% of professional respondents agreed with the statement, which was significantly greater than the proportion of the general public who felt this way (77%).

5.4 How people have experience of hospital gynaecology and maternity services

As part of the questionnaire, people were asked:

> *"Have you, or someone close to you, used hospital gynaecology and / or hospital maternity services in Liverpool?"*

Respondents could select multiple options to reflect their own experiences, those of close family or friends, and / or if they worked in or alongside these services. 894 people answered the question, broken down as follows:

- 50% reported that they had used hospital gynaecology services
- 42% reported that they had used hospital maternity services
- 25% reported that someone close to them had used hospital gynaecology services
- 26% said that someone close to them had used hospital maternity services
- 9% reported working in or alongside hospital gynaecology and maternity services
- 9% wanted to share their views despite not having personal or close contact with these services.

A further 1% indicated they were responding on behalf of an organisation, however they did not provide details when prompted. Their responses have been treated as being from an individual and included in the analysis.

5.5 Experience of current services

Respondents who had experienced hospital gynaecology or maternity services, or knew someone who had, were then asked to rate their experience, or that of the person close to them, of these services. The possible responses they could provide were:

- Very positive
- Positive
- Neutral
- Negative
- Very negative
- Don't know

Of those who answered, 56% reported a positive experience: 31% described it as positive and 25% as very positive.

Neutral responses accounted for 18%, indicating mixed or average experiences. Negative feedback was reported by 25% of respondents: 11% rated their experience as negative and 14% as very negative (see Chart 4).

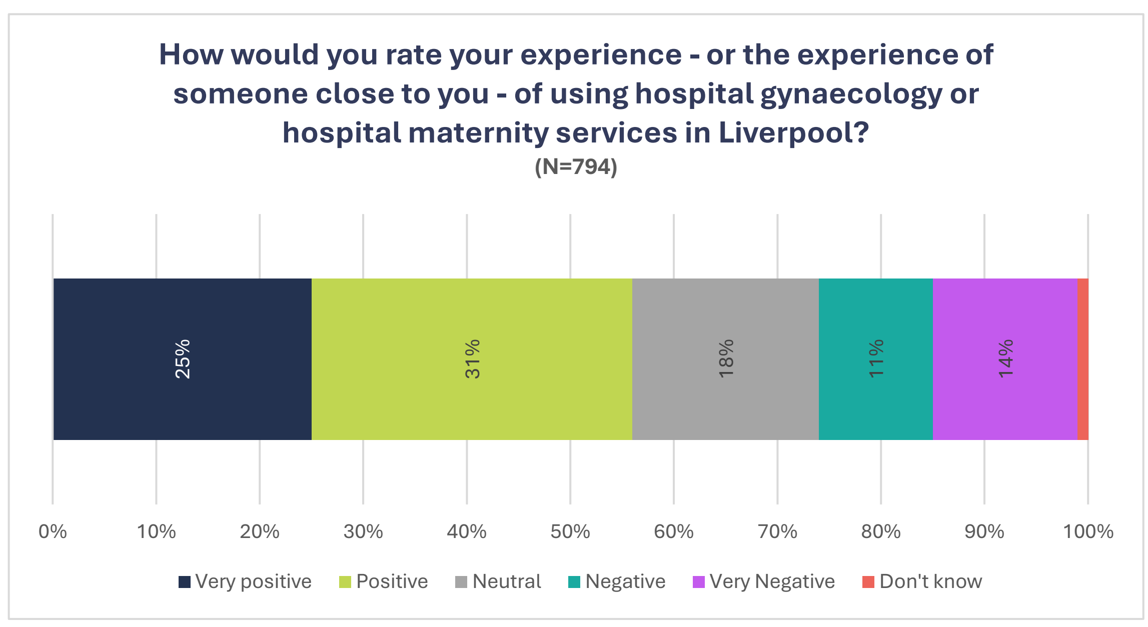

Chart 4: How would you rate your experience – or the experience of someone close to you – of using hospital gynaecology or hospital maternity services in Liverpool?

As noted in section 4.2, positive experiences of services were associated with a lower likelihood of agreeing with the need for change or feeling an adequate case for change had been made. For example:

- Those who reported positive experiences of services were much more likely to disagree (88%) with the case for change than to agree (49%) with it. Additionally this group were more likely to feel the case for change had not been clearly explained (70% vs 54% who felt it had).
- Older respondents were more likely to report very positive service experiences than younger people: those aged 50+ were more likely (41%) to report very positive experiences than those aged under 30 (18%), 30-39 (18%) and 40-49 (18%).
- Pregnant and recently pregnant individuals were more likely to report higher positive experiences of services (62%) compared to those who were not (55%).
- Healthcare and social care professionals were more likely than the public to describe their experiences of the services as negative (31% vs 23%).

People were then asked:

> *"Please tell us more about your (or their) experiences – both the things that went well, and the things that could be improved."*

People who had direct experience of hospital gynaecology or maternity services (or had a close relative or friend who had used them) were invited to provide more information about these experiences. This was an open question, and feedback revolved around four key themes:

- Staff attitude and compassion
- Maternal and neonatal care quality
- Access and waiting times
- Staffing and expertise

Staff attitude and compassion

The most common theme among the responses for this question was staff attitude and compassion. Within this, the proportion of responses that were positive and negative in nature were closely matched, with negative sentiment slightly higher.

In the main, where people's experience had been negative, respondents described staff being rude, not listening to concerns or reported being made to feel as though they couldn't ask for help once they were on the maternity ward.

> *"The nurses performing gynaecological services could have better people skills and not be so cold and robotic to talk to."*

> *"I didn't feel like a person when I was getting seen when I had a miscarriage."*

Some respondents described having received good quality care during their operation or birth but felt their experience on the ward was significantly less good.

> *"Little support morning after [C-]section [caesarean] and poor wound care [after a] hysterectomy this year. Dr / recovery care good. Ward care not great, would not like to become seriously ill at the hospital as don't have the staff / facilities to care for. Good and bad staff everywhere but I believe [a] lot of improvement can be made in patient care."*

> *"The aftercare on the ward (we stayed for five days) was absolutely horrendous - rude staff, no support, tell you you're being dramatic, make you seem like an inconvenience for ringing the buzzer for help, no help or information with what was happening with my sick baby. Was ignored and sent home with mastitis."*

A number of respondents felt that this attitude stemmed from staff being overwhelmed and the unit understaffed, and there was a sense that some staff had become desensitised to women's experiences.

> *"Staff should remember it may be their day job but to some patients this episode of care may be [the] most terrifying and stressful thing they have ever done. Please don't desensitise to that."*

In terms of positive experiences, there were some examples of compassion and understanding from staff, including how integrated working benefits patients.

> *"Initial admin and referral took a long time but once I was actually seen by a clinician, I was able to be properly diagnosed and treated for the first time in ten years. I have seen multiple specialists on site and my treatment is rare and complex so managed by a team. They work together to provide ongoing care and my condition is properly managed for the first time ever … I have been able to achieve things in my life that I never thought possible when my condition was unmanaged. I couldn't praise the team at the Women's highly enough for how professional, caring, and efficient they are."*

Maternal and neonatal care quality

The second most common theme expressed for this question was maternal and neonatal care quality. Within this, the proportion of responses that were positive and negative in nature were again closely matched, with negative sentiment again slightly higher. There were, however, examples of fantastic care and patients who felt that their experience was exceptional.

> *"This year I had my first child at the Women's Hospital. From my scans, being induced, checking in at 4am, having to stay overnight to wait for a delivery suite to have my waters broken and finally giving birth naturally I thought the hospital was brilliant."*

> *"Caring, dedicated staff. Emergency access went well. Beds available when required (no waiting). Access to top surgeons / consultants. Prompt appointments."*

The negative comments highlighted some concerns around safety and procedures. A number of respondents described experiencing the loss of a baby and then being located near to new mothers.

> *"My partner developed diabetes whilst pregnant, towards the end of her pregnancy she had trouble feeling the baby move and kick she was worried and went to the hospital only to be turned away three times as there was no one to see her as a result the baby was stillborn and she had to give birth to a 10lbs 11 baby boy, she was then taken to a ward where women were having healthy babies and left."*

> *"The Trust is more concerned about midwifery retention as opposed to dealing with poor practice or serious professional misconduct. Maternity … needs a massive improvement plan."*

Some respondents’ experiences were, at least in part, due to needing to be transferred from Liverpool Women’s Hospital elsewhere:

> *“I didn’t feel safe when I was in the hospital as it wasn't explained to me, I was hurried into an ambulance and taken to [the] Royal for emergency surgery, it was stressful and I had to leave my baby behind, I didn’t know who was going to look after him, I didn't know if I was going to live or die, so many things was going round in my head.”*

Others felt that their experiences of poor care were not down to the location of services, but the standard of care they received:

> *“My daughter has given birth to three children from 2010 to 2017 and treated for one miscarriage. In my opinion the service provided for all three births and miscarriage was poor ... Also a friend has life limiting injuries following a gynaecological procedure resulting in receiving large compensation. I think there have been fundamental problems with the service for years which is nothing to do with co-location. It has to be poor management from the top of the organisation.”*

Access and waiting times

The third most common theme from responses for this question related to access and waiting times. More than half of the respondents shared negative experiences, with many describing waiting times to access services that were significant, and impacting on other areas of their lives.

> *“Transparency on waiting times has not been there, I have been told by different professionals that my wait wouldn't be more than a couple of months but this is not the case, expectations are not being managed.”*

> *“Despite hours of distress chasing up, I've been told there is a long undefined waiting list with people in front?! I struggle to see how any service cannot know what timescales are involved.”*

> *“Delay in results. Delay in reading scans. Delay in waiting for an appointment after GP has referred to gynaecologist.”*

Staffing and expertise

The theme of staffing and expertise saw almost half of respondents express a negative view, around three in ten responding neutrally, and around a quarter sharing positive responses. Those that were positive highlighted the skill of staff and the impact that this had on the patient experience.

> *“I have had four recurrent miscarriages one in the second trimester and had a full-term birth. I’ve always found staff to be knowledgeable and skilled. Having the recurrent miscarriage department helped us so much.”*

> *"Personally I have had some very good care at the colposcopy clinic with adaptations made for my previous experiences of sexual trauma."*

However, there were recurrent mentions of the lack of staffing and the impact that this has on patient care.

> *"There is never enough staff or if there are they are either too tired or not wanting to engage. The staff who did help were brilliant and really did go above and beyond which is why I think it may just be overstretched services."*

There were also some concerns raised about the skills and expertise of staff, both in maternity and gynaecology.

> *"Important health screenings did not pick up that their baby was in fact suffering during the pregnancy and such they lost their baby at 37 weeks gestation. Multiple opportunities to identify issues were missed."*

The remaining responses covered themes of scheduling and communication, specialist support services, postnatal care and mental health support, facilities and equipment and administration and record keeping.

5.6 Whether people felt disadvantaged when using the services

Respondents were asked whether they, or someone close to them, felt disadvantaged when using hospital gynaecology or maternity services. Of the 788 participants who answered, 62% responded that they had not felt or observed some form of disadvantage, 21% indicated that they had, and 17% were unsure (see Chart 5).

Further analyses showed:

- Those with a disability were more likely to report experiencing or observing disadvantage (27%) compared with those who did not report having a disability (17%).
- Younger people aged under 30 were more likely to report that they had experienced or observed disadvantage (31%) compared with those aged 50 and over (15%).
- People who were White were more likely to report not experiencing or observing disadvantage (64%) than those from any other ethnic background (55%).

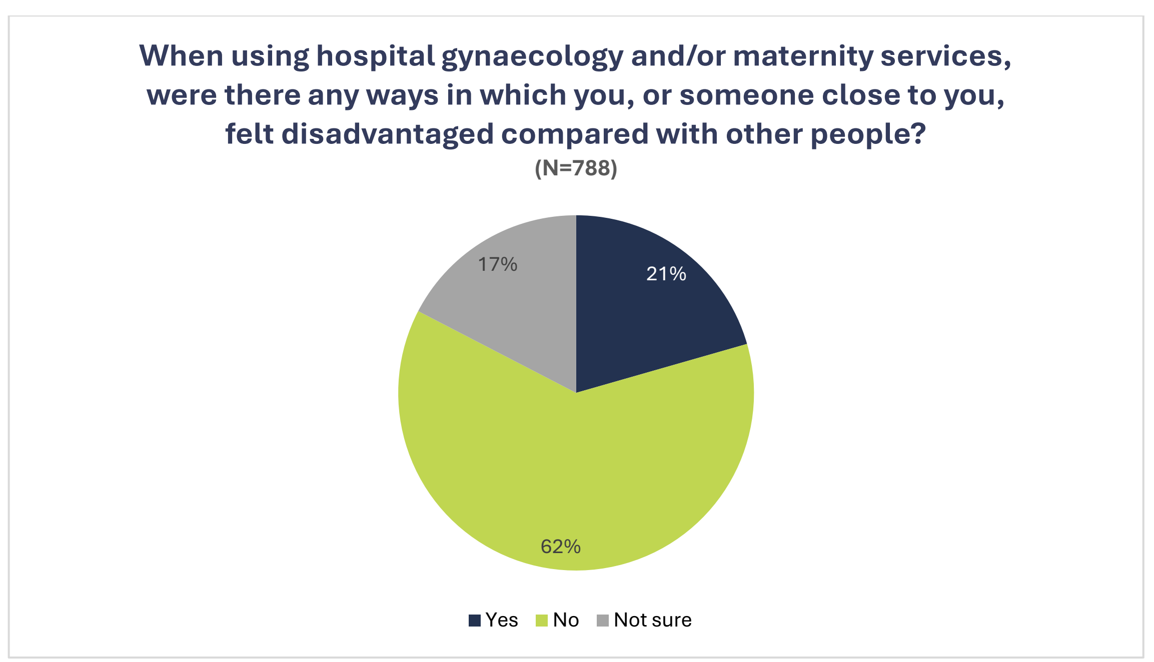

Chart 5: When using hospital gynaecology and/or maternity services, were there any ways in which you, or someone close to you, felt disadvantaged compared to other people?

Those who answered 'Yes' to experiencing or observing a disadvantage when using hospital gynaecology or maternity services were invited to provide further comment.

From their responses, four key themes emerged, highlighting the specific ways they or their loved ones felt disadvantaged in accessing or receiving care. These were:

- Staff attitude and compassion
- Discrimination and bias
- Patient autonomy and being treated with respect
- Consistency and standards of care

Staff attitude and compassion

The most prominent theme focused on patients sharing their experiences of staff attitude and compassion.

Some patients said they didn't feel listened to and that the concerns of their relatives were not taken seriously. Others described feeling their care was not as good as that provided to patients who complained:

> *"During maternity services, if you didn't call for a midwife and kick up a fuss you were ignored for hours on end during induction. Junior doctors appeared inexperienced and lack compassion. Serious errors were made in my care and nobody spoke to me about it until just before they discharged me."*

> *"Those who shouted loudest were seen quicker."*

> *"Not listened to: I was talked down to, shouted at almost because I was scared."*

> *"Partner's concerns were not listened to. A concern repeated by others who gave birth at Liverpool Women's Hospital (including friend who is themselves a medical doctor)."*

> *"My wife's gynaecological issues were not taken seriously as I believe the hospital disadvantaged her on timescales and the fact it wasn't pregnancy related."*

> *"... as a woman with [a rare condition] I face constant stress and triggers in the NHS. I'm constantly being asked questions that I shouldn't be asked e.g. about periods, contraception whilst trying to conceive, chances of being pregnant ... I wouldn't mind but every day I was having to re-explain again and again to a different nurse about my situation. It's as if there is no note keeping system whatsoever. The communication at the Women's Hospital is horrific."*

> *"I felt disadvantaged in that I was unable to advocate for myself due to my mental state. When I had the same experience the second time but had my husband with me, my care was hugely improved."*

One patient described how they felt patronised:

> *"As a first time mum, I was patronised by the staff for attempting to advocate for myself and my care until I just gave up."*

Another described how her daughter was expected to perform tasks beyond their physical capacity after surgery.

> *"My daughter and daughter-in-law could not walk after surgery but were expected to care for their babies just like mums who could get out of bed."*

Discrimination and bias

The second most common theme in respondents' comments to this question was discrimination and bias, with many sharing that they felt they had experienced discrimination while being cared for:

> *"[I experienced] heteronormativity."*

> *"The hospital kept me waiting longer than white patients. They also were rude to me."*

> *"Being a person of colour."*

> *"As a black woman I have often been dismissed with regards to my symptoms."*

Others felt discriminated against because they could not be seen by a female doctor or helped by a female interpreter:

> *"Not having access to female doctors."*

> *"Wanting female doctors or female interpreters for cultural reasons were not accommodated."*

> *"As a Muslim woman, I always request a female gynaecologist / doctor / nurse etc. which wasn't always available."*

Patients also reported issues with interpreters, saying they were ineffective in facilitating understanding. Others felt their cultural and religious needs were overlooked or misunderstood:

> *"... language needs are not met and staff don't always respect culture and treat them with care."*

> *"... I don't have great English, on one occasion the nurse stopped the interpreter and asked me to talk directly with her, as the nurses knew the interpreter wasn't doing a good job."*

> *"Feel staff don't understand my culture and religion needs. They need to understand how things are different from me compared to other women who are English or those women who are more modern."*

Patient autonomy and being treated with respect

The third most common theme among responses to this question focused on respondents' experiences of autonomy and being treated with respect. These included comments around a lack of privacy, respect or feeling listened to:

> *"Just being Muslim, [I] needed more privacy on ward when breastfeeding."*

> *"Less respect because I am overweight."*

> *"As I was not prioritised, felt like I had to plea my case to be referred to in the first place but also gain another appt."*

Some of the key issues highlighted included patients saying they did not experience clear communication from staff and that there was inadequate explanation of procedures, leading to confusion and distress.

> *"Lack of information of the procedure / process. Terrible attitude of ward staff. Theatre staff uninformed and ignored patient privacy and dignity."*

> *“Not getting the right support for interpreters or the doctors and nurses treating them with disrespect. At one you used to get gowns for examination, now you have to just put your knickers down for examination. It’s not nice to have to do that.”*

> *“Things were not explained properly about the procedure by the doctor. The doctors put a coil in without telling me, without my consent, are they allowed to do this. I'm trying to get this removed but the GP won't help me. I don't know where to go for this.”*

Some neurodivergent individuals, and those with a mental health condition, highlighted the absence of tailored support, saying this added to their distress and impacted their health:

> *“Being neurodivergent, I found it extremely overwhelming as so much went wrong. This caused great distress. For anyone typical, this would not have been such an awful experience. I completely felt unheard and ignored.”*

> *“It was my daughter in law that felt disadvantaged because of her mental health ... not because of staff... more to do with lack of facilities for husband to be able to give her the necessary support.”*

Consistency and standards of care

The fourth most common theme centred on people's experiences of the consistency and standards of care they received. Some of the negative experiences shared in the responses included patients saying that they felt staff were dismissive of their health conditions.

> *“Poor understanding of ADHD [attention deficit hyperactivity disorder] in adult women and the impact of ADHD medication on anaesthesia. Consequent[ly] mental health issues are being poorly handled.”*

> *“I am an amputee and this led to the surgeon thinking my pain was related to being disabled. Ultrasound confirmed otherwise.”*

> *“Treatment not at the expected standard, patient deteriorated due to not being listened to. Subsequent admission to another trust following discharge.”*

Other patients described long waits for pain relief, scans, or procedures, believed age and gender were barriers to accessing care, or described challenges in attending appointments, citing issues such as inconvenient scheduling and services not being co-located.

5.7 The challenges for hospital gynaecology and maternity services in Liverpool

People were invited to give their thoughts on the challenges facing these hospital services in Liverpool in a free text box. Five key themes emerged from respondents' reflections:

- Waiting times for treatment and delays with appointments
- Staff compassion and competence
- Facilities, environments and locations
- Patient autonomy and being treated with respect
- Specialised care and follow-up services

Waiting times for treatment and delays with appointments

Waiting times for treatment and delays with appointments were the most prominent issue cited by respondents to this question. The majority shared experiences of long delays waiting for care and appointments, and called for urgent action to reduce these, improve waits for follow-up care, and address the existing backlog. Some patients described delays of a year or more:

> *"Waiting times are a huge issue. I originally waited 14 months for a gynaecology appointment only to have been referred to the incorrect service and to be put back to the start of the list. I waited an additional four months for the correct service."*

> *"It took five years for me to get an appointment with a consultant in the Women's and when I finally attended said appointment the way in which I was treated was honestly disgusting ..."*

> *"Living with prolapse for 12 months without any support or appointment is disgusting. I am only a young woman in my 30s. My whole life has been on hold because [I'm] waiting for an appointment!"*

> *"The wait lists are unacceptable. I'm 18 months overdue for my follow-up appointment. Women's gynaecology issues are not treated with the same respect as any issues men have reproductively."*

Staff compassion and competence

Staff compassion and competence was the second most common theme to emerge from people's responses, with over half the responses negative in sentiment, just over a quarter neutral, and fewer than one in five positive.

Where patients shared negative experiences, these tended to focus around feeling unheard, overlooked, and unsupported. Patients highlighted issues such as perceived

understaffing, lack of empathy, inadequate aftercare, and poor communication, which left many feeling vulnerable and neglected:

> *"I don't know who is training the staff at the Women's but they need to take a long look at themselves. I have chronic pain due to ongoing gynae problems since I was 12 (I'm 53 now) and have never felt less welcome or less cared about than at the Women's. I called once to ask about a referral and after a 30-minute wait then a five-minute call was in absolute tears. Crying on the phone. So I don't bother telling my GP anything anymore and will probably die early rather than be an inconvenience."*

> *"I was in hospital having a baby in June 2024 and got treated different coz I was in a hostel and my baby was going into temporary foster care. This made me feel unwelcome."*

One patient described experiencing very different levels of care within two different settings:

> *"Not currently delivering a service with safe staffing levels. I found when I had my baby earlier this year at the women's to be with an excellent theatre team with the C-section and excellent care for my baby in NICU [the neonatal intensive care unit]. I was disgusted with the treatment I received on the maternity ward afterwards."*

Despite this, patients did share examples of excellent care and treatment from staff, expressing their gratitude and recognising that some challenges are more widespread than Liverpool alone:

> *"Having been a patient of Liverpool Women's for the last 13 years, I couldn't fault the hospital and truly believe without their care I would have died ... I think it's the waiting times that need to be addressed but this is widespread across the whole NHS."*

Facilities, environments and locations

A number of patients spoke about the challenges with facilities and environments as they are currently. For most, this related to the location of where services are provided from:

> *"It's unacceptable to have someone get two buses to a hospital that does not serve the north part of Liverpool."*

> *"I feel strongly that patient safety will be hugely affected if it is allowed to remain a physically separate site. The convenience for some of having a women's hospital in current location / set up is far outweighed by the significant risk posed by separating this from acute emergency teams with skill sets, equipment and staff in time critical scenarios."*

> *"Failure to locate these services on a site with other adult services was a mistake that needs reversing urgently."*

However, others felt that it was important that the services remain separate:

> *"It is really important that women have this separate service. We don't want to be dragged through big busy hospital environments to have our babies. Birthing babies is a very natural process and a relaxed environment is really important to facilitate this."*

> *"Keep the women's hospital on the site."*

Some spoke about what the current site lacked, in terms of other services:

> *"Better access to lab facilities to prevent delay with results."*

> *"If I were to require pregnancy care, or a surgical gynaecology procedure, I would actively avoid being under Liverpool Women's Hospital with its current set up ... I would want to be cared for at a hospital where I know that other services and specialties (e.g. general surgery, critical care, transfusion lab) are available on the same site should they be required."*

Others shared their experiences of travelling to use the current services."

> *"Car parking is awful."*

> *"Some people cannot afford to travel to the Women's as it is not an easy hospital to attend if you use public transport."*

Patient autonomy and being treated with respect

The fourth key theme that emerged from responses to this question was patient autonomy and being treated with respect, with the majority of comments reflecting negative experiences of care and treatment, a third neutral in tone, and a much smaller proportion highlighting instances of exceptional care and positive experiences.

> *"Staff need to be monitored properly and should take things more seriously – nobody ever even looked at my birth plan and one midwife was awful to me."*

Others described distressing situations and lack of empathy:

> *"When being treated for fertility issues including a miscarriage I had to sit and wait with pregnant mothers and be surrounded by baby clothes sales."*

> *"Doctors are very dismissive and I've been laughed at by male doctors – more empathy and respect is needed."*

Specialised care and follow-up services

Many patients also reflected on the importance of specialised care and follow-up services, emphasising that having various services located together would help provide improved care and stop the need for women to be transferred to other sites for treatment, away from their babies.

> *"Maternity services need to be physically on the same site as other acute medical services with direct access to critical care, blood bank, interventional radiology and cardiology."*

> *"Expectant mothers with complications or life-threatening issues and mothers who have given birth who have health issues should be able to have the care they need whilst remaining with their babies."*

> *"I am a health professional at another trust and have witnessed the issues caused by patients having to be transferred to other hospital sites when complications occur. I had considered having my baby at another hospital where care could be provided should complications arise because I was worried I would have to be transferred to another hospital for potential surgical complications etc."*

One patient raised concerns about delayed reproductive health support for cancer patients:

> *"My sister has breast cancer and obviously her fertility has been affected by it. It has taken her five years of back and forth with GPs and appointments to finally be seen by the Women's only to confirm her menopause has begun due to the cancer treatment.*
>
> *"This is so ridiculously obvious, if a young woman is being treated for cancer, there should be an automatic link to her reproductive health at the Women's to keep track of this."*

Patients also criticised the lack of coordination, and their experiences of poor communication, between hospitals. This was particularly true of those with complex cases who required input from multiple clinical specialties:

> *"The engagement between hospitals is terrible ... Despite repeated attempts by [doctors], nurses and consultants ... it took two weeks to get a 3-way catheter delivered from the Liverpool Royal team. Which meant that my mum's bladder remained full of blood from a bleeding tumour for two whole weeks ... The staff at Liverpool Women's went above and beyond but the urology team at Liverpool Royal were non-existent ..."*

> *"It will be really good to have more joined up services, clearer pathways and safer care – can't happen soon enough."*

The remaining responses covered themes including integration and coordination of care, the quality of communication and information, emergency and critical care response, maternity and postnatal care, and mental health and emotional support.

5.8 Future priorities

Respondents were asked to identify the three most important factors to them when considering the future of hospital gynaecology and maternity services in Liverpool.

Five broad themes emerged in the feedback which, understandably, echo feedback provided elsewhere in the questionnaire. The five key themes were:

- Patient experience
- Accessibility and equity of care
- Waiting times and reducing appointment delays
- Patient safety
- Staff compassion and competence

Patient experience

The predominant theme that respondents prioritised was patient experience. This theme encompassed a number of areas.

Improvements to pain management

Respondents described the need for pain management to be taken more seriously and for pain medication to be provided more quickly, both for those in labour and for those managing a health condition.

> *"Be compassionate to patients who suffer pain."*

> *"Pain management while we are on the waiting list. Gynaecological pain is debilitating."*

Better understanding of women's health and a holistic approach to care

Some respondents described a feeling that women's health issues weren't widely understood, and wanted to see a more holistic approach. There was a sense among some that this would provide a more joined-up service by treating the whole person.

> *"To have an accessible holistic and [person-]centred approach which having community gynaecologists helped to achieve."*

> *"A holistic approach to services for women rather than artificially separating gynaecological health from childbirth."*

The option of being able to see a female clinician / nurse / midwife

Some respondents outlined the importance of maintaining a female only environment which they felt contributed to a better patient experience. Linked to this was the ability to be able to choose to see a female professional as part of their care.

> *"Being in a female only environment."*

> *"Care for individual needs of women depending on their age, culture, language and preference for female doctors."*

Greater cultural awareness

Some respondents described the need for more cultural awareness as impacting on their experience of care. Some respondents reported being treated differently as a result of cultural differences.

> *"Recognise that women from different backgrounds will present their symptoms differently, need to be aware of cultural differences."*

Conviction that services should all remain at Liverpool Women's Hospital

Many of the comments in response to this question took the opportunity to object to services potentially moving away from the Crown Street site. Others highlighted that the hospital has historic status within the city and should not be taken away.

> *"The hospital ought to stay on the Crown Street Site."*

> *"The situation in Liverpool must be seen in the context of the national crisis in gynaecology and maternity services. In this time of crisis it would be wrong to move women's services from the Crown Street site. Liverpool Women's Hospital is an iconic hospital."*

Accessibility and equity of care

The second most highly rated priority for the future was accessibility and equity of care. This included a strong desire for services to be delivered locally. Transport was also highlighted as an area of importance, with respondents indicating that any move of services should ensure continued access to transport links and parking.

> *"Hospital services are easily accessible for transport / parking etc – this is not possible at the Royal Liverpool Hospital."*

> *"Gynaecology should be in a main hospital. With easy access from all over the city."*

Others expressed accessibility in terms of convenient appointment times as well as locations.

> *"Care around the clock – appointments out of hours for those who work and don't want to take time out for appointments. Appointments in different venues across the city."*

Waiting times and reducing appointment delays

People's third most common priority for the future was waiting times and appointment delays.

Many people spoke of having to wait a long time for appointments:

> *"Significant reduction in waiting times."*

> *"Keep the speed of being seen especially when in for urgent reasons."*

As with earlier in the report, some spoke of waiting more than a year for treatment:

> *"Actually getting an appointment and being seen, I personally have been waiting nearly three years for a laparoscopy."*

Others said that co-ordination, communication, and short notice periods were issues with appointments currently:

> *"Difficult to contact via telephone. Waiting times too long and hard to speak to relevant people."*

> *"Easier to make appointments."*

There were a number of references to delays for urgent appointments and some respondents elaborated on the toll this was taking on individuals.

> *"Those who have bleeds in early pregnancy ... at weekends or out of hours should be able to access a scan in the emergency department even if it is just to check the baby's heartbeat as well as an examination. It should not have an extensive waiting time. Instead, women are told to go home and booked in for a scan sometimes two to three days later."*

Patient safety

The fourth most common priority was patient safety. This included having access to the appropriate specialists and having care available at the right time, especially in an emergency.

> *"Everything needs to be in one place and everyone needs to have access to the doctors or emergency care when needed and not put their life in danger."*

> *"Ability to safely and effectively deal with the ever increasing complexities in maternity care."*

Staff compassion and competence

Staff compassion and competence was prioritised by almost the same number of respondents as patient safety. The issue of cultural awareness and sensitivity was also raised here, in relation to staff behaviours:

> *"Culture and religion is understood by staff in hospitals, some of them are racist when they see you with [a] headscarf."*

> *"Patient to feel respected, heard and cared for through compassion, staff tend to be rude especially if you're brown or have a headscarf on."*

Others spoke about the need for high levels of competence:

> *"Appropriately trained staff with a high standard of purposefully rota'd skill mix for support and exposure to experience."*

Also within this theme there was a sense that women need to be listened to more. Respondents described staff dismissing their concerns or not taking their views seriously:

> *"For women to be listened to and for there to be more support for women and their needs. People need to understand women know their own bodies."*

> *"That doctors listen to their patients instead of jumping to conclusions."*

> *"Sexist / misogynistic attitudes to be identified and addressed in all professionals / ancillary staff so that women and girls feel listened to and respected at every stage of their care."*

> *"To be listened to as a human being, not a number, and feel like I matter."*

Among the remaining areas of importance to respondents, funding and resources stood out in prominence. Among those who prioritised funding and resources, almost all mentioned the need for more staff, including doctors, nurses and gynaecologists.

6 Responses and findings from listening events

6.1 Public listening events arranged by NHS Cheshire and Merseyside

NHS Cheshire and Merseyside held six listening events during the engagement period: four face-to-face and two online. These were held at different times of day, and the face-to-face events in a variety of locations, to enable as many people as possible to attend.

Seventy-one people attended the events overall. This number does not include several people who attended more than one event. While we recognise the strength of feelings expressed on local NHS services, where themes have been repeated from event to event, we have aimed to reflect these accurately in this summary, while avoiding duplication.

Twenty-nine attendees completed equalities monitoring information. While care should be taken in interpreting percentages of a small number of respondents, of these:

- 73% were White English / Welsh / Scottish / Northern Irish / British
- 15% were White Irish
- 4% were White other
- 4% were Black/African/Caribbean/Black British: African
- 4% preferred not to say
- 4% selected ‘other’

In contrast to the questionnaire, the vast majority of attendees were older, with 82% aged 65 and over.

In terms of religious beliefs, 68% responded that were not religious, 29% that they were Christian, and 4% preferred not to say. 78% identified as female, 19% as male and 4% as gender non-conforming. A full breakdown of the demographic information for event attendees, as well as questionnaire respondents, can be found in Appendix A.

The feedback in this section was sourced from notes taken at each event, and so has not been presented as direct quotes.

Kirkby Christian Fellowship, Old Rough Lane, Northwood, Kirkby

The first event, held on 7 November from 10.30am – 12.30pm, was attended by 21 members of the public.

Feedback from discussions included that the case for change felt ‘one-sided’ and would benefit from a wider range of evidence, as well as that more investment was needed in NHS women’s services generally.

One attendee asked about other ideas from around the country, while another felt that examples of care in London did not translate well to Liverpool because of perceived greater spending on the NHS in the capital.

Some felt Liverpool Women's Hospital should be left 'as it is':

> *Nonsense to leave an NHS building given the state of other NHS buildings.*

> *Look for solutions that don't involve closing the Women's.*

> *Invest more money.*

> *There seems to be money available for development of some hospital units / services but not maternity.*

However, others agreed with the idea of looking at where services are provided from:

> *It's frustrating that services were removed from Aintree all those years ago when local people had campaigned for them to remain. A service returning to Aintree University Hospital would be great for the women of Kirkby.*

> *The location of the Women's [Crown Street] is difficult for transport [from Kirkby].*

> *Over 60 years' access to a range of local maternity provision has been eroded in spite of a growing and developing population in Kirkby.*

Others described how their care at Liverpool Women's Hospital fell short of their expectations:

> *I would be happy to have a dedicated maternity / gynaecology service as a satellite in this area.*

> *I didn't have good care at the Women's.*

> *I had to travel to the Women's A&E because the nature of my condition could not be dealt with at Aintree. There were long waits when I arrived and it was a poor service.*

Bridge Chapel, Morris Hall, Heath Road, Liverpool

The second event, held on 14 November from 2pm – 4pm, was attended by 18 members of the public.

Some attendees spoke about whether it would be possible to introduce an intensive care unit into Liverpool Women's Hospital, some felt that a decision on the future shape of services had already been made, and some asked if there was a case for improving services at the hospital rather than the possibility of moving them:

> *There are thousands of procedures and births that are successful at Liverpool Women's Hospital, most women with higher risks are already known about and therefore their treatment should be able to be planned for.*

> *There is [a] case for rethinking how this whole issue is looked at. Staffing and logistics is the real issue that needs to be addressed, not a relocation of services or a closure.*

Others discussed the case for change in the context of opportunities and pressures at other local hospitals:

> *The Royal is already over-subscribed with bed management issues, there is no space for any other patients.*

> *The Royal is very small – acute medical emergencies should be managed on site at the Women's.*

> *Why did Aintree maternity close? Should we just re-open that?*

> *Why didn't the new Royal include maternity and gynaecology in the rebuild?*

Some participants felt there was a lack of clarity as to which services are currently co-located, and which would need to be in the future:

> *It's impossible to have all services in every hospital – so we have to accept that there will always be some need to move patients between hospitals. Isn't that always going to happen?*

> *Trauma / major incident is at Aintree – if women's services move to the Royal, wouldn't some specialisms still be elsewhere?*

Others felt that co-locating services would be 'going back to what used to happen' and asked how people could have confidence in decision-making this time, while some felt that the challenges set out in the case for change could be addressed through more funding for maternity care.

Quaker Meeting House, 22 School Lane, Liverpool

The third event, held on 20 November from 6.30pm – 8.30pm was attended by 14 members of the public.

Feedback included that people did not agree with the problems outlined around transferring people for specialist care, and that there are other hospitals that aren't co-located with a wider range of services in the area. As with other events, some attendees expressed a desire not to change the services at Liverpool Women's Hospital, to invest more money into gynaecology and maternity services and staff, and raised concerns about privatisation.

Some argued that co-location does not guarantee services will always be safe, while some said that services need developing at Liverpool Women's Hospital rather than moving:

> *The case for change seems to mainly rest on the idea that co-location is safer for patients, but lots of tragedies still happen on sites that are co-located too … co-location isn't the answer to everything.*

> *There is a real need to further develop the specialist care that women can receive, why is this not possible?*

> *The services need development rather than any relocating.*

> *Ambulances should be allocated to the hospital for potential emergencies.*

However, others said that the situation in Liverpool was not acceptable:

> *Services should be accessible at the point of need for all patients – shouldn't just be accepted that in Liverpool we pass women around the system, or send them elsewhere for care.*

Some attendees asked where services could be moved to in order to achieve co-location, how this would benefit those using them, or whether the national context is being borne in mind:

> *Don't want this process to result in a poorer version of the care provided to women now, based at the Royal – needs to be better for women, and NHS has some work to do to demonstrate how any change would be better.*

> *The situation taking place in the background around women's services and the crisis across the country is not being taken into account.*

The Lake House Waterloo, Crosby Coastal Park, Liverpool

The fourth event, held on 22 November from 10.30am – 12.30pm, was attended by 16 members of the public, including a member of staff from Healthwatch Sefton.

Feedback from table discussions included:

> *A query on whether a crash team or intensive care unit could be located at Liverpool Women's Hospital to mitigate some of the risks of not being co-located with other services.*

> *A desire to understand what services would be needed at Liverpool Women's Hospital to enable services to remain on site, and whether these would be costed as an option.*

> *That the hospital was a specialist centre of excellence, important for research, and that moves to co-locate services would be going backwards.*

Several attendees questioned whether the case for change was impartial and felt it only presented the case for making changes to services, or was one-sided. Others felt that moving women's services to an acute hospital would create new challenges:

> *There's no bed space, so there's corridor care, long ambulance queues and overstretched staffing. Co-location would just create a new set of problems, even if beds were ringfenced for maternity and gynaecology care. Even on some large acute sites, such as Aintree University Hospital, there is a certain amount of distance between sites.*

Another said that her recent experience of being transferred from Liverpool Women's Hospital to Royal Liverpool University Hospital after being admitted for a gynaecology procedure was calmer than when she gave birth at Fazakerly Hospital 25 years ago and needed to wait for emergency surgery in the same hospital:

> *Unplanned care is never 'instant' – regardless of location, it always takes some time to arrange.*

> *Liverpool Women's Hospital gynaecology A&E services is a 'jewel in the crown' and should be better promoted ... as it's a great service for women, but many people don't know it's there.*

Others echoed this by reflecting, for example, an experience of poor care after they'd been transferred from Liverpool Women's Hospital, and one of being cared for at Aintree University Hospital with a 'gynaecology team on standby'. One participant added that:

> *The issue isn't really about Liverpool Women's Hospital, it's a great facility – it's just about the lack of co-location ... there is no perfect solution as you can never have 'everything' on one site.*

In discussing the future, themes included:

> *Keeping maternity and gynaecology services all in one place, don't split them up by moving maternity but leaving gynaecology where it is.*

> *Don't lose what's good about the care at Liverpool Women's Hospital in these discussions.*

> *Solve the finances and bottlenecks rather than moving the site.*

> *Accessibility is really important – it's not very easy to get to the current site for women from north of Liverpool, transport links to the current site really aren't great. So there is an inequality of access in that.*

Online engagement events

NHS Cheshire and Merseyside also held two online engagement events: one on 4 November, between 6pm and 8pm, and one on 13 November, between 10am and 12noon. Each event was attended by eight members of the public.

As with the face-to-face events, there was concern that the case for change felt one-sided, lacked evidence, or expressed confusion around the possible future of the Liverpool Women's Hospital building. Others disagreed, however:

> *I don't know anyone who wouldn't agree that there is a case for change. It is very clear from the presentation.*

Others said that the case for change had given them information that they did not have before being cared for there:

> *What do patients know about the care that they can get before they come in? I didn't have a clue that I would have to be moved if I experienced any major complications. I understand that there is a need for balance that people need to have confidence rather than be scared, but I still think I would have rather known some more.*

One asked for more information about the impact of any changes on those with protected characteristics:

> *There needs to be more information about other protected characteristics that will be impacted by change- Liverpool has the UK's 10th largest gay and lesbian population and the UK's 13th largest trans population.*

Others said that it was important that staff using digital systems at different hospital sites in the city can access the same information, and there was also feedback around the need to reduce waiting times.

As with the feedback from some of the face-to-face events, some felt that some of the issues presented, such as those around recruitment or patient transfers, were not specific to Liverpool Women's Hospital.

Staff event for NHS colleagues at Liverpool Women's Hospital

Liverpool Women's NHS Foundaton Trust also held an online listening event to enable their staff to share their views and feedback on the case for change.

25 members of staff attended the event, which was also recorded and shared afterwards, for those who wanted to attend but were unable to.

While this was not formally commissioned as part of the programme of engagement by NHS Cheshire and Merseyside, it nevertheless gave those colleagues an opportunity to share their views, which have been reflected below.

During the event, a matron fed back that:

> *The 'wrap around' care provided at Liverpool Women's Hospital is not as good as other organisations, and there is a tendency for teams to care for patients with complex conditions as best they can, before calling for specialists externally.*

> *The member of staff also felt that if the hospital was on the same site as other clinical specialties, the tendency would be to bring in other teams much earlier, because it would be easier to get that help.*

This view was supported by a consultant in maternity who fed back that Liverpool Women's Hospital 'feels different' to others she has experienced training and working in, and offers a different focus in training, specific to the clinical context of the hospital. She identified a risk in recruitment as a result, with NHS colleagues who have trained elsewhere potentially finding working in Liverpool unattractive, because of the unique way services are organised.

One staff member shared her experiences of being cared for by the gynaecology service as a patient. She described how:

> *Because there were complications, it took considerable effort to manage her condition between Liverpool Women's NHS Foundation Trust and Liverpool University Hospitals NHS Foundation Trust.*

> *It took a lot of extra time to organise her care for staff, additional logistics, and caused unnecessary stress to her experience as a patient. She said she would have felt less anxious if the services she needed had been available on the same site.*

Another member of staff asked what was new this time around, in terms of the process of looking at these services, and whether there was a risk that the teams repeat the process and engagement of previous years, and it result in anxiety for staff but not materialise in change.

Those leading the event also took a quick poll of attendees, which showed:

- 17 out of 25 (68%) felt comfortable with the case for change and felt they recognised the issues presented in it
- The same number felt broadly supportive of the case for change
- There was about a 50 / 50 split in terms of whether colleagues would feel comfortable explaining the key issues in the case for change to their patients, family, and friends

7 Feedback from correspondence, emails, and telephone calls

7.1 Feedback from correspondence

NHS Cheshire and Merseyside received one piece of correspondence in response to the case for change, which was from the MP for Liverpool West Derby. The Member of Parliament sets out his view that "Liverpool Women's Hospital and all its services must remain at Crown Street".

The MP describes how he believes "maternity services require a significant increase in funding ... and the shortages of specialist staff are not caused by Liverpool Women's being one mile from the Royal, but by fundamental problems with workforce planning nationally."

He also asks for clarity about future proposals for the services, and cites "long waiting times in Liverpool's accident and emergency departments".

7.2 Feedback from emails

NHS Cheshire and Merseyside received 13 responses by email during the engagement period. Of these, 11 correspondents disagreed with what they perceived as a proposed closure of the Liverpool Women's Hospital. Some wanted more information than is currently available:

> *"Where will our babies be born? It is nonsense to expect people to agree to this engagement without these key issues being mentioned. Will gynaecology remain with maternity? Will all the other services remain? Will it remain a maternal medicine centre? Will it still be a tertiary hospital treating patients other hospitals cannot manage?"*

Others linked the location of the current hospital to inequality:

> *"This location was chosen as part of the attempts to re-build and reconcile with the L8 community, the black L8 community in particular ... How can you as the ICB responsible for making these decisions affecting the future of the Women's Hospital seriously suggest that it's destruction as an integrated specialist women's hospital, a central part of Liverpool's oldest black community, at the heart of one of the poorest areas of the city, could somehow contribute to equality?"*

Some expressed gratitude and praised the quality of care at Liverpool Women's Hospital, while others shared concerns that the quality of care would not be replicated if the services were to move to other sites:

> *"I would like you to know I wholeheartedly support Liverpool Women's Hospital. My son was born there, my wife's life was saved there. My best*

> *friend received life-saving care there. My family would literally not exist without the care they gave us. Please, please, please, leave it alone."*

> *"If it was to move into an all-encompassing hospital, we wouldn't get this service and culture to helping women. Look to why it was built in the first place. I would dare say you wouldn't get the same facilities anywhere now. Even in the new Royal hospital. Women have far more complications and need dignity in being looked after. I went to A&E in the Royal, bleeding and in pain and was left to sit there for all to gawk at. I know I wouldn't have had that in the Women's. Please, please do not close this hospital!!!"*

As with some of the feedback from the listening events, others linked the case for change to wider perceived issues around funding and privatisation:

> *"Make birth safer for all. Bring back fully staffed services. End cuts and privatisation."*

> *"At the engagement meeting, it was clear that those attending from the local community were concerned about the unacknowledged but powerful contexts that have brought us to this position: underfunding, understaffing, privatisation."*

> *"Rather than laying waste to local skills, expertise, knowledge and resources by closing this hospital, the ICB might consider channelling their energies into discussions which will secure the future of Liverpool Women's Hospital."*

> *"Identifying appropriate funding sources to make improvements to the estate and increasing staffing to safe levels is possible and is necessary."*

However, another fed back that they had felt this side-tracked from the specific conversations that were intended around gynaecology and maternity care:

> *"I recognise I may have been one of very few people attending [an engagement event] not part of 'Save Liverpool Women's Hospital' and while they are a fantastic cause, I did feel as though they focused most of their time on that particular topic than the issue as a whole."*

7.3 Feedback via telephone calls

No feedback on the case for change was received via telephone.

Members of the Patient Advice and Liaison Service (PALS) team at Liverpool Women's Hospital NHS Foundation Trust provided a telephone contact point for people to call with any questions/feedback about the engagement, and to request materials in other formats or languages. This was staffed from Monday to Friday, 9.30am – 4.30pm.

The team logged a total of three calls about the engagement, including two requests for printed versions of the questionnaire, and one asking about registration for the engagement events.

8 Feedback from social media

This chapter summarises the comments and feedback on social media during the engagement period.

8.1 Facebook

During the engagement period, 55 comments from 38 individuals were received on posts from the NHS Cheshire and Merseyside account.

A number of these comments were expressing uncertainty over the future of Liverpool Women's Hospital, with many users debating whether the facility is closing or merging with another hospital. Commenters also questioned the adequacy of the new Liverpool Royal Hospital, with concerns that the facility does not have enough capacity to support maternity and gynaecological services.

> *"The new Royal is not big enough for sick people, never mind maternity and gynae. I think it should be left alone."*

> *"There are already a few hundred fewer beds in Liverpool Royal Hospital now, never mind using some for maternity and gynae. No wonder there's never a shorter waiting list—it's the problem of fewer beds."*

Many comments highlighted delays in medical appointments, particularly for gynaecological care and follow-ups. Across these comments there is a recurring theme of frustration with waiting times for NHS services.

> *"Still waiting for a 6-month follow-up appointment...... 18 months and counting."*

> *"2-year wait to see a gynaecologist, let you know then."*

Additionally, several commenters describe negative experiences with maternity care, ranging from staff attitudes to hygiene concerns.

> *"First time around they nearly killed me—very bad clinical neglect...7 years later, knowing this, all went perfectly and I couldn't fault them."*

> *"Terrible, I'm suffering every day with pain, and they lost my referral and still waiting to be seen."*

> *" When my wife was having my son, the midwife came damn close to killing the pair of them. The staff are arrogant beyond belief, not to mention it's a dirty hospital...seriously, just take a moment to take a proper look, I have been to African villages with better hygiene."*

Commenters also discussed structural changes in the NHS, questioning why NHS services have been organised as they currently are.

> *"Maternity, children's, cancer care should be within a main hospital like it used to be, and more local hospitals built. They've knocked down large local hospitals and replaced them with small ones not capable for the amount of patients that need them."*

A significant portion of the comments received expressed concerns about immigration, and demographic changes. A few comments touched on broader societal issues, including government decisions and media coverage.

8.2 X formerly Twitter

During the engagement period,15 tweets from multiple users highlighted dissatisfaction with the case for change.

Many users expressed scepticism about whether public feedback would be genuinely considered. Issues raised included a lack of transparency, and claims that decisions were predetermined.

> *"@C_MPartnership plan to bury 75k signatures along with our Women's Hospital! They don't care what we think & their sham 'engagement' with scraps of paper is a con."*

> *"Great turnout today of local Kirkby residents & NHS campaigners—challenged @C_MPartnership & LWH reps to explain their 'case for change' but they couldn't. There's no convincing argument in their document."*

> *"@NHSCandM solution is to close the dedicated, safe women's hospital so that the safety of women/babies can be brought down to unsafe levels everyone else experiences #LevellingDown."*

Commenters were directed by the NHS Cheshire and Merseyside social media accounts to complete the online questionnaire.

9 Petitions

A petition entitled 'Save Liverpool Women's Hospital' was set up on the 38 Degrees online platform nine years ago.

At the time of writing, the 38 Degrees petition has been signed by 45,460 signatures, however those involved with the Save Liverpool Women's campaign have reported that the figure has now reached 76,000, when paper-based petition signatures are included.

This will be taken into account, along with all other feedback arising.

The petition statement is below:

> *"Save Liverpool Women's Hospital*
>
> *"Save the Liverpool Women's Hospital. No closure. No privatisation. No cuts. No merger. Reorganise the funding structures not the hospital. Our babies and mothers our sick women deserve the very best.*
>
> *"Why is this important?*
>
> *"All the maternity and women's health provision of Liverpool was pulled into this one site. It's a much loved hospital. It provides crucial specialised care and the daily joy of new babies. #one born. The driving force for closure is a clumsy funding structure not the needs of women and babies. The alternative of wards in the new Royal is not an equivalent.*
>
> *"This is a modern hospital on a good site. Our taxes built it for our babies and for our women."*

In addition, during the engagement period, 438 pre-printed postcards were received. The postcards had been pre-populated with NHS Cheshire and Merseyside's address, and each included the signatories' name and address. Some were received individually, and some were received together within the same envelope.

The pre-printed postcard message is below:

> *"Save Liverpool Women's Hospital 2024. I say no to the ICB proposals of October 2024. This is my response to the 'engagement' with the public. No to closing or dispersing the services of Liverpool Women's Hospital".*

10 Responses and findings from voluntary, community, faith, and social enterprise groups

NHS Cheshire and Merseyside invited voluntary, community, faith, and social enterprise (VCFSE) organisations to apply for funding to carry out engagement directly with communities. The aim was to broaden the reach of the engagement, enabling seldom-heard groups to share their views. A total of 12 organisations applied for funding and, following an assessment of these applications, six were taken forward. These were:

- Blackburne House Group
- Diverse Active
- Syrian British Cultural Centre
- The Whitechapel Centre
- Women's Health Information and Support Centre
- Women Reach Women

While engagement materials were provided by NHS Cheshire and Merseyside, organisations were encouraged to engage on them using methods and channels that are most accessible and relevant to the communities they work with.

The VCFSE organisations were asked to support and encourage individuals to complete the questionnaire, which was made available in hard copy and responses translated where necessary.

Where it was felt more effective in enabling people to have their say, organisations could also hold singular or group conversations with people, and report on these separately.

For the purposes of this report, where individuals have completed the questionnaire, their responses are included in the questionnaire findings above. This chapter summarises feedback that VCFSE organisations gathered through individual conversations and / or focus groups, which was detailed in reports provided to NHS Cheshire and Merseyside.

NHS Cheshire and Merseyside would like to thank the VCFSE groups that took part in helping their communities share their views on these important issues.

10.1 Blackburne House Group

Blackburne House Group is a Liverpool-based charity that supports the development of local, and often vulnerable, women. It has a core focus on education, particularly in sectors in which women are still under-represented.

The charity reported that they had engaged 221 people during the engagement. This includes people who completed a questionnaire, and those who had their say in a focus

group or as part of their classroom activity. The organisation ‘engaged with women across a wide age range, from young to old, and from ethnically diverse backgrounds’.

> *“The vast majority of those consulted expressed feeling safe and valued in their interactions with the hospital's gynaecological and maternal care services. However, some voiced frustration, particularly about the review of services that were implemented over 30 years ago, which they believe continue to meet essential needs effectively."*

In line with views expressed earlier in the report, feedback reflected the drawbacks of not having co-located services. However, among focus group respondents, there was “strong support for maintaining a women-only hospital” and “the need for an embedded A&E facility.”

> *“Some women expressed a strong belief in the absolute necessity of having a women-only hospital. However, they also acknowledged the absence of an Accident and Emergency (A&E) department and emphasised the importance of embedding such a facility within the Women’s Hospital.”*

On similar lines, “concerns were raised about the potential reintegration of services into general hospitals, with older women citing this as a wasteful reversal of progress.”

The inconsistency of quality of care across Liverpool and surrounding areas was raised, in the context of women perceiving a higher quality of care at Liverpool Women’s Hospital than they now receive locally.

> *“... several women who previously used the hospital and can no longer access it due to residing on the Wirral compared their experiences with Wirral-based hospitals, often describing them as significantly worse in terms of care and overall experience.”*

Experiences around “challenges in accessing abortion services” were also shared by several women.

> *"Within focus groups, some women raised concerns about accessing abortion services at the Women’s Hospital. They shared personal experiences, or those of friends, highlighting the challenges and barriers encountered in this area. They emphasised the importance of including abortion services in any future review or planning to ensure that these essential services are accessible and meet the needs of all women."*

Lastly, some women felt they had been discharged quicker than they would have liked after giving birth.

> *“... many women repeatedly expressed a desire for longer hospital stays following childbirth. The suggested timeframes varied, with women advocating for stays ranging from two to five days, emphasising the need for adequate recovery time and support during the postpartum period.”*

10.2 Diverse Active

Diverse Active is a community interest company which supports pregnant women, mothers, fathers, and families across Merseyside to improve their health and wellbeing.

During the engagement period, they enabled 196 “pregnant women, mums and health professionals” to share their views in individual conversations, and 12 people took part in small focus groups.

The organisation described how “everyone we spoke to understands the case for change and agreed that changes need to be made to improve the quality and safety of gynaecology and maternity services in Liverpool.”

The priority areas which were raised throughout the engagement they undertook were:

- communication and information
- staff and staff training
- integrated care
- future plans

Communication and information

Diverse Active found “people highlighted multiple issues with communication throughout their experiences of both gynaecology and maternity. Almost everyone we spoke with had experienced poor communication in some form.”

> *“The attendee received a scan invitation and a phone call from another community midwife weeks later to ask “how the pregnancy was progressing” after [her] baby had died, leading [to] exacerbated upset and trauma.”*

> *“There was also an additional issue beforehand following a scan, with a delay to the results meaning that scan results confirming “baby was ok” arrived after baby has passed.”*

Another described a lack of information at the start of her pregnancy.

> *“Who should I tell/contact? What do I need to do? How can I check if everything is ok/what is normal? Did not know who to contact for support in early pregnancy if experience pain or bleeding. Could communication around this be improved?”*

Diverse Active also found that “many attendees reported that health professionals assumed understanding and used terminology they were unfamiliar with, leaving them confused.”

> *“Attendees reported not feeling confident to ask questions as they didn’t want to feel stupid and that the midwife didn’t seem to have time to listen / explain . . . Pregnancy is a special time, however it often comes with lots of*

> *stress and anxiety, people look to midwifes/health professionals for reassurance. Unfortunately, many felt they didn't get the support / service they expected."*

Staff and staff training

The organisation reported that "the number and standard of staff was a huge talking point during all conversations, most with varying experiences. Most reported that they had seen staff "doing their best" however, it was visible that they were overstretched creating fears about the standard of care."

> *"Midwives at Liverpool Women's were typically being stretched to 11 women to their usual eight due to shortage of staff meaning that the midwives were not being able to fulfil their role to a good standard without having to [do] extra work after their hours and felt they were achieving bare minimum each time."*

> *"My anaesthetist was awful whilst administering epidural, saying she needed to be away in another surgery in five minutes, making me feel as though I was not important, serious lack of patient care."*

> *"When coming round from anaesthetic, I overheard a staff member saying he'd been on shift for 16 hours, which is terrifying and traumatic, knowing I was at risk."*

> *"I overheard staff saying that they were actively turning away women in active labour due to staff shortages and bed shortages."*

People also discussed "feeling that lots of people in Liverpool have old fashioned opinions and that people don't want to understand differences, referencing transgender and people of different sexualities, and that they may get treated differently."

Diverse Active reported that "people overall felt like staff were doing a good job, consistently going 'above and beyond' to ensure safety / do their job, however, everyone felt that they need more support and help to do their jobs more effectively."

Integrated care

The organisation noted that "there was full support for better integrated care and services working better together as highlighted in the booklet and information on the website" and that "ensuring better access to all services for everyone is a priority."

Future plans

The organisation also reported that "people want to know 'The Truth' about what is happening and if decisions have already been made … One person referenced the

previous engagement circa 2016 and asked 'what is different now, and why didn't anything change then?'".

Diverse Active also reported that people had questions over the funding for any changes, the timeframe, and logistics.

> *"Many people feel they have been here before with rumours over several years and the previous engagement. People we spoke to understand the pressing need for change and would like to see some action and movement on the back of the engagement to improve services and safety."*

10.3 Syrian British Cultural Centre CIC

The Syrian British Cultural Centre CIC (community interest company) encourages cultural exchange and fosters understanding among residents, providing a wide range of activities and events, including art classes, music sessions, and cultural workshops.

The organisation's engagement for this project targeted underserved communities, including Syrian, Yemeni, Somali, and Kurdish women, addressing linguistic, cultural, and accessibility barriers.

A total of 118 women participated in this engagement, representing diverse backgrounds, including 67 women of Arab ethnicity and 19 Kurdish women.

A variety of methods were employed to maximise participation and inclusivity, including face-to-face sessions, focus groups for discussions, WhatsApp groups for outreach and reminders, and home visits for women with disabilities.

Community feedback on key areas

The majority of participants had direct experience with hospital gynaecology and maternity services in Liverpool, with 78% of women having used or currently using gynaecology services, and 7% having had experience of maternity services. Additionally, 9% of women reported that someone close to them had used gynaecology services, and 5% of women knew someone who had accessed maternity care.

The experiences of participants varied. 26% of women described their experience as positive and 14% as very positive. However, a significant proportion – 41% of women – reported a neutral experience, and 14% had a negative experience. 3% described their experience as very negative.

Concerns around fairness in accessing care were also raised, with 10% of women feeling that they had been disadvantaged compared to others. In contrast, 82% stated they did not feel disadvantaged, and 8% were unsure.

When asked whether they agreed with the need for change in hospital gynaecology and maternity services, an overwhelming majority – 92% – strongly agreed, while 6% tended to agree. Only 3% were unsure or did not express an opinion.

The overarching themes that the participants raised are set out below.

Language barriers and access to information

Language barriers emerged as one of the most pressing issues, with participants highlighting the lack of interpreters and translated materials as significant obstacles to accessing care.

Many women were unaware of their right to request interpreters, or of the full range of services available to them, leaving them feeling disempowered. This led to confusion and stress, particularly during critical appointments where understanding medical advice was essential.

> *"I had to rely on my young daughter to translate for me during appointments, which was embarrassing and uncomfortable."*

> *"I found it challenging to fill out forms that were only available in English, which delayed my registration and caused frustration."*

> *"My mother wasn't aware of the availability of free translation services, which limited her ability to communicate her medical concerns effectively."*

> *"There's no translated information about treatment options, and that prevented me from making informed decisions about my care."*

Participants expressed frustration over the lack of clear and accessible information about services.

> *"The absence of clear communication left me uncertain about the next steps in my treatment, which caused unnecessary stress."*

Cultural sensitivity

Many participants reported that the lack of cultural sensitivity among healthcare staff often left them feeling uncomfortable or excluded. Specific examples included those which highlighted the importance of privacy and dignity during examinations, the absence of female healthcare professionals, which was a priority for several women, and broader lack of understanding around the participants' religion.

> *"The medical staff didn't seem to understand my cultural need for modesty during examinations, which made me feel uneasy."*

> *"I felt excluded because there wasn't a female doctor available for my gynaecology appointment, and it was against my beliefs to be examined by a male."*

> *"The lack of understanding of my religious practices during my stay made me feel like my needs weren't valued."*

Group-specific insights

Syrian and Yemeni women: These groups stressed the importance of having access to translation services and strongly preferred female interpreters to ensure they felt comfortable and had effective communication.

Kurdish women: Participants from the Kurdish community highlighted the need for culturally sensitive staff who could understand and accommodate their specific cultural needs.

Somali women: This group reported a notable lack of trust in the healthcare system, citing past negative experiences and a perceived lack of effort to address community-specific concerns. They also advocated for community-based solutions to bridge gaps in trust and accessibility.

10.4 The Whitechapel Centre

The Whitechapel Centre is a homeless and housing charity for the Liverpool region. The team work with people who are sleeping rough, living in hostels or struggling to manage their accommodation.

The organisation reported engaging more than 50 people, of which 30 were from across three hostels it operates in the region. It listened to those with differing support needs and those for whom English is not their first language, including families seeking asylum.

They also engaged people through various support groups. This involved assisting their clients to read the engagement materials, understand them, and then support them to complete hard-copy questionnaires which were subsequently inputted online. This means that the responses from these individuals have been included in section 4 of this report. The summary feedback states that “on the whole, feedback regarding the services was mixed to negative, many respondents had good experiences while in hospital services but found post-natal support in the community to be lacking.

“Some respondents had negative experiences of services, with the main feedback we received in these cases being that they often felt unheard, talked over or misunderstood by medical staff. Several respondents had major negative experiences with services and felt very strongly that services needed to change … Many respondents indicated fear at having to return to or use services at the Women’s after reading the case for change documents”.

10.5 Women’s Health Information and Support Centre

The Women’s Health Information & Support Centre (WHISC) is a charity which aims to improve the health and wellbeing of women and their families throughout Liverpool and the surrounding areas.

During the engagement period, the charity held three face-to-face events, engaging with 40 women in total and encouraging women to complete the survey.

10.6 Women Reach Women CIC

Women Reach Women CIC (community interest company) is dedicated to improving the health, wellbeing, and empowerment of Black, Asian, and minority ethnic women. The organisation works through a combination of research, education, engagement and advocacy to address the unique challenges faced by women from diverse backgrounds.

The organisation used "bi-lingual advisors with local knowledge [who] played a key role in building trust and credibility among participants … For participants who might have been hesitant or unfamiliar with formal healthcare discussions, the bi-lingual advisors acted as a bridge, making the sessions more accessible."

The organisation targeted residents from Wavertree, Toxteth, Greenbank, Kensington and Princess Park, and also included a number of male respondents. They supported 116 respondents to complete hard copy questionnaires, and then entered these into the online survey. This means their individual responses have been included in section 4 of the report.

Women Reach Women found that "most participants who completed the surveys were positive about the proposed changes, but several shared personal experiences that highlighted the urgent need for improvement, particularly in emergency care."

> *"For example, individuals spoke about the distress caused by being transported by ambulance to another hospital for emergency surgery, and the long-term trauma of being separated from their babies during such a critical time. These stories strongly resonated with the case for change and emphasized the need for improvements in healthcare practices, especially for women facing emergencies."*

Barriers to accessing care

The team noted that "many participants shared troubling stories of poor interpreter performance, with some healthcare professionals even stopping interpreters from speaking and communicating directly with patients instead."

Respondents also spoke of long waiting lists leading to delayed treatment, and "participants [emphasising] the importance of having female healthcare professionals available to meet religious and cultural requirements for women."

Specialist care

Women Reach Women said that "though the majority of participants supported the proposed changes, many emphasised that the Women's Hospital is what makes Liverpool unique compared to other hospitals in the country. The specialised care and

sense of community at the Women's Hospital were viewed as critical factors in improving patient experiences.”

The report also described people’s views that, while Liverpool Women’s Hospital has neonatal critical care, even with more emergency services brought onto the site, some babies who need surgery might still need to be transferred to Alder Hey Children’s Hospital.

> *“Some participants suggested bringing more specialist doctors to the hospital and increasing funding to enhance its services. Others highlighted that while embedding emergency care services within the hospital may improve accessibility for women, the issue of neonatal babies requiring emergency care still remains. These cases would require transfer to Alder Hey, presenting similar risks for the babies.”*

Future plans

As with Diverse Active, Women Reach Women reported that “many participants expressed concern that the case for change had not clearly outlined what would happen to the hospital's services or where they would be located. There was a strong interest in knowing what the next steps would be, with people eager for updates and clarity.”

Communication

Also, in line with previous feedback throughout the engagement period, the organisation found “there was also a general sentiment of frustration regarding communication in healthcare.”

> *“Many participants felt their concerns were not always listened to by doctors and that there was a lack of clear communication about their care.”*

11 Next steps

The feedback outlined in this report will be used to inform the next phase of the Women's Hospital Services in Liverpool programme.

In March 2025, the report will be received by the Women's Hospital Services in Liverpool Programme Board, the group managing the development and delivery of the programme, before being presented to the Women's Services Committee of NHS Cheshire and Merseyside.

Subject to the committee's recommendation, the report will then be presented to the Board of NHS Cheshire and Merseyside when it meets at the end of March 2025.

Under the guidance of the Programme Board, the engagement findings will be used to inform the process of developing potential options for how services could look in the future, which is expected to take place during spring / summer 2025, and will also involve the programme's Lived Experience Panel.

NHS Cheshire and Merseyside will share further information as this work progresses. To keep up-to-date, visit www.GynaeandMaternityLiverpool.nhs.uk and sign up for NHS Cheshire and Merseyside's Virtual Reference Group.

Appendices

Appendix A: Demographic information – questionnaire respondents and event attendees

Appendix B: Promotional material to support the engagement activity

Appendix C: Engagement questionnaire

Appendix A: Demographic information

Demographic information from questionnaire respondents

Information collected from the questionnaire has been collated to provide a detailed overview of respondents' demographics.

Where people live

Almost three quarters of respondents – 71% – live in Liverpool, while 12% live in Sefton, and 7% in Knowsley. Smaller proportions live in Wirral (3%), and Cheshire West, St Helens, Halton, Cheshire East, and Warrington (each with 1% or less) (see Chart 6).

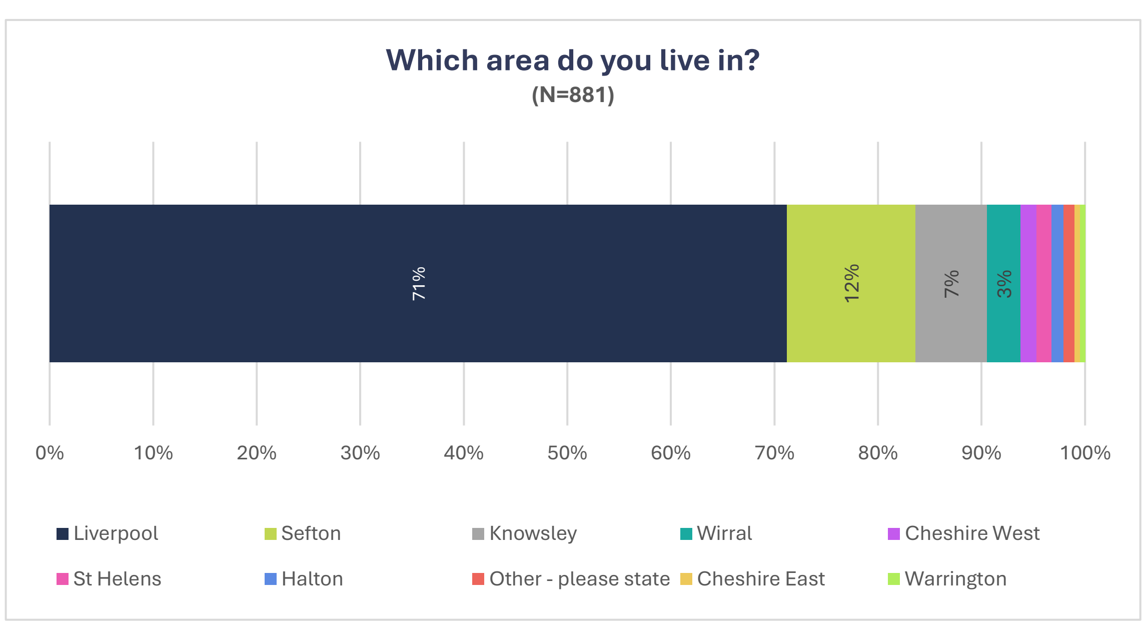

Chart 6: Which area do you live in?

Ethnicity

Among those who provided information on ethnicity, the majority identified as White (72%). The majority were English / Welsh / Scottish / Northern Irish / British, who accounted for 67% of respondents (see Chart 7).

Other notable groups included individuals of Asian / Asian British backgrounds, who collectively represented 16%, with significant numbers identifying as Bangladeshi (6%) Indian (5%), and Pakistani (3%).

Respondents from Black / African / Caribbean / Black British backgrounds made up 4%, while smaller percentages identified as Mixed / Multiple ethnic groups or other ethnic categories.

Those who identified as Arab constituted 1%, and 2% of respondents did not disclose their ethnic background.

What is your ethnic group?
(N=870)

67% 4% 5% 3% 6% 2% 2% 2%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- White: English/Welsh/Scottish/Northern Irish/British
- White: Irish
- White: Gypsy or Irish Traveller
- White: Any other White background
- Mixed/Multiple ethnic groups: White and Black Caribbean
- Mixed/Multiple ethnic groups: White and Black African
- Mixed/Multiple ethnic groups: White and Asian
- Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Chinese
- Asian/Asian British: Any other Asian background
- Black/African/Caribbean/Black British: African
- Black/African/Caribbean/Black British: Caribbean
- Black/African/Caribbean/Black British: Any other Black/African/Caribbean background
- Other ethnic group: Arab
- Prefer not to say
- Any other ethnic group

Chart 7: What is your ethnic group?

Age

The largest proportion of respondents was aged between 30 – 49 (59%), with 28% aged 50 or older and 11% under 30 (see Chart 8).

How old are you?
(N=878)

Age	%
16 - 19	2%
20 - 24	3%
25 - 29	6%
30 - 34	12%
35 - 39	18%
40 - 44	17%
45 - 49	12%
50 - 54	8%
55 - 59	6%
60 - 64	5%
65 - 69	4%
70 - 74	2%
75 - 79	2%
80 and over	0%
Prefer not to say	2%

0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

Chart 8: How old are you?

Religion

Religious belief also varied widely among participants. Christianity was the most commonly identified belief, with 44% of respondents associating with it, while 31% stated they had no religion, and 15% identified as Muslim.

Other faiths, including Buddhism, Sikhism, Hinduism, and Judaism, were represented to a lesser extent, collectively making up about 7%. A small percentage (4%) of respondents chose not to disclose their religious beliefs (see Chart 9).

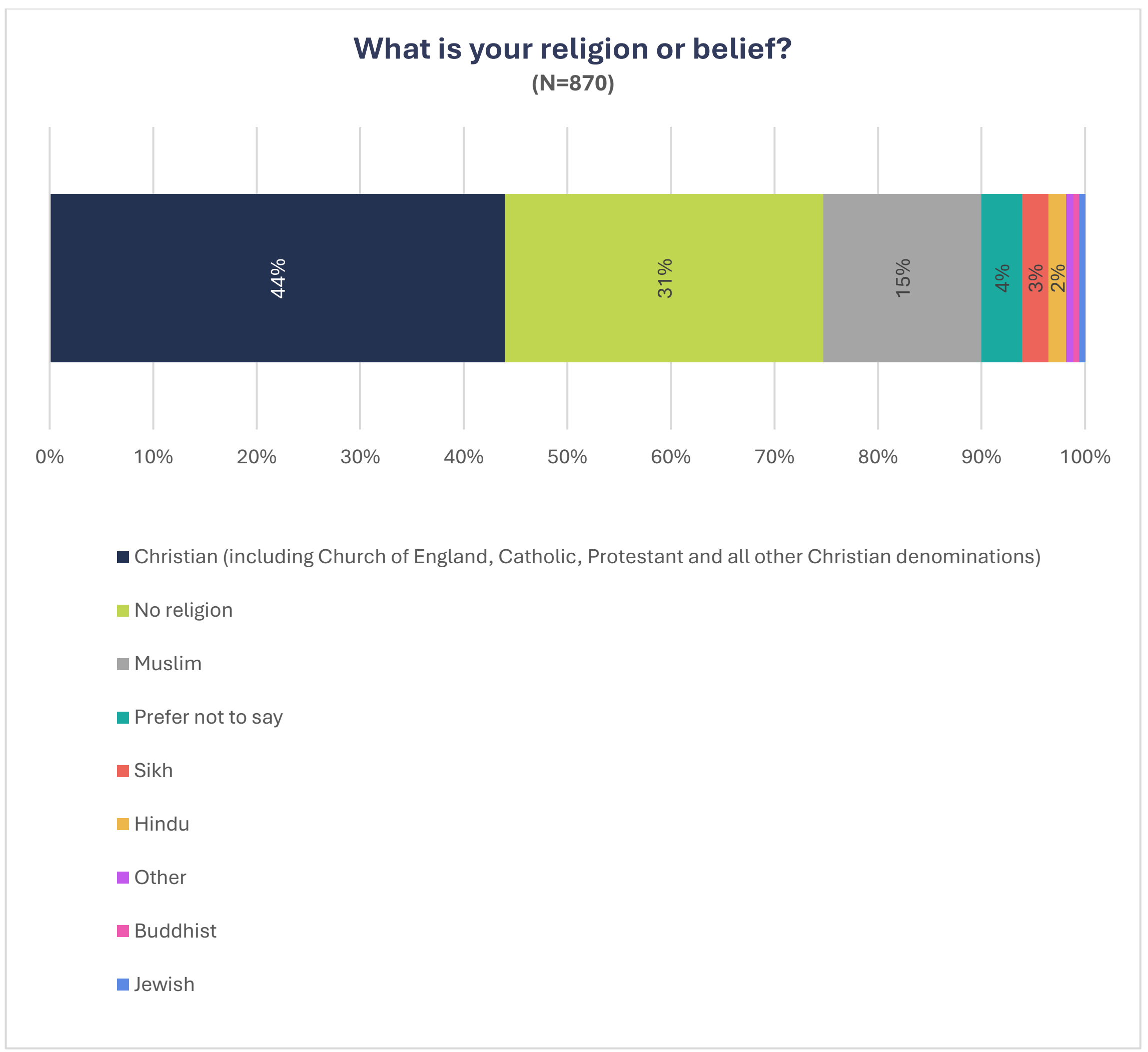

Chart 9: What is your religion or belief?

Gender and sexual orientation

In terms of gender, the majority of respondents identified as female (88%), with males representing 9%. A small number identified as non-binary (see Chart 10).

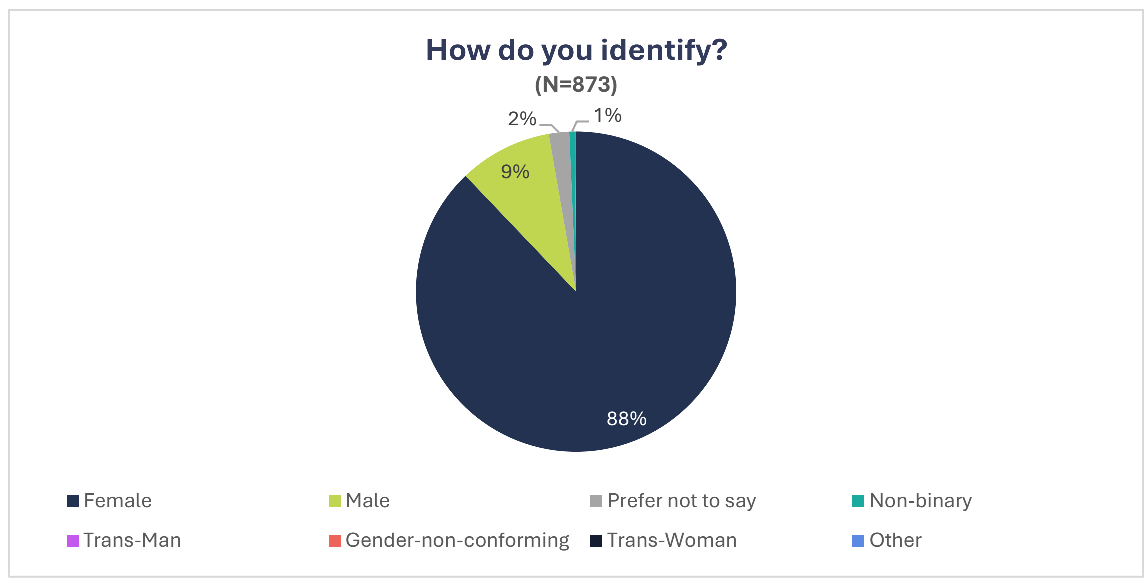

Chart 6: How do you identify?

Regarding sexual orientation, 86% of respondents identified as heterosexual, while the remainder included individuals identifying as lesbian, gay, bisexual, asexual, or other orientations (8%), with 6% opting not to disclose this information (see Chart 11).

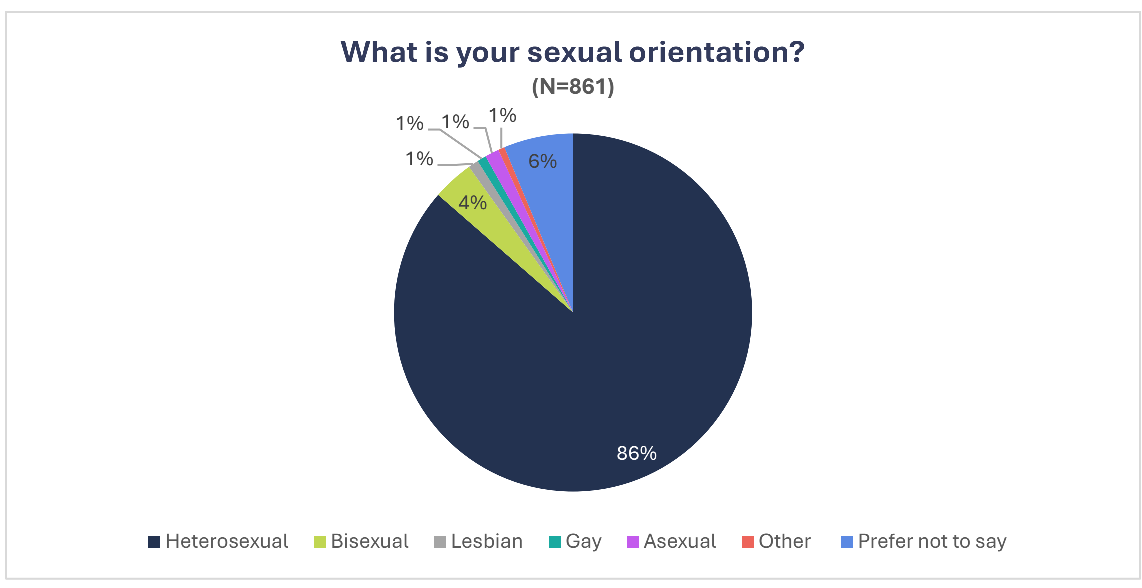

Chart 11: What is your sexual orientation?

Relationship status

Relationship status showed that over half of respondents were married (54%), while 18% were single and 15% were living with a partner. Smaller proportions reported being in a civil partnership (2%), divorced (4%), separated (1%), or widowed (2%) (see Chart 12).

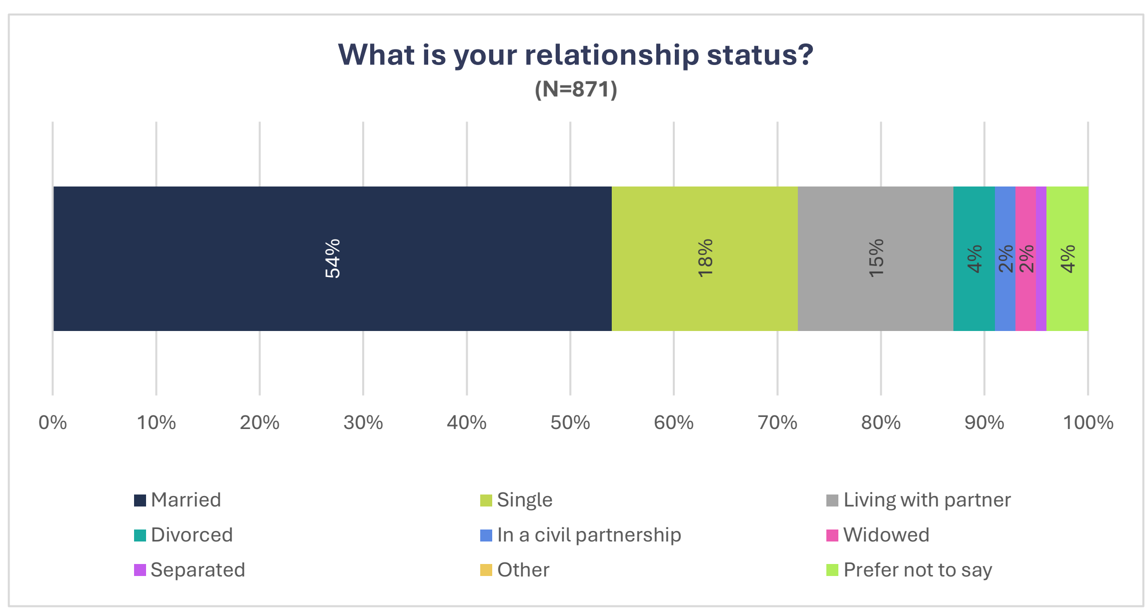

Chart 12: What is your relationship status?

Disability

Health-related questions revealed that 58% of people did not consider themselves to have a disability. 14% reporting long-term illnesses (such as cancer, diabetes, or COPD), 13% reported having a mental health condition and 10% reported a physical disability (see Chart 13).

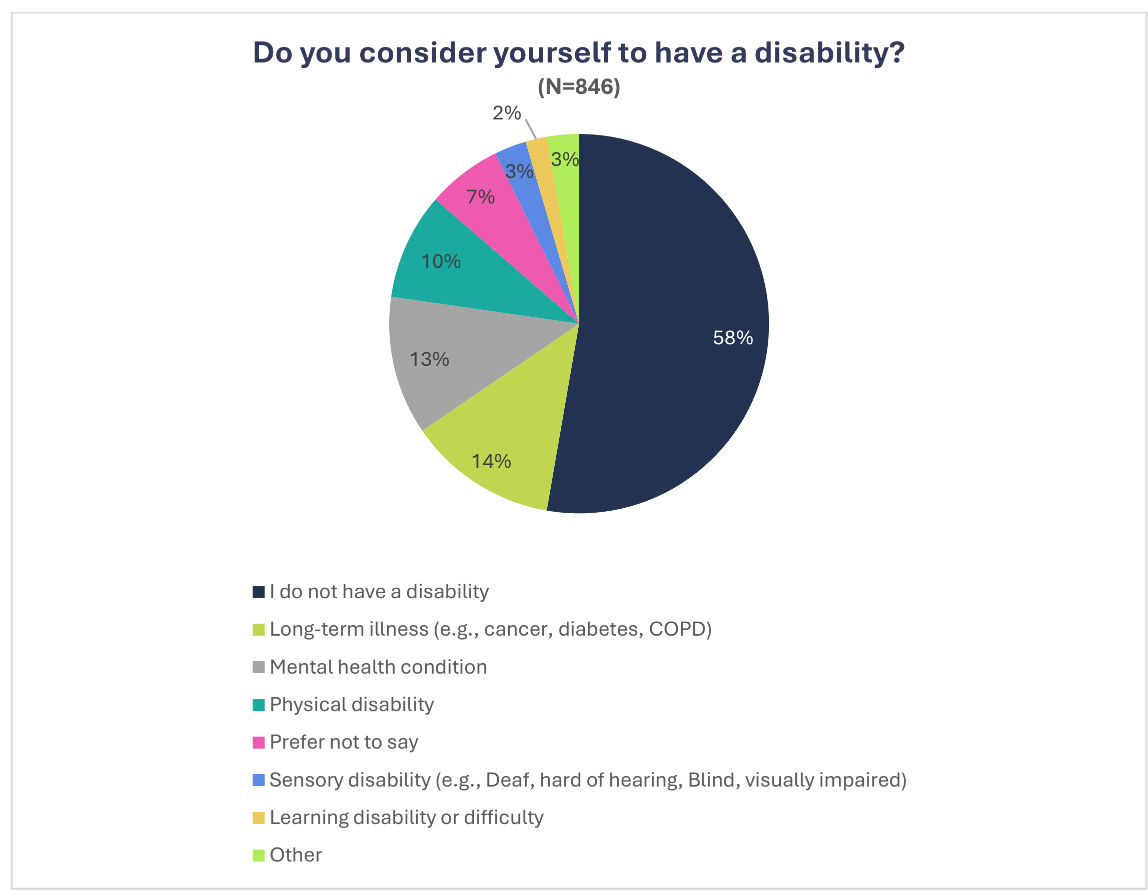

Chart 13: Do you consider yourself to have a disability?

29% of respondents reported limitations in day-to-day activities due to a health problem or disability which has lasted, or is expected to last, at least 12 months. This included 9% of respondents who reported that they were ‘limited a lot’ (see Chart 14).

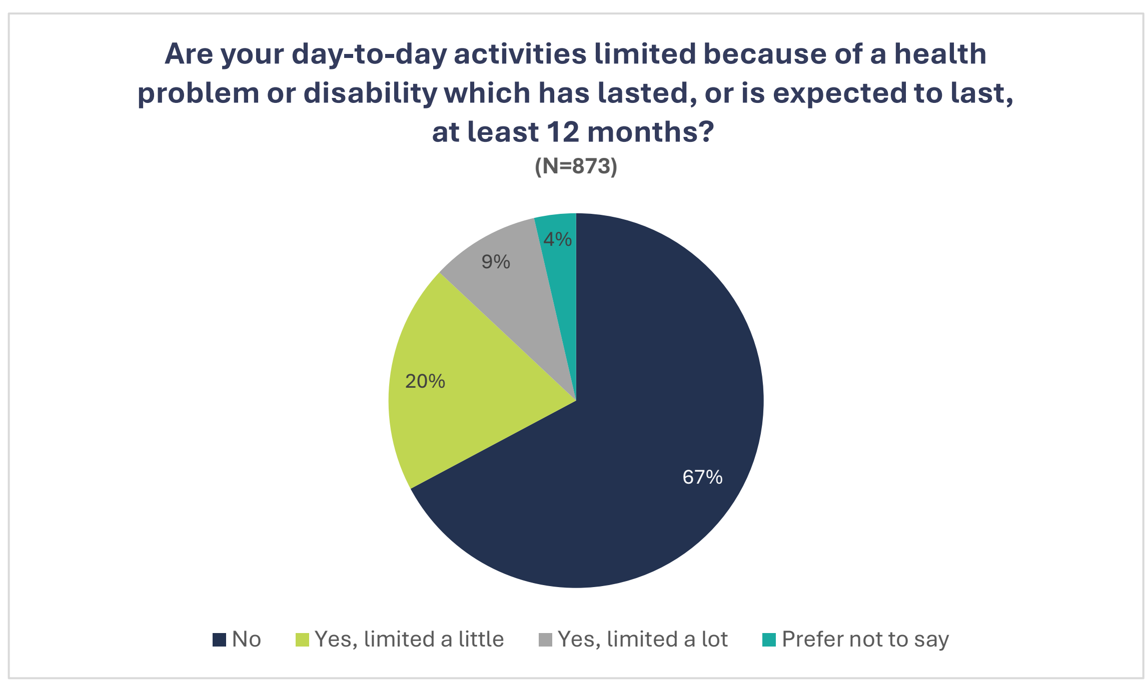

Chart 14: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Carer responsibilities

26% of respondents indicated that they care for someone, with 13% caring for young people (aged under 24), 10% caring for older adults (aged 50 and over), and 3% caring for adults aged 25 to 49 (see Chart 15).

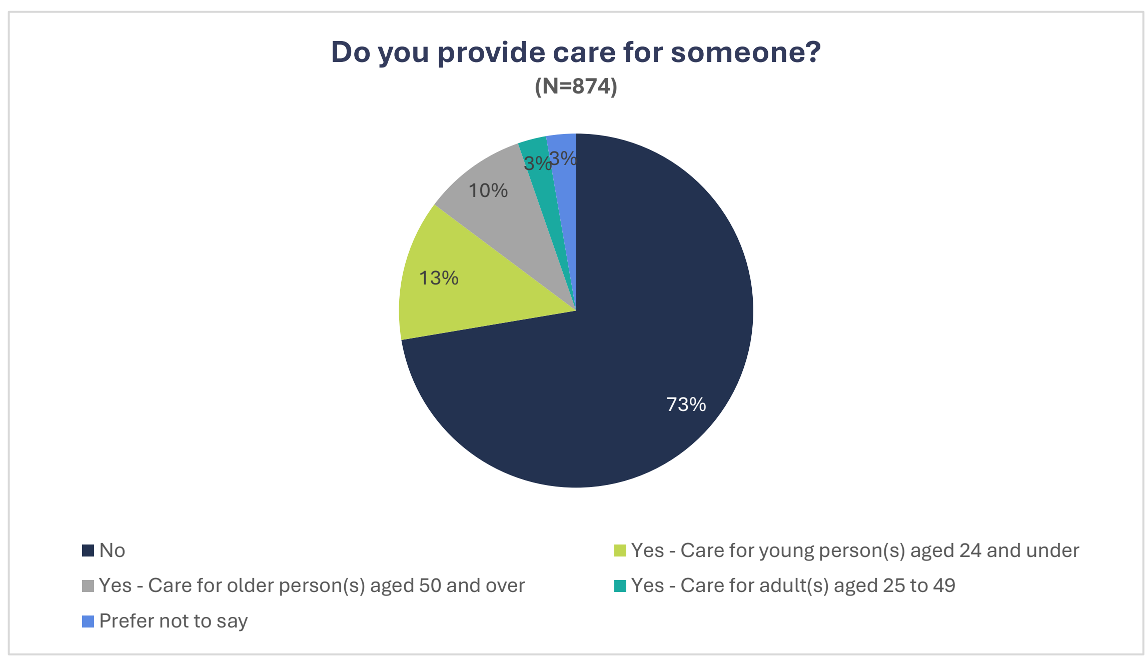

Chart 15: Do you provide care for someone?

Pregnancy and child birth

Pregnancy and childbirth data showed that 6% of respondents were pregnant at the time of the survey, and 7% had given birth within the past six months (see Charts 16 and 17).

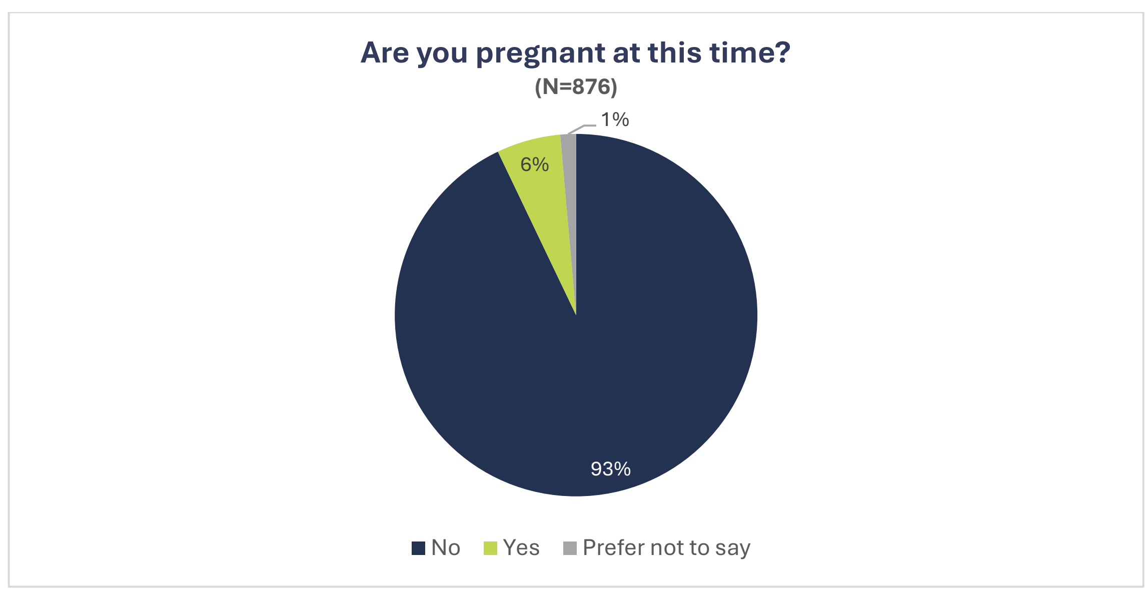

Chart 16: Are you pregnant at this time?

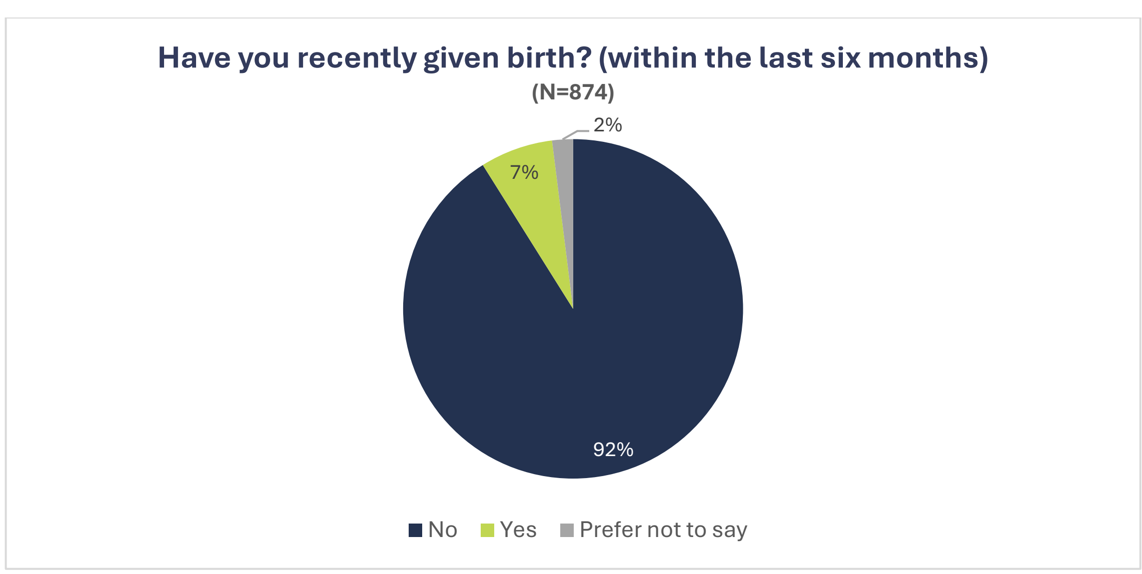

Chart 17: Have you recently given birth? (within the last six months)

Armed forces service

1% of respondents reported that they had served in the armed forces (see Chart 18).

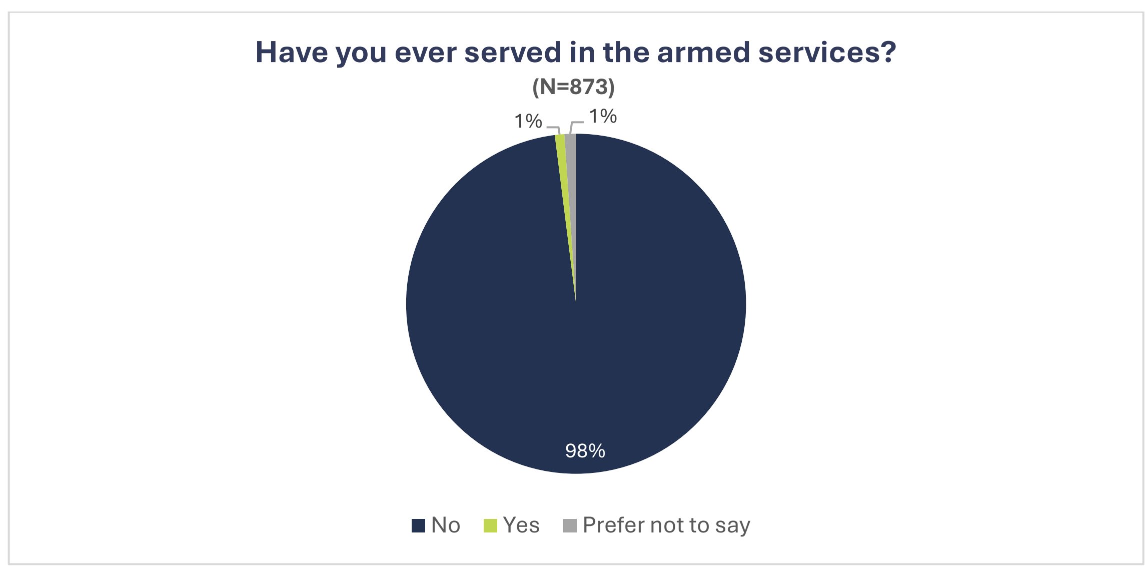

Chart 18: Have you ever served in the armed services?

Healthcare or social care professionals

26% of respondents indicated that they worked in healthcare or social care.

Among the professionals who provided further information about their workplace:

- 22% work at Liverpool University Hospitals NHS Foundation Trust
- 11% in GP practices
- 9% at Liverpool Women's NHS Foundation Trust
- 8% at Mersey Care NHS Foundation Trust
- 5% at Mersey and West Lancashire Teaching Hospitals NHS Trust
- 5% at NHS Cheshire and Merseyside

Smaller numbers of respondents indicated employment at a variety of other organisations, such as Alder Hey Children's Hospital NHS Foundation Trust (4%), independent health or social care providers (2%), and The Clatterbridge Cancer Centre NHS Foundation Trust (2%) (see Chart 19).

19% of professionals selected 'Other' and specified a wide range of roles and workplaces. These included colleagues from other NHS organisations, care homes, universities, primary care, private health practices, and those who are retired.

Where do you work?
(N=224)

22% 19% 11% 9% 8% 5% 5% 4% 2% 2% 2% 2%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- Liverpool University Hospitals NHS Foundation Trust
- Other (please state)
- GP practice
- Liverpool Women's NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- NHS Cheshire and Merseyside
- Mersey and West Lancashire Teaching Hospitals NHS Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Independent health or social care provider
- Knowsley Council
- The Clatterbridge Cancer Centre NHS Foundation Trust
- NHS England
- Countess of Chester Hospital NHS Foundation Trust
- Liverpool City Council
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Cheshire West and Chester Council
- Halton Borough Council
- North West Ambulance Service NHS Trust
- Sefton Council
- Warrington Borough Council

Chart 19: Where do you work?

How people found out about the questionnaire

Respondents were asked how they found out about the questionnaire.

Community or voluntary sector organisations was the most prominent source, mentioned by 51% of participants, followed by social media (32%), email or text message from the NHS (12%), and word of mouth (9%) (see Chart 20).

NHS websites accounted for 5%, local media such as newspapers and radio also for 4%, and leaflets or flyers for 3%.

A smaller number of respondents mentioned a Healthwatch organisation, or from a hospital volunteer, while a few indicated they did not know.

Within the 'Other' category, selected by 4% of respondents, people cited a number of different sources including their workplace and people campaigning for NHS services.

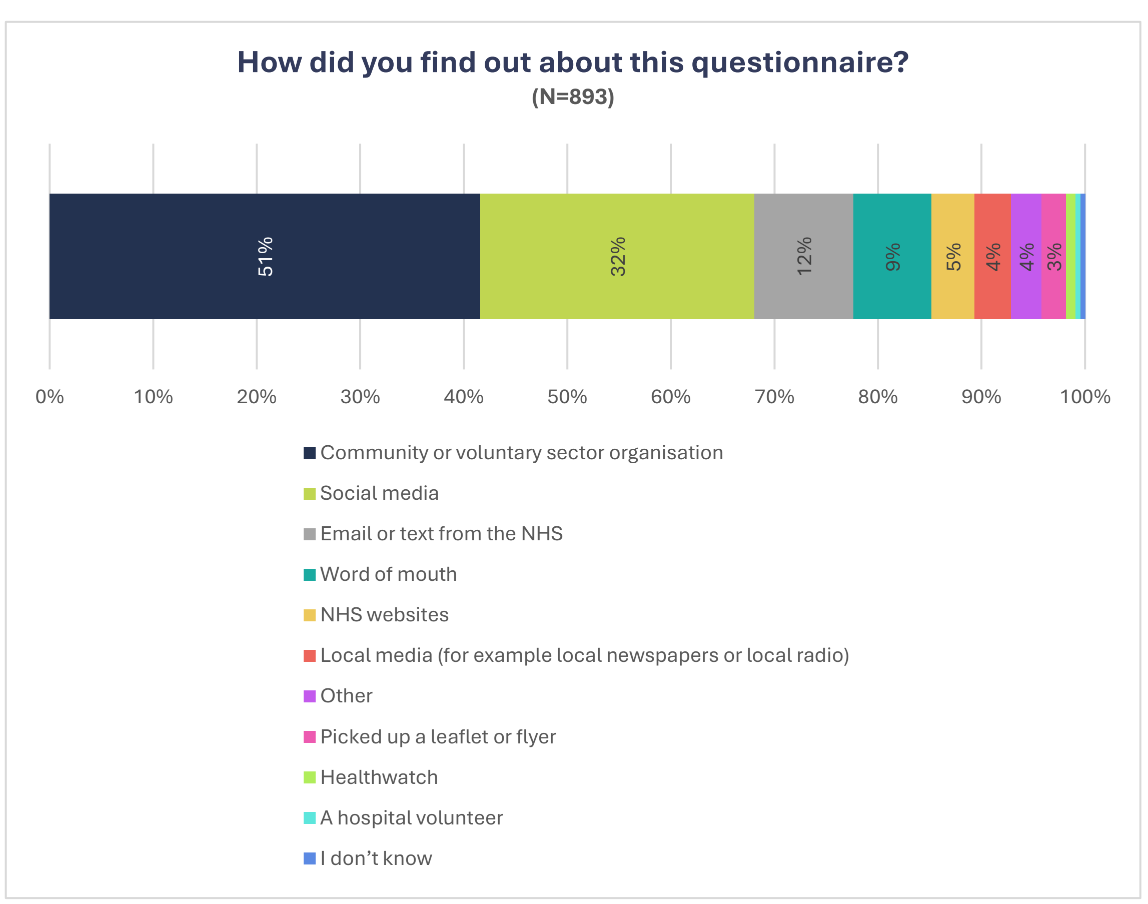

Chart 20: How did you find out about this questionnaire?

The numbers of people who accessed the engagement materials

The majority of respondents (64%) reported having read the 'Improving hospital gynaecology and maternity services in Liverpool' booklet. Additionally, 22% of respondents had engaged with the Easy Read version of the booklet, while a similar

proportion (22%) had visited the website www.GynaeAndMaternityLiverpool.nhs.uk for further information (see Chart 21).

A smaller percentage (9%) indicated that they had attended or were planning to attend one of the engagement events scheduled for November. Meanwhile, 6% had read the full case for change document, which consisted of more than 90 pages.

Among the respondents, 8% stated that they had not engaged with any of the provided resources.

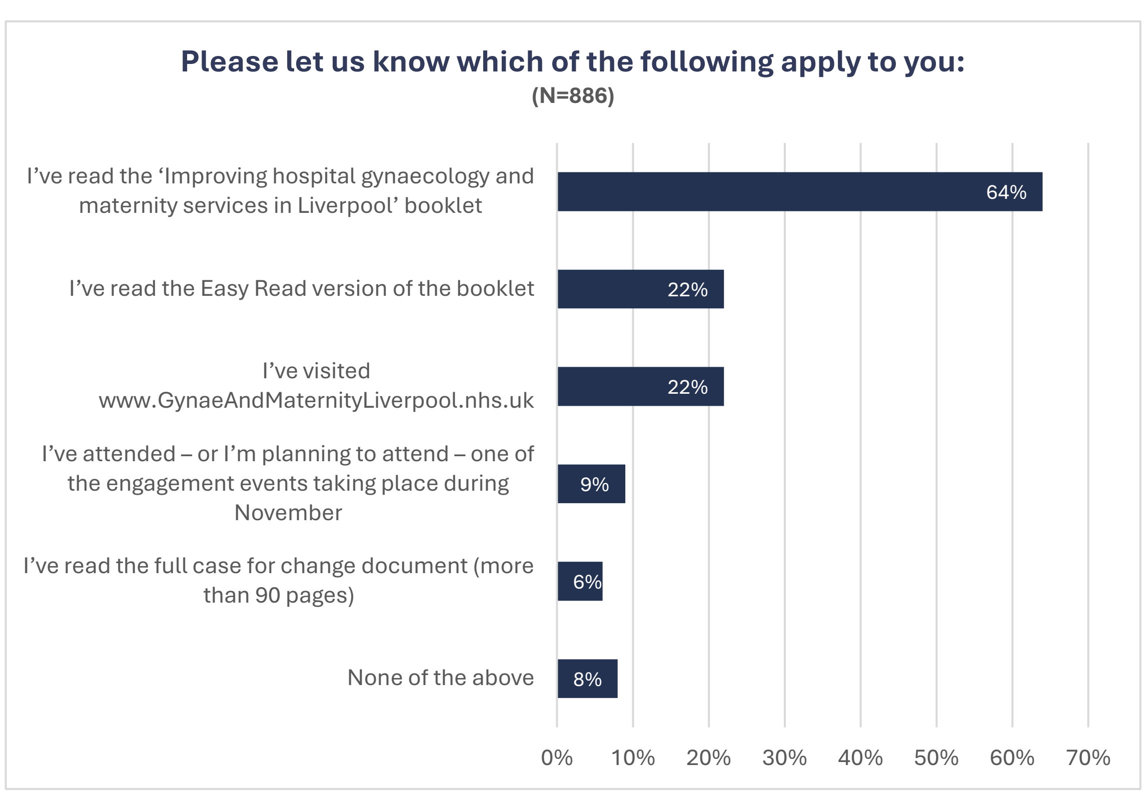

Chart 21: Please let us know which of the following apply to you

Demographic information from events

Seventy-one people attended the events overall, although several people actively involved in campaigning for NHS services locally attended more than one event.

Twenty-nine attendees completed equalities monitoring information. Of these:

- 73% were White English / Welsh / Scottish / Northern Irish / British
- 15% were White Irish
- 4% were White other
- 4% were Black/African/Caribbean/Black British: African
- 4% preferred not to say
- 4% selected 'other'

In contrast to the questionnaire, the vast majority of attendees were older, with:

- 4% aged 81 and over
- 30% aged 75 – 80
- 33% aged 71 – 74
- 15% aged 65 – 70
- 4% aged 45 – 54
- 7% aged 25 – 34
- 7% preferred not to say

In terms of religious beliefs, 68% responded that were not religious, 29% that they were Christian, and 4% preferred not to say.

78% identified as female, 19% as male and 4% as gender non-conforming.

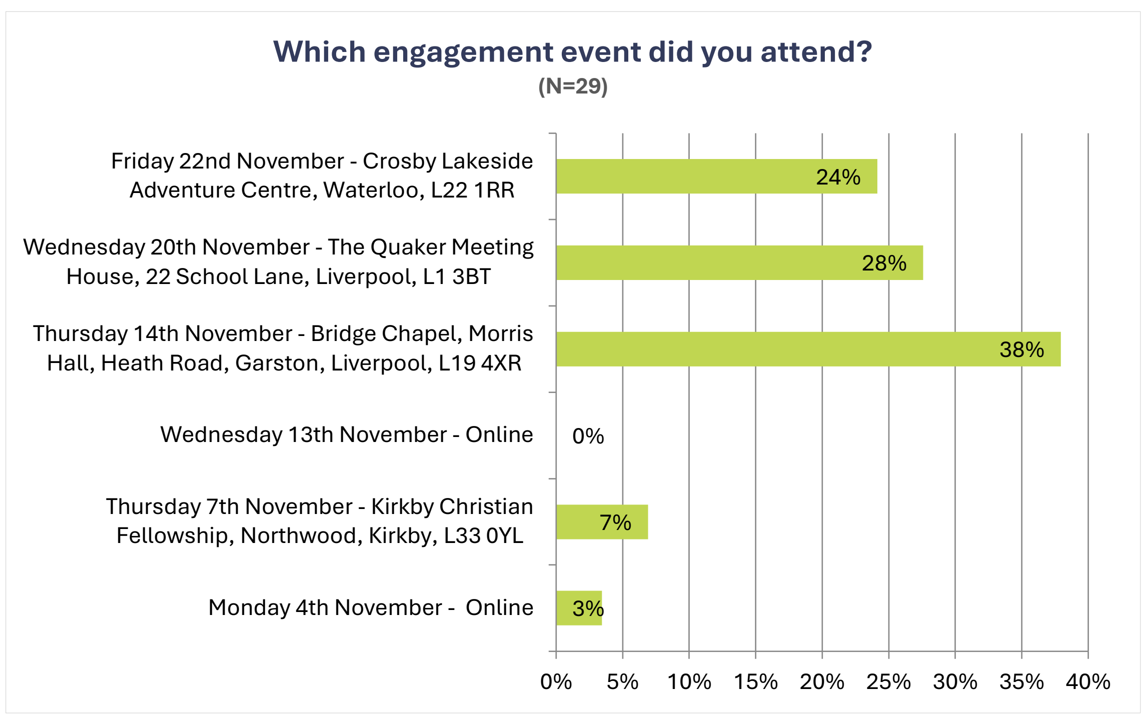

Chart 22: Which engagement event did you attend?

What is your ethnic group? Choose one option that best describes your ethnic group or background.
(N=26)

Ethnic group	%
Prefer not to say	4%
Other ethnic group: Arab	0%
Black/African/Caribbean/Black British: Any other Black/African/Caribbean background	0%
Black/African/Caribbean/Black British: Caribbean	0%
Black/African/Caribbean/Black British: African	4%
Asian/Asian British: Any other Asian background	0%
Asian/Asian British: Chinese	0%
Asian/Asian British: Bangladeshi	0%
Asian/Asian British: Pakistani	0%
Asian/Asian British: Indian	0%
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background	0%
Mixed/Multiple ethnic groups: White and Asian	0%
Mixed/Multiple ethnic groups: White and Black African	0%
Mixed/Multiple ethnic groups: White and Black Caribbean	0%
White: Any other White background	4%
White: Gypsy or Irish Traveller	0%
White: Irish	15%
White: English/Welsh/Scottish/Northern Irish/British	73%

Chart 23: What is your ethnic group? Choose one option that best describes your ethnic group or background.

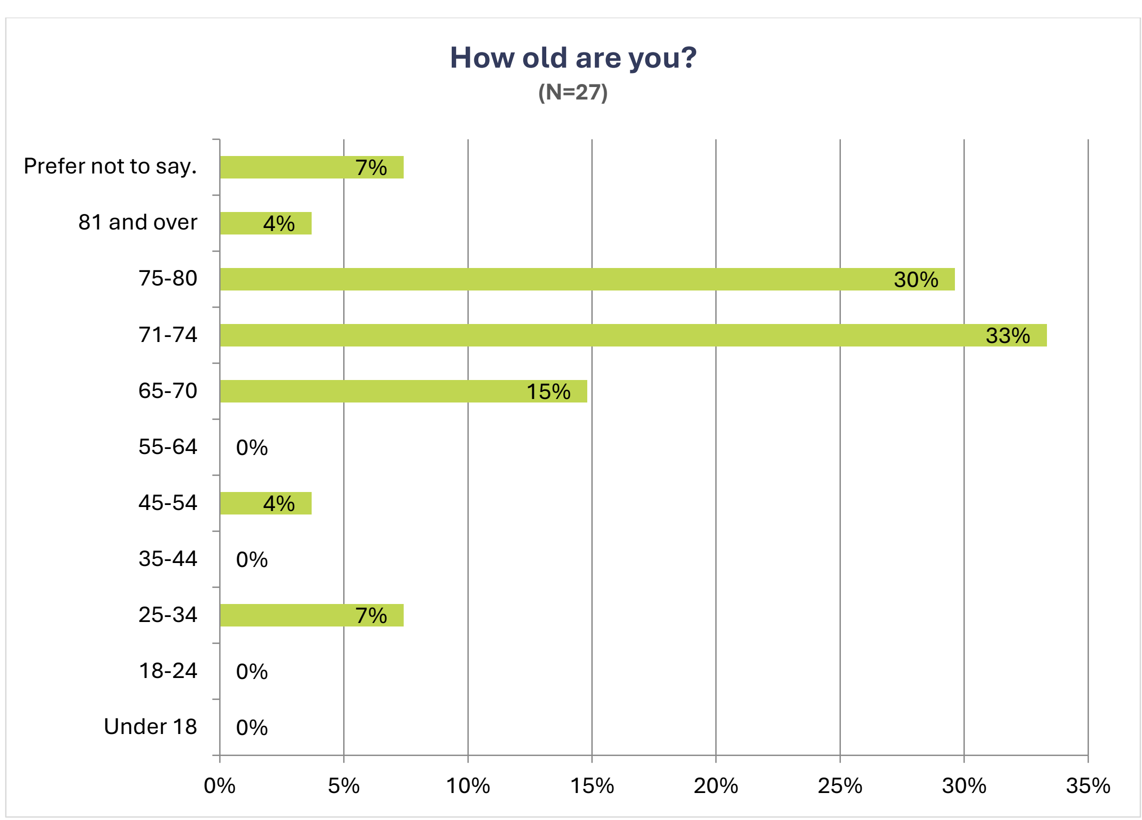

Chart 24: How old are you?

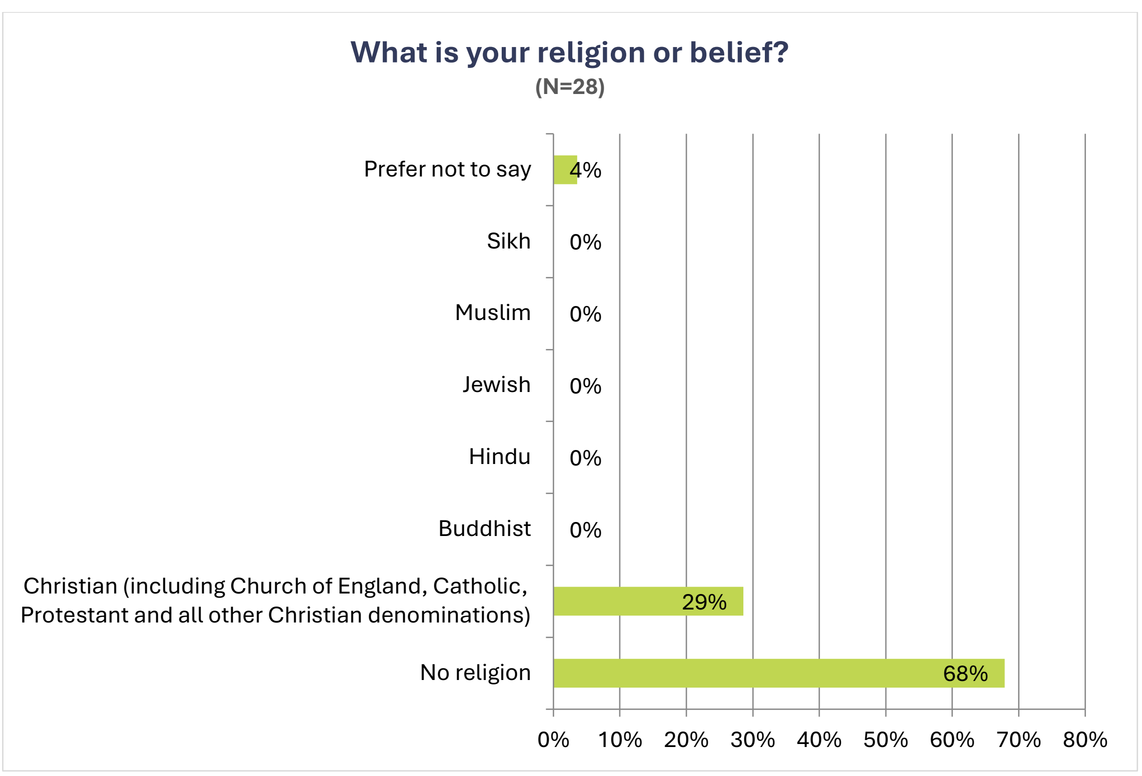

Chart 25: What is your religion or belief?

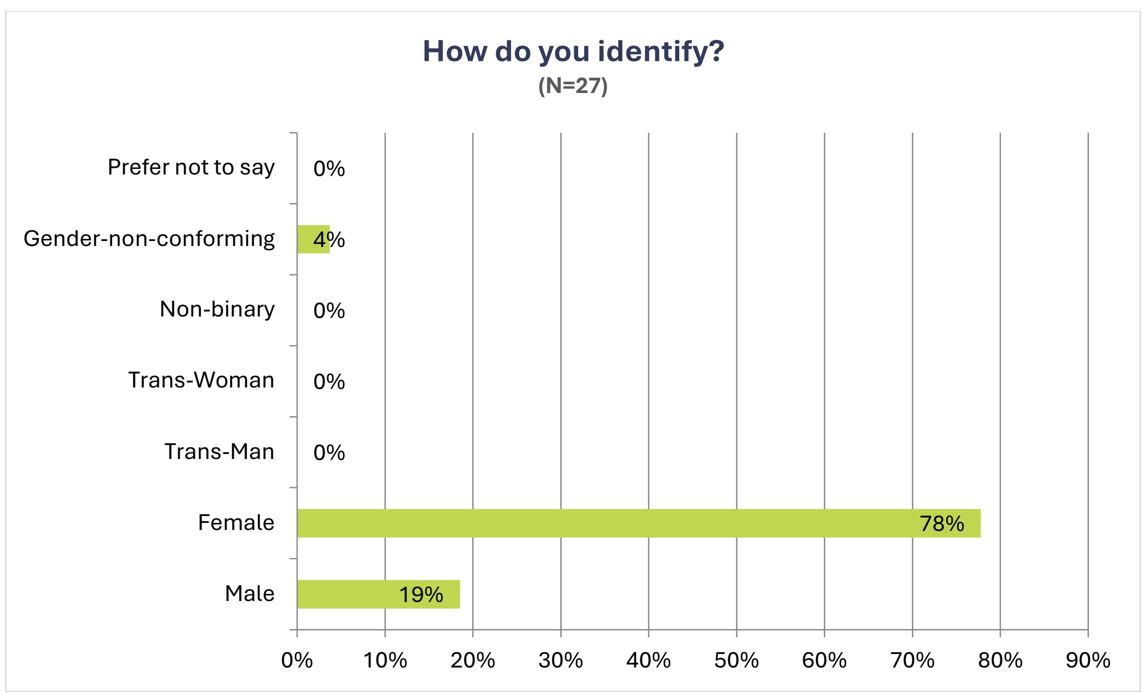

Chart 26: How do you identify?

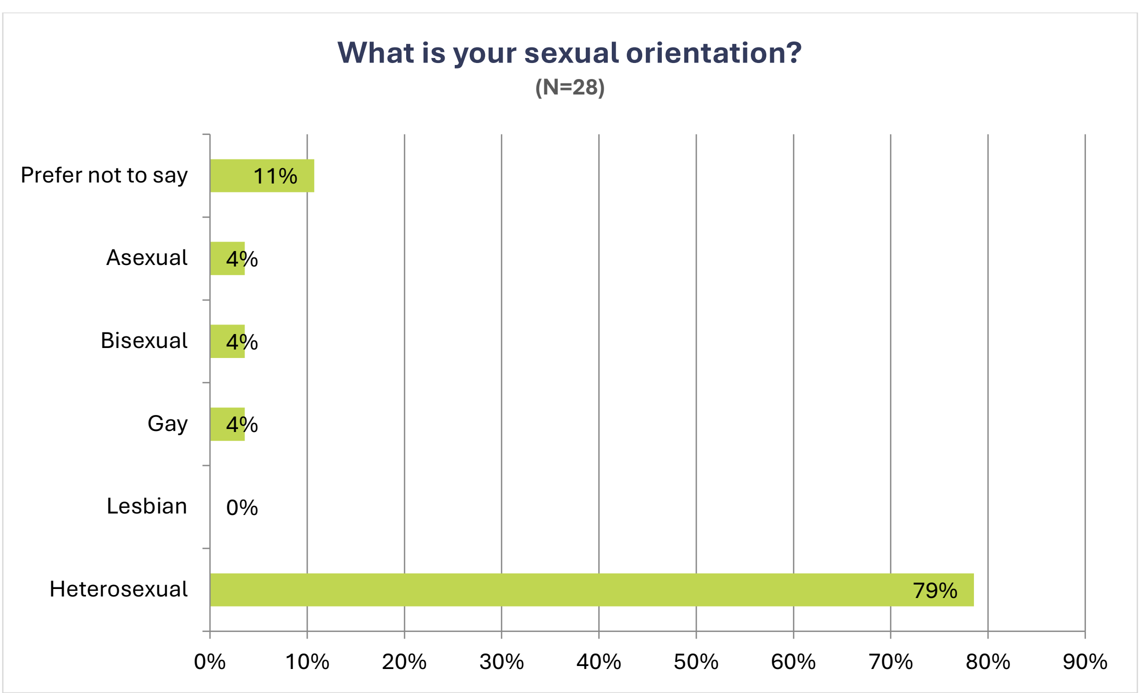

Chart 27: What is your sexual orientation?

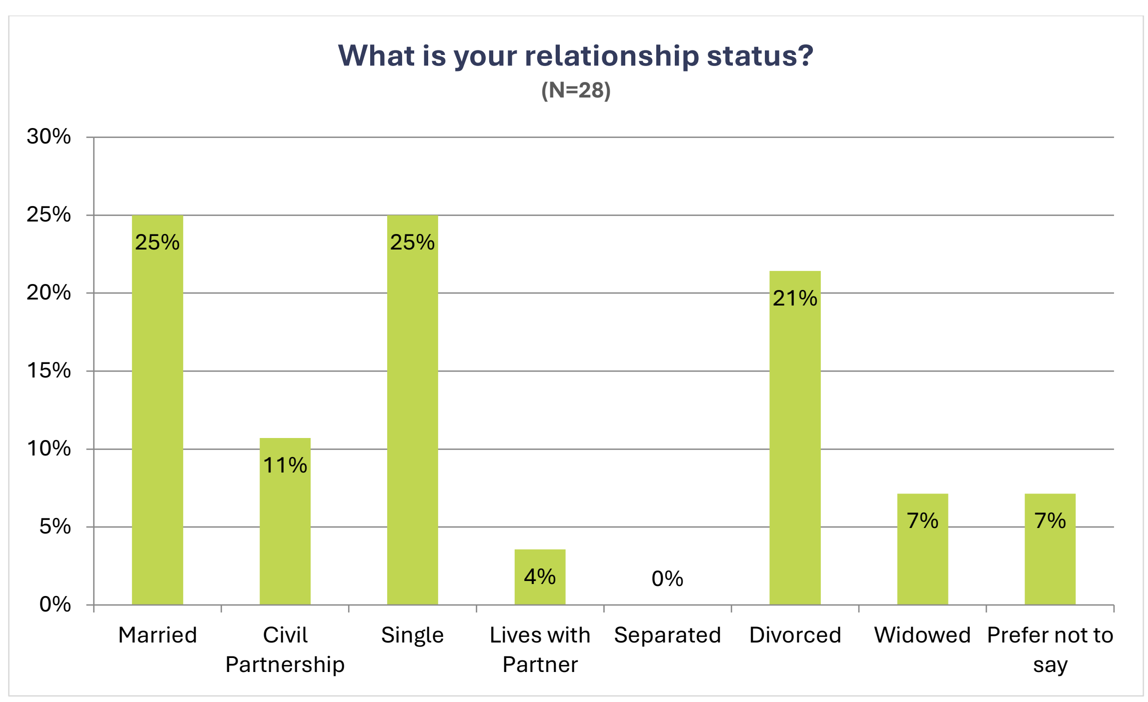

Chart 27: What is your relationship status?

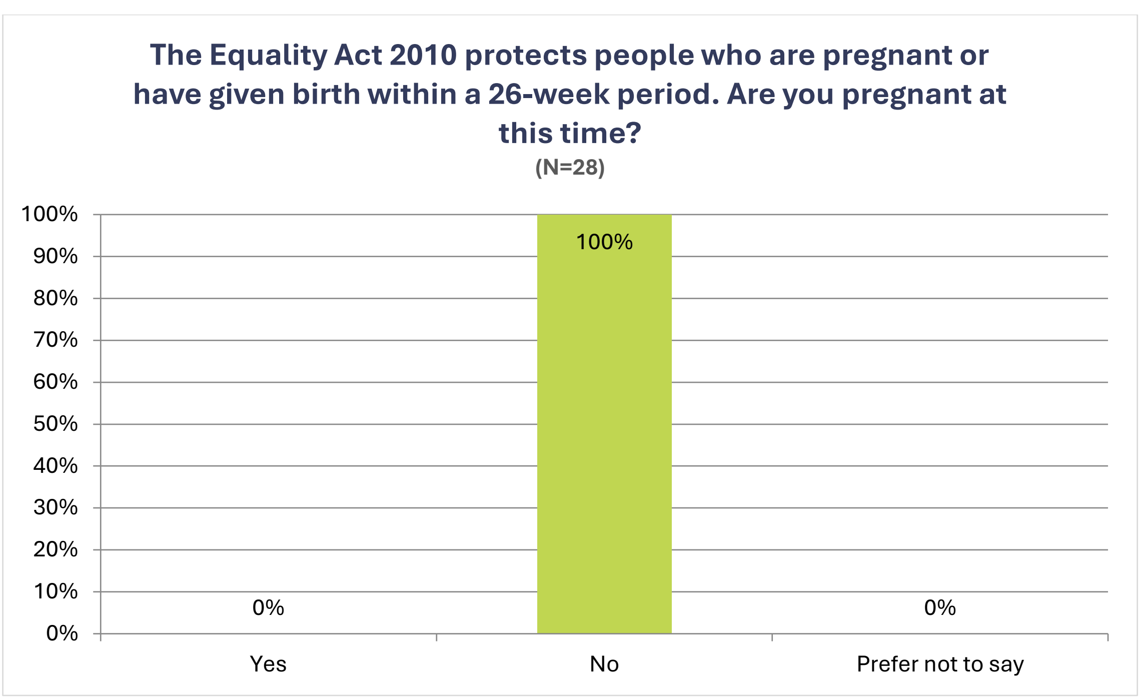

Chart 28: Are you pregnant at this time?

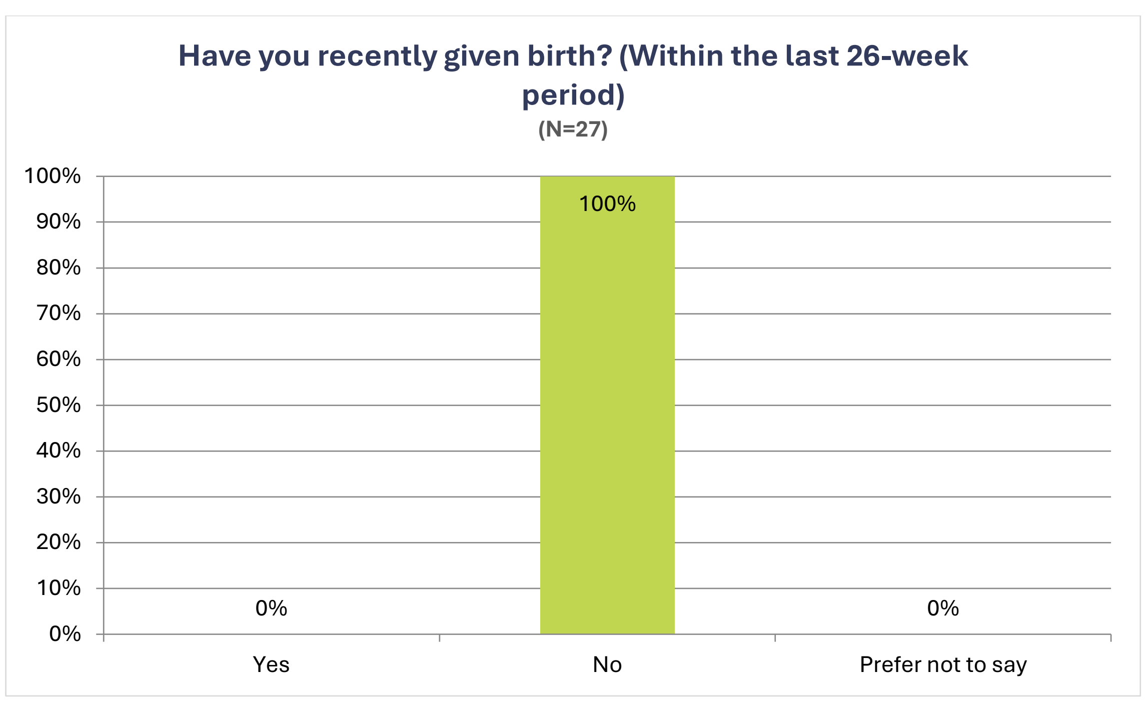

Chart 29: Have you recently given birth? (Within the last 26-week period)

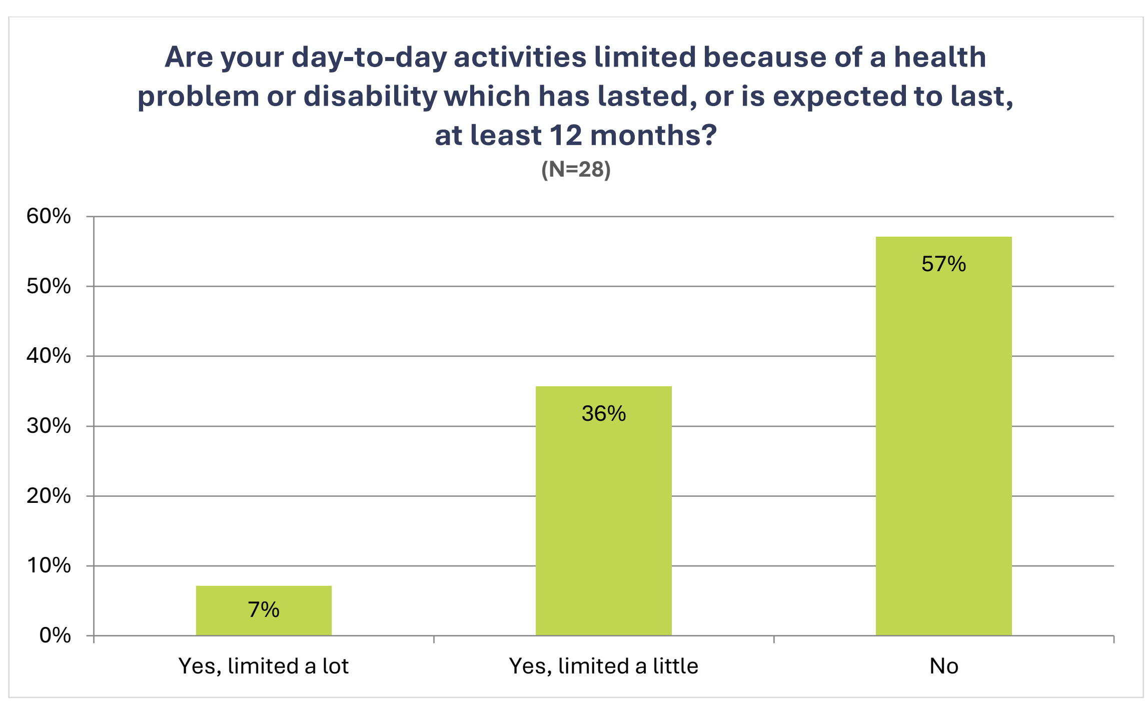

Chart 30: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

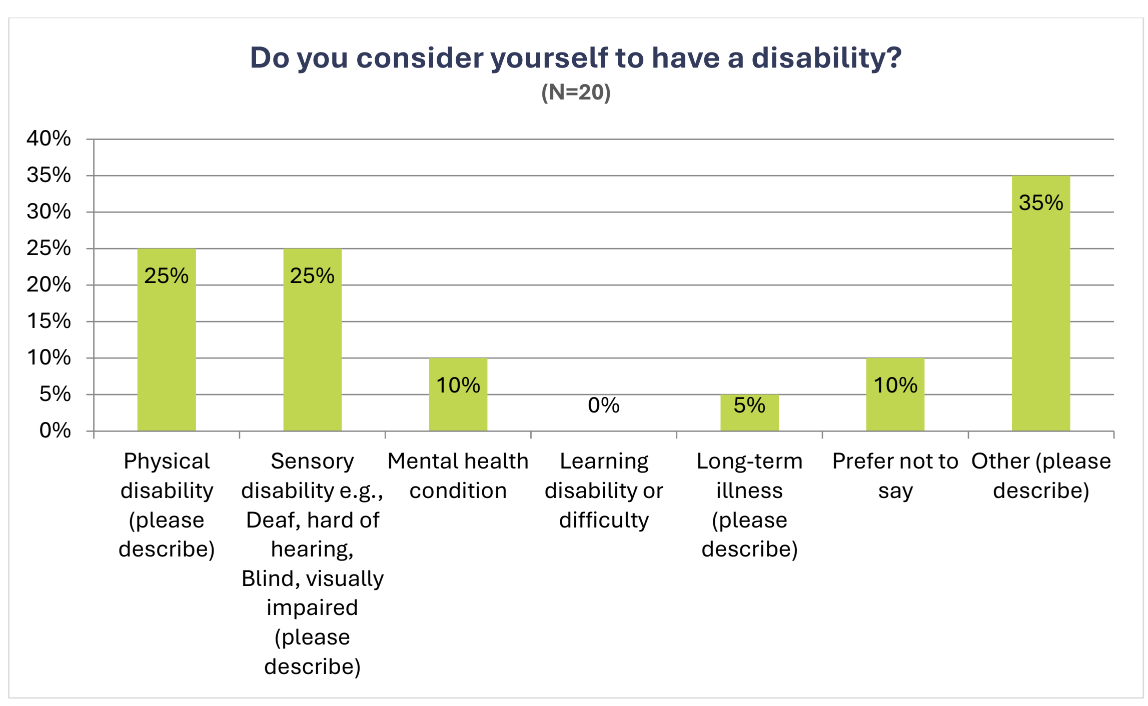

Chart 31: Do you consider yourself to have a disability?

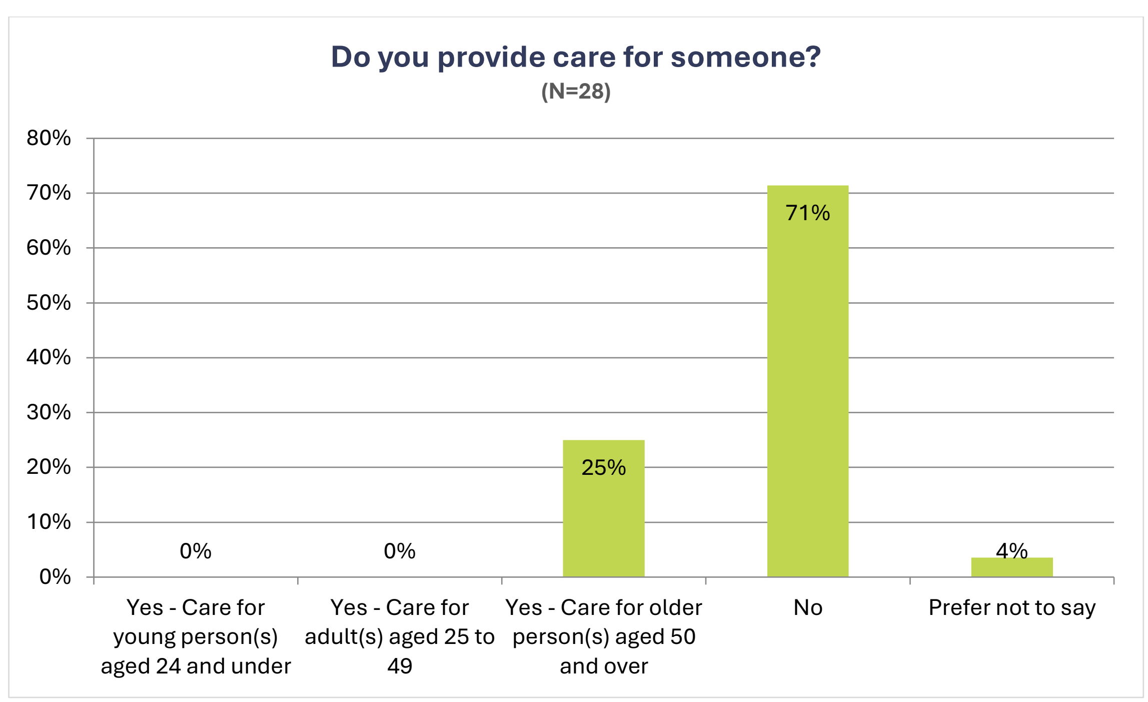

Chart 32: Do you provide care for someone?

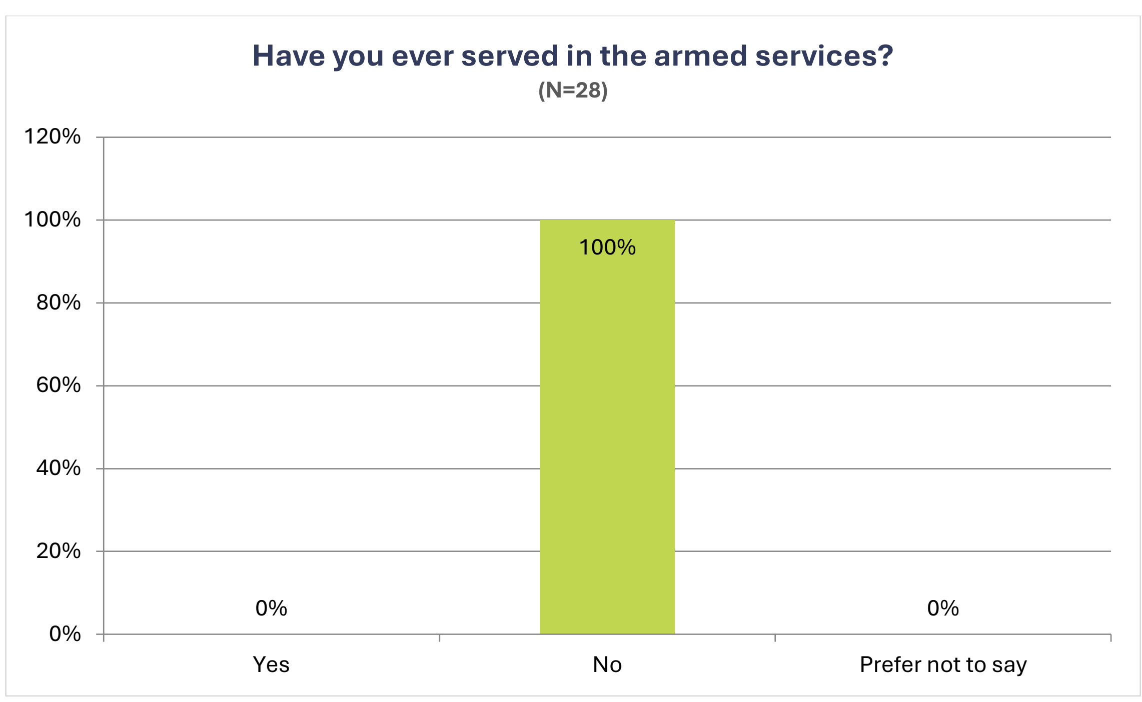

Chart 33: Have you ever served in the armed services?

Appendix B: Promotional material to support the engagement period

A range of promotional material was created to promote and support the engagement period, including posters, flyers, and summary information booklet:

Improving Hospital Gynaecology and Maternity Services in Liverpool

Share your views
15 October - 26 November 2024

To take part, go to:
www.GynaeAndMaternityLiverpool.nhs.uk
Or scan this QR code with your phone.

Improving Hospital Gynaecology and Maternity Services in Liverpool

Share your views
15 October - 26 November 2024

What's happening?

The NHS is looking at hospital gynaecology and maternity services in Liverpool.

Share your views

Contact us

0151 702 4353 (Monday to Friday, between 8.30am and 4pm)

engagement@cheshireandmerseyside.nhs.uk

Easy Read

Improving women's hospital services in Liverpool

What do you think?

Share your views on hospital gynaecology and maternity services in Liverpool

Between 15 October and 26 November 2024

To take part, go to:
www.GynaeAndMaternityLiverpool.nhs.uk

Share your views on hospital gynaecology and maternity services in Liverpool

To take part, between 15 October and 26 November 2024, go to www.GynaeAndMaternityLiverpool.nhs.uk

How do I share my views?

Glossary

What is being done to keep services safe?

Wider developments to improve patient safety

Why is this not enough?

为什么需要改变这些服务？

Większe zmiany

ਸੇਵਾਵਾਂ ਨੂੰ ਸੁਰੱਖਿਅਤ ਰੱਖਣਾ

Appendix C: Engagement questionnaire

Improving hospital gynaecology and maternity services in Liverpool

About this questionnaire

The NHS in Cheshire and Merseyside is looking at hospital gynaecology (care relating to any functions and diseases affecting the female reproductive system) and hospital maternity (care provided during pregnancy, delivery, and after birth) services in Liverpool.

The majority of this care happens at Liverpool Women's Hospital. Although maternity and gynaecology care also takes place at other local hospitals, including Whiston Hospital, Ormskirk Hospital, or Wirral Women and Children's Hospital (Arrowe Park), we aren't looking at those services in this piece of work.

You should read the *Improving hospital gynaecology and maternity services in Liverpool* booklet before answering this questionnaire.

You can find the booklet at www.GynaeAndMaternityLiverpool.nhs.uk where you'll also find details of six engagement events that we will be holding during November 2024.

If you would like this questionnaire, or the booklet, in a different language or another format, such as Easy Read or large print, call 0151 702 4353 (Monday to Friday, between 8.30am and 4pm) or email engagement@cheshireandmerseyside.nhs.uk.

Please return this questionnaire by

Tuesday 26th November 2024.

How will my information be used?

NHS Cheshire and Merseyside Integrated Care Board, the organisation that plans health services for our area, has appointed an independent company, Hood & Woolf Ltd., to manage this questionnaire and report on the responses. Responses made in a personal capacity will remain anonymous and you will not be identifiable. Responses made in an official capacity (for example if you are responding on behalf of an organisation), may be attributed.

All the questions are optional, and all information you provide will be processed by the independent company in accordance with the latest data protection guidance. Information will only be used to share your views on hospital gynaecology and maternity services in Liverpool, and any personal information which could identify you will be kept for no more than one year. Please visit www.hoodwoolf.co.uk/privacy-policy for more information.

Section 1 – Your views about the case for change

After reading the information in the ***Improving hospital gynaecology and maternity services in Liverpool*** summary booklet, please answer the following questions.

1. **Do you think we have clearly described why hospital gynaecology and maternity services need to change?** Please tick one box only.

Yes – fully	
Yes – partly	
No	
Not sure	

If you answered Yes – fully please go to question 2.

If you answered Partly, No, or Not sure, **how do you think the information could be clearer?** Please tick all boxes that apply.

There is too much jargon	
The way the content is laid out makes it difficult to read	
There is too much information	
There is not enough information	
I did not like the design	

Other (please specify):

2. **How much do you agree or disagree with this statement:**

The NHS needs to make changes to hospital gynaecology and maternity services in Liverpool.

Please tick one box only. You'll have a chance to explain more about your answer in question 5.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

3. **Thinking about the future of hospital gynaecology and maternity services in Liverpool, what are the three most important things to you?**

One:
Two:
Three:

4. **Is there anything else you would like to say about the challenges for hospital gynaecology and maternity services in Liverpool?** Please answer in the box below.

Section 2 – Your experiences

5. **Have you, or someone close to you, used hospital gynaecology and/or hospital maternity services in Liverpool?** The majority of this care happens at Liverpool Women's Hospital – we aren't referring to maternity and gynaecology services that take place at other local hospitals including Whiston Hospital, Ormskirk Hospital, or Wirral Women and Children's Hospital (Arrowe Park). Please tick all boxes that apply.

I have used/am using hospital gynaecology services in Liverpool	
I have used/am using hospital maternity services in Liverpool	
Someone close to me has used/is using hospital gynaecology services in Liverpool	
Someone close to me has used/is using hospital maternity services in Liverpool	
I work in – or alongside – hospital gynaecology and/or maternity services in Liverpool	
I want to share my views, but I haven't had experience of these services in Liverpool	
Not applicable – I am providing a response on behalf of an organisation	

6. **If you have had experience, how would you rate your experience – or the experience of someone close to you – of using hospital gynaecology or hospital maternity services in Liverpool? Was it:**

   Please tick only one box, if applicable.

Very positive	
Positive	
Neutral	
Negative	
Very negative	
Don't know	

7. **Please tell us more about your (or their) experiences – both the things that went well, and things that could be improved.**

   Please answer in the box below and continue on an additional sheet if necessary.

   If you have a question or a concern about the care that you are currently receiving, please contact the hospital or organisation providing your care directly.

8. **When using hospital gynaecology and/or maternity services, were there any ways in which you, or someone close to you, felt disadvantaged compared with other people?** Please tick one box only if applicable.

Yes	
No	
Not sure	

9. **Please** tell us more about this in the box below:

Section 3 – About you

10. **How did you find out about this questionnaire?** Please tick all boxes that apply.

Email or text from the NHS	
Picked up a leaflet or flyer	
Social media	
NHS website	
A hospital volunteer	
Local media (for example local newspapers or local radio)	
Word of mouth	
Healthwatch	
Community or voluntary sector organisation	
I don’t know	

If you found out somewhere else, please let us know where:

11. **Please let us know which of the following apply to you:**

I’ve read the ‘Improving hospital gynaecology and maternity services in Liverpool’ summary booklet.	
I’ve read the Easy Read version of the booklet	
I’ve visited www.GynaeAndMaternityLiverpool.nhs.uk	
I’ve attended – or I’m planning to attend – one of the engagement events taking place during November.	
I’ve read the full case for change document (more than 90 pages)	
None of the above	

12. **If you are responding on behalf of an organisation, please tell us your name, job title, and which organisation you represent.**

If you are providing your own personal response, please answer the questions below. They are optional, but they help us understand more about who we're reaching with our engagement activity.

13. **What is the start of your postcode?** (For example, L8 7 or L19 2)

14. **Which area do you live in?**

Cheshire East
Cheshire West
Halton
Knowsley
Liverpool
Sefton
St Helens
Warrington
Wirral

Other – please state:

15. **Are you a healthcare or social care professional?**

Yes	
No	

If you are a healthcare or social care professional, where do you work?

If you'd like to be kept up to date with this work, please sign-up to the Virtual Reference Group at www.GynaeAndMaternityLiverpool.nhs.uk/get-involved/

Section 4 – Equality monitoring

We are asking these questions because we want to make sure that we have asked lots of different people for their views.

All the information that you give will be recorded and reported anonymously – it will never be used with your name or contact details. NHS Cheshire and Merseyside collect this as part of its duty under the Equality Act 2010.

Your data will be treated confidentially and stored in accordance with Data Protection law and Hood & Woolf Ltd.'s privacy notice at www.hoodwoolf.co.uk/privacy-policy/

You do not have to answer these questions if you do not want to.

16. **What is your ethnic group?** Choose one option that best describes your ethnic group or background.

White: English/Welsh/Scottish/Northern Irish/British	
White: Irish	
White: Gypsy or Irish Traveller	
White: Any other White background (please specify below)	
Mixed/Multiple ethnic groups: White and Black Caribbean	
Mixed/Multiple ethnic groups: White and Black African	
Mixed/Multiple ethnic groups: White and Asian	
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background (please specify below)	
Asian/Asian British: Indian	
Asian/Asian British: Pakistani	
Asian/Asian British: Bangladeshi	
Asian/Asian British: Chinese	
Asian/Asian British: Any other Asian background (please specify below)	
Black/African/Caribbean/Black British: African	
Black/African/Caribbean/Black British: Caribbean	
Black/African/Caribbean/Black British: Any other Black/African/Caribbean background (please specify below)	
Other ethnic group: Arab	
Prefer not to say	

Any other ethnic group (please specify below):

17. How old are you?

16 - 19	
20 - 24	
25 - 29	
30 - 34	
35 - 39	
40 - 44	
45 - 49	
50 - 54	

55 - 59	
60 - 64	
65 - 69	
70 - 74	
75 - 79	
80 and over	
Prefer not to say	

18. What is your religion or belief?

No religion	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Muslim	
Sikh	
Prefer not to say	
Other (please specify):	

19. How do you identify?

Male	
Female	
Trans-Man	
Trans-Woman	
Non-binary	
Gender-non-conforming	

Non-binary	
Gender-non-conforming	
Prefer not to say	
Other (please specify):	

20. What is your sexual orientation?

Heterosexual	
Lesbian	
Gay	
Bisexual	
Asexual	

Prefer not to say	
Other (please specify):	

21. What is your relationship status?

Married	
In a civil partnership	
Single	
Divorced	
Living with partner	
Separated	

Widowed	
Prefer not to say	
Other (please specify)	

22. The Equality Act 2010 protects people who are pregnant or have given birth within a 26-week period. Are you pregnant at this time?

Yes	
No	
Prefer not to say	

23. The Equality Act 2010 protects people who are pregnant or have given birth within a 26-week period. Have you recently given birth? (within the last six months)

Yes	
No	
Prefer not to say	

24. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes, limited a lot	
Yes, limited a little	
No	
Prefer not to say	

25. Do you consider yourself to have a disability? *(*The Equality Act 2010 states a person has a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' (more than 12 months) negative effect on your ability to do normal daily activities.

Physical disability	
Sensory disability (e.g., Deaf, hard of hearing, Blind, visually impaired)	
Mental health condition	
Learning disability or difficulty	
Long-term illness (e.g., cancer, diabetes, COPD)	

Prefer not to say	
Other (please specify):	

26. **Do you provide care for someone?** A carer is defined as anyone who cares, unpaid (or in receipt of Carer's Allowance, but not someone who is employed as a care professional), for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Yes - Care for young person(s) aged 24 and under	
Yes - Care for adult(s) aged 25 to 49	
Care for older person(s) aged 50 and over	

No	
Prefer not to say	

27. **Have you ever served in the armed services?**

Yes	
No	
Prefer not to say	

Please return your questionnaire to:

NHS Cheshire and Merseyside
920 Centre Park
Warrington
WA1 1QY

The closing date for us to receive your response is midnight on **Tuesday 26th November 2024**. Please allow enough time for your posted questionnaire to reach us.

Thank you very much for your time. We will use your feedback to help develop plans for how services might be delivered in the future.