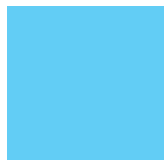


## REVIEW OF SERVICES PROVIDED BY LIVERPOOL WOMEN'S HOSPITAL



Find out more  
and share  
your views



29 June  
to 15 August  
2016

HEALTHY  
LIVERPOOL



## What's happening?

The NHS is looking at how services provided at Liverpool Women's Hospital NHS Foundation Trust could be improved in the future.

**The services Liverpool Women's provides include:**

- **Neonatology**  
(for premature and poorly newborn babies)
- **Maternity**  
(for pregnant women and new mums)
- **Gynaecology**  
(for women with problems affecting their reproductive system)
- **Anaesthetics, theatres and high dependency unit**  
(supporting women during and after surgery)
- **Reproductive medicine**  
(helping people to conceive – fertility treatment)
- **Genetics**  
(helping people to understand their family medical history through their genes and how this might affect their diagnosis/treatment).

## Why?

Midwives, nurses and doctors believe people could receive better care if things were done differently.

**This is because:**

- The **needs of patients** have changed
- There are **new ways of caring** for patients and higher national standards
- The way that care is organised at the moment is **not affordable**.

## How can you get involved?

Between **29 June and 15 August 2016** we want to hear what you think of the reasons for change, and your priorities, so that we can use this feedback to develop plans for the future.

This leaflet contains more information about the issues, and details of how to share your views.

Patient names and some identifying details have been changed to protect people's privacy, but all of the examples are based on real experiences.



## Why do services need to change?

### The needs of patients have changed since the hospital opened more than 20 years ago:

- **Women with serious health problems who would not have been able to have children in the past are now able to do so.** These women can need complex care during pregnancy, from teams who are not based at Liverpool Women's. As a result patients have to be transferred during their care, sometimes by ambulance. This doesn't meet national clinical standards or give women the best experience.
- **The amount of space required to look after poorly babies needs to be increased to meet new standards of care, and to reduce the risk of infection.** An increasing number of babies who wouldn't have survived in the past are now surviving, so there are more newborns needing very specialist care. Babies who need surgery currently have to be transferred by ambulance from Liverpool Women's to Alder Hey Children's Hospital for their operations.
- **More women are having babies later in life.** As women get older pregnancy can be more complex, which may mean women need care from specialists who are based in other hospitals.
- **Women are generally living longer and a greater number of older women need gynaecological services.** This means more demand for services, and more patients with complex health needs who might need care from specialist clinicians at other hospitals.
- **Gynaecological cancers are increasing and doctors are carrying out more complex surgery to treat them.** Sometimes these operations involve a number of different specialists from other hospitals, which can mean transferring women who are very poorly between Liverpool Women's and other hospitals during their treatment.



## There are new ways of caring for patients and higher standards for how this care should be delivered

There are a number of significant challenges which cannot be resolved within existing arrangements.

In some cases, services don't meet national standards or guidelines for best practice. This means the care patients receive and the experience they have are not the very best they could be.

Increasing numbers of patients also need services from other hospitals and have to be transferred during their treatment.



“ In 2014/15, more than **800 women and newborn babies** were transferred by **ambulance** to or from Liverpool's Women's during their care, mainly to or from the Royal Liverpool Hospital and Alder Hey Hospital.

## THE KEY PROBLEMS THAT MIDWIVES, NURSES AND DOCTORS HAVE HIGHLIGHTED ARE:

### ■ Intensive care

– Liverpool Women's doesn't have an intensive care unit, which is where the most seriously ill patients are cared for. To meet national standards, the high dependency unit at Liverpool Women's should be located next to an intensive care unit. This is so that a woman can be moved quickly from the high dependency unit if her condition gets worse. At the moment, critically ill patients might have to be taken by ambulance to either the Royal Liverpool Hospital or Aintree University Hospital.

### ■ Women and newborn babies with complex health conditions

– Liverpool Women's is increasingly treating women and newborn babies with complex health conditions who need very specialist care. Sometimes, this specialist care isn't available at Liverpool Women's, which means that very poorly women and newborn babies have to be taken by ambulance to other hospitals. For example, babies who need surgery once they are born have to be transferred to Alder Hey Children's Hospital, before either being returned to the Neonatal Intensive Care Unit at Liverpool Women's, or treated at the Paediatric Intensive

Care Unit at Alder Hey – neither of these options is considered to be best practice.

### ■ Blood services (haematology/pathology)

– Blood tests help doctors understand what is wrong with you and make sure you get the right care. This service isn't available 24 hours a day, seven days a week at Liverpool Women's. This means that the hospital relies on the transfusion and laboratory services at the Royal Liverpool Hospital. This makes the management of some emergency conditions much more difficult.

### ■ Lack of space in the neonatal unit

– The neonatal unit at Liverpool Women's cares for babies born prematurely, with low weight or who have a medical condition that requires specialist treatment. The unit isn't big enough for the number of babies who need this care now, or who are likely to need it in the future. Babies on the unit are especially vulnerable to infections, and the risk of infection is higher when there is not enough space around cots. Liverpool Women's also has limited parent accommodation, which means that not all parents who want to stay with their babies while they are in hospital are able to do so.



## PATIENT STORY:

## ANITA

Anita had gynaecological surgery at Liverpool Women's. There were complications during the operation which required urgent support from one of the colorectal surgeons (someone who specialises in surgery of the rectum, anus and colon) at the Royal Liverpool Hospital. Anita had to remain under anaesthetic for an extended length of time while the team waited for a specialist to become available and travel to Liverpool Women's to assist with the operation. Afterwards, Anita needed intensive care, which isn't available at Liverpool Women's. This meant she was transferred to the Royal by ambulance for two days before returning to the gynaecology ward at Liverpool Women's.

**If the teams providing complex gynaecological procedures were based alongside other adult surgical teams, there would be fewer delays when other specialist opinions were required. Locating these services in the same place as intensive care would remove the need to transfer very sick patients across the city by ambulance.**

## The way that services are currently delivered is not affordable

**The main reason for the review of services is to improve the care that patients receive, but we cannot ignore the serious and growing financial issues facing the hospital.**

The key reasons behind the financial situation at Liverpool Women's are:

- The government pays hospitals a certain amount of money for each service they provide. This amount is set nationally. The money Liverpool Women's receives for maternity services is not enough to cover the cost of providing these services. In 2015/16 this gap was £5.8 million. In bigger, general hospitals this gap would be covered by money received for other services. Because Liverpool Women's is a small, specialist hospital – and maternity services account for most of its work – it doesn't have the income from other services to make up for this shortfall. Liverpool Women's is one of only two standalone women's hospitals in the country.
- Medical negligence claims about a doctor who no longer works at the hospital have caused a big increase to the hospital's yearly insurance costs.



**Financial problems are not driving the need for change. Even if money was no object then midwives, nurses and doctors would still want to look at doing things differently, to make care better and safer for women and babies. However, the financial situation must be addressed to protect services for the future.**

## PATIENT STORY:

## JANE

Jane had a major operation at the Royal Liverpool Hospital that involved a hysterectomy, bowel surgery and the removal of her ovaries. The procedure was carried out by both a general surgeon and a surgeon who focuses on cancers of the female reproductive system. Although the nursing care Jane received afterwards was good, she was not on a ward where staff had gynaecology expertise.

The operation triggered the menopause for Jane, but hospital staff were not able to offer the specific advice or support she needed. Jane was advised to seek advice from Liverpool Women's during her future follow-up appointments after she was discharged.

**If the teams who care for patients requiring complex gynaecological procedures were based alongside other adult surgical teams, women like Jane could receive their care in a more specialist environment, which would be better equipped to give them the advice and support they need.**

## PATIENT STORY:

## LISA AND EMILY

When Lisa was 20 weeks pregnant a scan showed that her baby had a problem with its abdominal wall. Baby Emily was born by caesarean section after she became distressed during labour, and because of her condition Emily needed to go to Alder Hey for an operation.

Lisa was only able to see Emily briefly before she left. Emily's operation was successful, and two days later Lisa was discharged from Liverpool Women's to be reunited with her baby.

**If surgery on newborn babies was performed in an operating theatre alongside the neonatal unit then babies wouldn't need to be transferred by ambulance to Alder Hey, and separated from their mums while they are being cared for following birth.**

**(( 182 newborn babies were transferred to Alder Hey from Liverpool Women's in 2014/15**





## PATIENT STORY:

## CARLA AND DANIEL

Carla, from Bootle, gave birth to baby Daniel at 28 weeks due to complications during her pregnancy. After he was born, Daniel had to stay on the neonatal unit for seven weeks. The parent accommodation at Liverpool Women's was being used by families who lived further away and Carla relied on public transport to get to the hospital each day. She stayed on the unit as long as she could but had to leave to get the last bus home. Due to travelling times, Carla found it difficult to express her breast milk regularly enough and her supply reduced, which meant she couldn't breastfeed any longer.

A larger neonatal unit with more accommodation for parents would mean that mums like Carla wouldn't need to be separated from their newborns.



#### PATIENT STORY:

### MARY AND MAX

When Mary, 46, attended Liverpool Women's for a planned caesarean, she was found to have a slow heartbeat because of a fault in her heart. Mary was transferred to the Royal Liverpool Hospital by ambulance and had a pacemaker fitted. It wasn't safe to transfer Mary back to Liverpool Women's after her operation, so the maternity team travelled to the Royal to perform a caesarean section. Baby Max was delivered safely, but he had to be transferred back to Liverpool Women's for a short stay on the neonatal unit before going home with his dad. Mary had to stay at the Royal for a further two weeks, during which time she only had limited contact with Max.

If maternity services for high risk patients like Mary were located alongside an adult acute hospital, such as the Royal Liverpool Hospital or Aintree University Hospital, then there would be no need for emergency ambulance transfers. It would also be easier for mums who are still undergoing treatment to see their new babies, as they would be based on the same site.

### How will a decision about the future be made?

NHS Liverpool Clinical Commissioning Group announced a review of services provided by Liverpool Women's in March 2016. Since then, local NHS organisations have been looking at the challenges facing these services, and considering how they might be delivered in the future. This involves exploring all of the potential options, then narrowing them down by testing each one against a number of key requirements.

They are:

#### ■ Quality:

Potential options will need to offer the very highest standards of care to women and newborn babies; for example, by enabling national guidelines and best practice to be followed.

#### ■ Feasibility:

Potential options will need to be practical in terms of any implications for the staff who provide women's and newborn babies' services, and whether they would be the best way of using NHS buildings.

#### ■ Finance:

Potential options must offer a way of delivering safe, high quality services that are affordable now and in the future.

#### ■ Local and national priorities:

The review of women's and newborn babies' services is part of Healthy Liverpool, a five-year plan for improving the health of the city. Potential options will be looked at in line with Healthy Liverpool aims, such as centralising specialist hospital care where necessary, and providing more services in local communities wherever possible. They will also be considered against the National Maternity Review, which published recommendations in February 2016. Maternity and neonatal services for people in Cheshire and Merseyside are also being looked at by the Cheshire and Merseyside Women's and Children's Services Partnership.

// This assessment process will present a number of possible options for delivering services, which will be put forward for formal public consultation. This is when we will be asking people for their views on specific options for the future. We anticipate that this will happen in late 2016 or early 2017.



## Will some services have to move from the Liverpool Women's Crown Street site?

In order to make sure services for women and newborn babies in Liverpool meet national standards, it is likely that proposals will include moving at least some of the care currently delivered at Crown Street to a different location or locations.

Until we have finished assessing the various options – and gathering the views of the public as part of this process – it is too soon to provide more details about which proposals might ultimately be put forward for public consultation.



## Could the review mean that the Crown Street site will close?

There are no plans to close the site and if some Liverpool Women's services did move it is expected that Crown Street would continue to deliver NHS care in the future.

## Will services be cut?

There is absolutely no threat to the services themselves.

This process is about making what we have even better and protecting services for the future.



## Who is involved in this work?

The review is being led by NHS Liverpool Clinical Commissioning Group (CCG), in partnership with Liverpool Women's Hospital.

Liverpool CCG is responsible for planning and buying hospital and community health services for the people of Liverpool. It is made up of representatives from each of the city's 93 GP practices.

In addition to Liverpool patients, Liverpool Women's cares for people living in Sefton and Knowsley, so South Sefton CCG, Southport and Formby CCG and Knowsley CCG are also involved in the review.

A number of other organisations and bodies are involved in the review, including Aintree University Hospital, the Royal Liverpool and Broadgreen University Hospitals, Alder Hey Children's Hospital, NHS England, and the Cheshire and Merseyside Women's and Children's Services Partnership.

## How do I share my views?

During July and August we are holding a number of events where you can hear more from some of the people working on the review, and share your thoughts.

### 21 JULY

Bridge Chapel Centre (Booth Hall),  
Heath Road, L19 4XR

Registration and coffee from 1.30pm,  
event 2pm – 4pm

### 2 AUGUST

Blackburne House,  
Blackburne Place, L8 7PE

Registration and coffee from 5.30pm,  
event 6pm – 8pm

### 4 AUGUST

PAL Multicultural Centre,  
68a Mulgrave St, L8 2TF

Registration and coffee from 1.30pm,  
event 2pm – 4pm

### 10 AUGUST

Oakmere Community College,  
Cherry Lane, L4 6UG

Registration and coffee from 2.30pm,  
event 3pm – 5pm

To guarantee your place at an event you must pre-register at [healthyliverpool.nhs.uk](http://healthyliverpool.nhs.uk) or by calling (0151) 296 7537.

To share your views, either fill out and return the short questionnaire attached to this leaflet or visit [healthyliverpool.nhs.uk](http://healthyliverpool.nhs.uk) to complete the questionnaire online.

We'll be sharing more information and updates on our Facebook page:



[facebook.com/healthylvpool](https://facebook.com/healthylvpool)



[twitter.com/healthylvpool](https://twitter.com/healthylvpool)

For more details, or to request this booklet in a different format, call (0151) 296 7537.

## QUESTIONNAIRE

Please return the questionnaire on the following pages by **15 August 2016**. If we receive it after this date we're sorry but we will not be able to include it.

Print and complete the questionnaire and send in an envelope to:

**FREEPOST  
NHS Liverpool CCG**

The address is freepost – so you don't need a stamp.

The information you provide will be kept securely and electronically by NHS Liverpool CCG in accordance with the Data Protection Act. We will use it to contact you about our work and the health system in Liverpool. Your details will not be sold or passed on to other organisations for other purposes. We may send this information to organisations we have relevant legal contracts with such as the company that handle our communication system. If this is required the information is securely exchanged for a specified purpose only within the legal agreement. We do not combine the data you give us here with data from any other sources.



## REVIEW OF SERVICES PROVIDED BY LIVERPOOL WOMEN'S HOSPITAL.

**1** What is your postcode?

**2** Please tell us about your interest in women's and babies' services...

I have used/am using them ☐

If so, please tick all those you have used

- ☐ A. Maternity  
☐ B. Gynaecology  
☐ C. Surgery  
☐ D. Fertility treatment  
☐ E. Critically ill babies  
☐ F. Genetics

Someone close to me is using/has used them ☐

If so, please tick all those you have experience of

- ☐ A. Maternity  
☐ B. Gynaecology  
☐ C. Surgery  
☐ D. Fertility treatment  
☐ E. Critically ill babies  
☐ F. Genetics

I am a local resident who hasn't used these services ☐

I work with people who use these services ☐

☐ Other – please say...

**3** If you or someone close to you has used these services, please describe your experience by ticking one of the below:

- ☐ Very positive ☐ Positive ☐ Neutral  
☐ Negative ☐ Very negative

Please explain why/which service if you wish to...

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**4** Do you think that the clinical issues reported by Liverpool Women's clinicians and the need to improve safety make good reasons for changing these healthcare services?

- ☐ Yes these are good reasons for change  
☐ I am not sure these are good reasons for change  
☐ No, I do not think these are good reasons for change

**5** Do you think that the changing needs of patients in recent years make good reasons for changing these services?

- ☐ Yes these are good reasons for change  
☐ I am not sure these are good reasons for change  
☐ No, I do not think these are good reasons for change

**6** How important do you think the following are in improving women's and babies' services? (Please tick the **TWO** aims from the following that you think are most important) Tick only **TWO**

- ☐ Patient safety & high quality care  
☐ Services being financially secure  
☐ Having a good experience of care  
☐ Routine care being closer to home  
☐ Services being located on one site  
☐ Travel times

Any comments....

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The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would complete them.

**7** What is your age?

- ☐ Under 18 ☐ 18-25 ☐ 26-44 ☐ 45-64  
☐ 65-75 ☐ 76+ ☐ Prefer not to say

**8** What is your sex?

- ☐ Female ☐ Male ☐ Intersex ☐ Other  
☐ Prefer not to say

**9** Do you identify yourself as...  
(you may tick more than one)

- ☐ Female ☐ Male ☐ Prefer not to say  
☐ Prefer to self-describe  
(please state if you wish)

☐ In another way

**10** Is your current gender identity the same as the sex you were registered with at birth?

- ☐ Yes ☐ No ☐ Prefer not to say  
☐ Not sure what the question means

### SEXUAL ORIENTATION

**11** Do you consider yourself to be:

- ☐ Bisexual ☐ Heterosexual ☐ Gay/Lesbian  
☐ Other ☐ Not sure ☐ Prefer not to say

**12** Do you consider yourself to have a disability?

- ☐ Yes ☐ No ☐ Prefer not to say  
(please write in if you wish)

### RELIGION/BELIEF

**13** Please tick one of the below...

- ☐ Buddhist ☐ Christian ☐ Hindu  
☐ Jewish ☐ Muslim ☐ Sikh  
☐ No religion ☐ Prefer not to say  
☐ Other (please specify if you wish)

### ETHNICITY

**14** Do you identify yourself as...

Asian or Asian British:

- ☐ Bangladeshi ☐ Indian ☐ Pakistani  
☐ Other Asian background  
(please write in if you wish)

Black or Black British:

- ☐ African ☐ Caribbean ☐ Other Black  
background (please write in if you wish)

Chinese or Chinese British:

- ☐ Chinese ☐ Other Chinese background  
(please write in if you wish)

Mixed Ethnic Background:

- ☐ Asian & White ☐ Black African & White  
☐ Black Caribbean & White  
☐ Other Mixed background  
(please write in if you wish)

Other Ethnic Group:

- ☐ Arabic ☐ Latin American ☐ Other  
(please write in if you wish)

White:

- ☐ British ☐ English ☐ Irish  
☐ Scottish ☐ Welsh ☐ Polish  
☐ Latvian ☐ Gypsy/Traveller  
☐ Other White background  
(please write in if you wish)

☐ Prefer not to say

**Want to keep in touch?**

While this survey is anonymous, if you would like to be added to our mailing list to hear what happens next and other news relating to health in Liverpool, please leave as much information as you feel happy with below.

NAME:

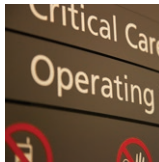
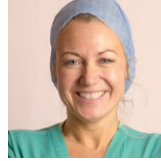
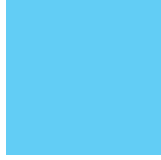
EMAIL:

PHONE NUMBER:

ADDRESS:

POSTCODE:

**Thank you for completing the questionnaire**



Translation available on request

若有需要時將會翻譯成中文。

ستترجم عند الطلب

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Marka la soo codsado ayaa la turjumi doona

درخواست کرنے پر ترجمہ فراہم کیا جائے گا۔

Tłumaczenie dostępne na prośbę

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