

# Extraordinary Meeting of NHS Cheshire and Merseyside Integrated Care Board - 9 October 2024

## Introductory Remarks to the Case for Change

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## Introduction

- Hospital gynaecology and maternity services are a crucial part of our local NHS.
- Each year, Liverpool Women's Hospital sees nearly 30,000 gynaecological procedures performed, while at the same time welcoming around 7,500 new babies into the world.
- Nearly 1,800 staff support the hospital services that are delivered at Crown Street, including doctors, nurses and midwives.
- Staff are passionate about the care they provide and want the best possible experience and outcomes for the population they serve.



## National Context

- The quality and safety of maternity and neonatal services has been a focus of national policy in recent years, following several independent investigations.
- Most recent policy for maternity care is set out in the Three Year Delivery Plan, centred around 4 key themes:
  - Listening to women and families with compassion
  - Supporting our workforce
  - Developing and sustaining a culture of safety
  - Meeting and improving standards and structures

## Local Context

- In 2023, Liverpool Women's NHS FT was inspected by the Care Quality Commission's (CQC) maternity inspection programme.
- The inspection gave an objective assessment of what was being done well and where improvements are required.
- An overall rating of requires improvement was published, with examples of positive feedback.
- Gynaecology services received a good overall rating.
- The report highlighted how staff focussed on the needs of people and strived to deliver best possible care.
- Over the past 12 months, staff have been putting into place a programme of improvements that have addressed the issues highlighted by CQC and have continued with work to improve and maintain safety in the Crown Street site.

# Commitment to Crown Street



**Cheshire and Merseyside**

- The NHS is wholly committed to continuing to provide services from Crown Street. It is a vital part of our local health system and will not be closing, reflected in our ongoing investment.
- As part of elective recovery funding, £5m has been provided to establish the Liverpool Women's Hospital site as a centre for gynaecology procedures.
- This includes four state of the art procedure rooms developed to free up capacity in theatres and create additional clinic space for more minor operations and will enable up to 4,200 additional gynaecology procedures every year.
- These facilities will be open to all patients in the wider Cheshire and Merseyside area from spring 2025.
- In addition, Crown Street now hosts a community diagnostics centre with CT (computed tomography) and MRI (magnetic resonance imaging) from 8am – 8pm, and urgent access to CT 24/7, which has delivered improved access to scans and reduced transfers for these diagnostic tests.

# Improving Hospital Gynaecology & Maternity Services in Liverpool

## Case for Change

**Dr Fiona Lemmens, Associate Medical Director (Transformation) and  
Deputy Medical Director, NHS Cheshire and Merseyside**

**Dr Lynn Greenhalgh, Chief Medical Officer, Liverpool Women's NHS FT**

# Clinician Story



[https://youtu.be/a9oxD25mg7A?si=B\\_itCgfkGdSU-6H4](https://youtu.be/a9oxD25mg7A?si=B_itCgfkGdSU-6H4)



## Background (1)

- In 2022, NHS Cheshire and Merseyside oversaw the Liverpool Clinical Services Review, which looked at how all of Liverpool's hospitals could work better together to improve care for patients. Resolving the challenges facing women's hospital services in the city was one of three urgent priorities identified in this review.
- As a result, the Women's Services Committee, reporting to NHS Cheshire and Merseyside Integrated Care Board (ICB), was established to look at these issues. Its role is to oversee the development of a safe and sustainable future care model for women's hospital services in Liverpool
- A Programme Board was created to manage the development and delivery of the work required to achieve this, led by hospital trusts in the city and reporting to the Women's Services Committee.
- The Programme Board has led the development of the case for change and engagement with clinicians and stakeholders.
- The Women's Services Committee received the final draft case for change at its meeting on 13 September and is now recommending that the Board approves the case for change.

## Background (2)

- The Women's Hospital Services in Liverpool programme was set up to look at hospital-based gynaecology and maternity services in Liverpool.
- Most hospital gynaecology and maternity care in the city happens at Liverpool Women's Hospital, which means it's separate from other hospital services.
- All other specialist centres for gynaecology and maternity care in England are located alongside acute and emergency hospital services.
- The first phase of the programme has been to develop a case for change – a document that sets out the risks and challenges facing gynaecology and maternity services.
- **The case for change does not provide proposals or potential solutions** – these will be explored with partners, stakeholders, patients, and the public later in the programme of work.

# Where patients come from (2023/24 activity)



## Cheshire and Merseyside

Each year, around 7,500 babies are born at Liverpool Women's, and nearly 30,000 gynaecological procedures are performed.

Most people accessing maternity and gynaecology services at Liverpool Women's come from Knowsley, Liverpool and Sefton, but services are also used by people from other areas of Cheshire and Merseyside, and further away (Isle of Man and North Wales).

Patient Residence	Number of deliveries	% of deliveries
Liverpool	4678	65.19
Sefton	1170	16.30
Knowsley	632	8.81
Other C&M addresses	451	6.28
Non-C&M addresses	245	3.41
<b>Total</b>	<b>7176</b>	<b>99.99*</b>
North Mersey	6480	90.30

Patient Residence	Number of gynaecology inpatient and day-case discharges	% of discharges
Liverpool	3640	52.48
Sefton	1316	18.97
Knowsley	657	9.47
Other C&M addresses	836	12.05
Non-C&M addresses	487	7.02
<b>Total</b>	<b>6936</b>	<b>99.99*</b>
North Mersey	5613	80.93

\*rounding error

## Case for Change – headlines

- Liverpool Women's Hospital provides most gynaecology and maternity care in the city, but it is geographically isolated from other acute hospitals.
- **All other specialist centres for gynaecology and maternity services in England have co-located acute and emergency hospital services.**
- This arrangement means Liverpool Women's is less able to manage acutely ill or rapidly deteriorating patients, those with complex surgical needs or significant medical co-morbidities.
- Most acute, emergency and specialist services are provided at other local hospitals, including the Royal Liverpool and Aintree Hospitals.
- This can mean that patients needing these services have to be transferred by ambulance for care and treatment, often when they are at their most vulnerable.
- It also means that gynaecology and maternity services are not provided on acute hospital sites for women when they present at an emergency department, or when they access other services.

# Distances between hospitals in Liverpool

In the case for change, services at Liverpool Women's Hospital are referred to as being **isolated** from other hospital services.

Although other hospitals might not seem very far from Liverpool Women's, when an emergency occurs, any distance is a problem.

Clinicians may need to stop what they are doing at one hospital and travel to another, or patients may have to be transferred by ambulance from one hospital to another which can take some hours to organise safely.

The map illustrates the distances between hospital sites in Liverpool.



## The impact

- The isolated nature of Liverpool Women's Hospital can lead to delays to care, and impact on quality, clinical outcomes, and patient experience.
- There is also growing evidence of psychological harm to women, their families and staff members – 25% of staff have accessed staff support for work-related stress/trauma over 18 months.
- The situation is creating a significant gender inequality for women accessing hospital gynaecology and maternity services in Liverpool, when compared to:
  - men and women using other services at other hospitals in Liverpool.
  - women using gynaecology and maternity services in other parts of the country.
- There is clear evidence that those who need critical care transfers or present at A&E are more likely to come from socially deprived and/or ethnic minority backgrounds, exacerbating existing health inequalities.

# Risks the programme is seeking to resolve

**Risk 1** - Acutely deteriorating women cannot be managed on site at Crown Street reliably, which has resulted in adverse consequences and harm.

**Risk 2** - Women presenting at other acute sites (e.g. A&E), being taken to other acute sites by ambulance, or being treated for conditions unrelated to their pregnancy or gynaecological condition at other acute sites, do not get the holistic care they need.

**Risk 3** - Failure to meet service specifications and clinical quality standards in the medium term could result in a loss of some women's services from Liverpool.

**Risk 4** - Recruitment and retention difficulties in key clinical specialties are exacerbated by the current configuration of adult and women's services in Liverpool.

**Risk 5** - Women receiving care from women's hospital services, their families, and the staff delivering care, may be more at risk of psychological harm due to the current configuration of services.

- **Over 2,000 women, who are pregnant or have a gynaecology condition, present at either the Royal Liverpool or Aintree Hospital emergency departments each year.** These women are not getting the rapid clinical support that they need from gynaecology and maternity specialists.
- From 2018 to 2022, there were **69 episodes of critical care transfer from Liverpool Women's.** At least another 12 women were transferred accompanied by a senior doctor from anaesthetics, because they were judged to be too unstable to be transferred without support.
- From July 2022 to March 2024 (21 months), there were **148 clinical incidents** that were caused in full or in part by women's hospital services being provided on an isolated site.
- There are around **220 ambulance transfers** between Liverpool women's and either the Royal Liverpool or Aintree Hospitals per year. Category 1 (life threatening) or Category 2 (emergency) transfers make up around half of these ambulance journeys.

**Because Liverpool Women's is the only tertiary and specialised provider of gynaecology and maternity services in the country that is not co-located with other services, it isn't possible to make meaningful comparisons with trusts elsewhere.**



# What is driving this need for change? (1)

The care that our population needs today is not the same as when Liverpool Women's Hospital first opened on Crown Street nearly 30 years ago. Key changes include:

- **More people with serious health conditions are able to have children:** These complex health needs have to be managed alongside their pregnancy, requiring support and treatment from a wider range of services.

Women on the intensive ante-natal pathway (most complex)	2018/2019	2023/24
Number of women in the year	764	947
Percentage of pregnant women on the intensive pathway	8.23%	12.30%

- **More people are having babies at a later age:** Pregnancy can become higher risk and more complex with age, which also increases the likelihood of patients needing care from other hospitals and specialist teams.

# What is driving this need for change? (2)

- **Demand for gynaecological services is increasing:** Many people are living longer and needing more gynaecology services as they age. Cancer rates have also been rising due to changes in lifestyles and diets, and because better screening means that the NHS is finding and treating more cancers.
- **Advances in cancer treatment:** Doctors are carrying out more complex surgery, and many patients now get new cancer drugs that target specific genes or cells, or benefit from specialist radiotherapy techniques. This needs very careful coordination and often involves input from a number of different specialist teams, such as bowel surgeons or oncologists who are based in other hospitals.

## Some of the main ways staff are managing clinical risks and keeping care safe for patients:

- Senior doctors travelling by ambulance with very unwell patients who need to be moved to other hospitals, so that their care can continue during the transfer.
- Teams from Liverpool Women's and other hospitals working together to share knowledge, training and resources, and provide bespoke care packages for gynaecology and maternity patients with complex care needs.
- Many complex gynaecology patients are now jointly managed through teams made up of staff from Liverpool Women's, the Royal Liverpool Hospital and The Clatterbridge Cancer Centre.
- For complex maternity patients, services jointly delivered by specialists in a variety of medical conditions, including heart disease, diabetes and kidney disease. An outreach midwife service provides care to patients being treated at other hospitals, and new joint roles have been created in anaesthetics across Liverpool Women's and the Royal Liverpool Hospital.

# Why this isn't enough

- While staff work hard to manage clinical risks and keep care safe in the short term, they cannot resolve every risk or ensure the longer-term sustainability of services.
- This is because **the single biggest safety issue** is that women's services are not provided in the same place as most other specialist surgical, medical and support teams.
- If this is not addressed, the avoidable risks for women who require co-located acute services will continue to grow as co-morbidities and complexity of cases continue to increase.
- Staffing difficulties will worsen, and services will become harder to staff safely.
- The way that services are currently arranged means that some care does not meet national care standards. If this isn't addressed, in the future it might not be possible to provide some specialist care in Liverpool. Some people already have to go to Manchester to have their babies because they have a very high-risk condition.

# NW Clinical Senate – Desktop Review of the Case for Change

A dedicated panel, established by the NW Clinical Senate and including other specialists from across the Country, was established to carry out the review.

The panel expressed strong support for the Case for Change, describing it as one of the most compelling cases they have seen from a clinical perspective.

The panel advised that the current Case for Change is data-rich, well-written, and presents a persuasive clinical risk focused argument in support of significant service change to begin to address these issues.

The panel applauded the ongoing utilisation of service quality improvement approaches to mitigate identified risks to date but also noted that such approaches are unlikely to be sustainable in the long term without significant long-term service reconfiguration.

# Current status of the programme

- Although issues around women's hospital services in Liverpool have been discussed in the past, this is a new process, focussed on the problems as they stand today.
- The purpose of the clinical case for change is to set out the key risks and challenges facing hospital gynaecology and maternity services in Liverpool.
- In May 2024, 70 people including clinicians, managers and people with lived experience, attended an event to discuss the draft case for change.
- The draft case for change was then shared with NHS partners and wider stakeholders to seek their support and get their feedback; the final draft reflects the feedback received.

**At this stage, no proposals for how services might look in the future have been developed, and no decisions have been made.**

# Commitment to the Crown Street site

It is too early in the process to speculate about how services might look in the future – the design work has not started yet.

We can say, however, that whatever proposals might be made for gynaecology and maternity, the hospital site will continue to be used for the provision of NHS services.

As noted earlier, there have been significant recent investments in services at the Crown Street site including new clinical treatment rooms and the community diagnostic centre, demonstrating NHS commitment to the site.



## Next steps and public engagement

- Subject to approval of the case for change, a six-week period of public engagement entitled *Improving hospital gynaecology and maternity services in Liverpool* will start on 15 October 2024. **This will gather people's views on the case for change and their experiences of care, but it will not include proposals for how services could look in the future.**
- The engagement plan has been developed by a communications and engagement group bringing together NHS Cheshire and Merseyside, local NHS trusts and Healthwatch representatives.
- An engagement booklet will summarise the key issues from the case for change. Feedback will be gathered via a questionnaire (online and printed) and at a number of engagement events (both face-to-face and online).
- We will be providing funding to voluntary sector organisations to engage directly with local groups and communities.
- All feedback will be analysed and put into a report, which will be published in early 2025. Feedback will be used to help inform what happens next with the programme, including the development of any proposals for how hospital gynaecology and maternity services could look in the future.



## Ongoing involvement plans

- The public, patients, and wider stakeholders will continue to be engaged and involved as this work continues – formal public engagement is only one part of this.
- A **Lived Experience Panel** has been established, made up of people with experience of hospital gynaecology and maternity services in Liverpool, whether as a patient or family member/carer. The panel will help to shape and inform the programme, including advising on public involvement activity and participating in the development of proposals for the future.
- A **Virtual Reference Group** will be established, to allow people to sign up for further updates about public engagement and the wider Women's Hospital Services in Liverpool programme.
- A **dedicated website** for the programme will be launched, where people can access the latest information – including the full case for change document. We'll also use this to host a list of questions and answers, which can be developed over time.

# Indicative Timescales



Cheshire and Merseyside

**Phase 1**  
(autumn 2024 - spring 2025)

**Publish case for change**

Carry out public engagement and analyse feedback

Start design work for potential future model of care

**Phase 2**  
(spring - summer 2025)

**Undertake more detailed design work**

Clinical engagement to scope potential options

Options appraisal process

Detailed modelling for options

**AUTUMN 2025 - TAKE STOCK**

**Phase 3**  
(winter 2025 – summer 2026)

The detail of what happens in Phase 3 will be determined by the outcomes of Phase 2 and the options that are developed.

***Equalities Analysis*** – feedback from a recent independent equalities analysis of the draft case for change highlighted the impact the current service arrangements are having on gender inequalities and on pregnant women as an equalities group. The report is included as an Appendix to the case for change.

***Stage 1 Change Assurance*** meeting with NHS England North West in July 2024 – the case for change was supported.

***North West Clinical Senate*** – panel meeting and desk top review of case for change in July 2024. The Senate’s report will be published in October 2024. The panel expressed strong support for the case for change, describing it as one of the most compelling cases they have seen from a clinical perspective.

***Women’s Services Committee*** – the Committee received the final draft case for change on 13 September. The Committee supported and endorsed the final draft case for change and is, today, recommending it to the Board of NHS Cheshire and Merseyside. The Committee also approved plans for public engagement.

# Recommendations

## **The Board is asked to:**

- Approve the final draft case for change.
- Approve the commencement of a six-week period of public engagement on the case for change.