

Improving Hospital Gynaecology and Maternity Services in Liverpool



A summary of the
case for change

This is an edited version of a document first published in October 2024.

Information relating to the public engagement that was taking place at that time, and other outdated content, has been amended or removed, but all details about the case for change remain the same.

This booklet has been developed by:

NHS Cheshire and Merseyside
Alder Hey Children's NHS Foundation Trust
Liverpool University Hospitals NHS Foundation Trust
Liverpool Women's NHS Foundation Trust
The Clatterbridge Cancer Centre NHS Foundation Trust.

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Glossary

Below is a list of simple explanations of some of the medical words used in this booklet:

Acute hospital	A hospital with many different services on one site, including an emergency department, intensive care, and other specialist areas where a patient could transfer to for further treatment if they became seriously unwell.
Anaesthetist	A doctor who helps to manage pain-free procedures, resuscitate acutely unwell patients, and run intensive care units.
Antenatal care	Care received during your pregnancy.
Consultant	A senior doctor.
Critical care	Care for seriously unwell or rapidly deteriorating patients.
Engagement	A process of asking for and listening to the views of different people and groups in order to shape and inform plans, policies, decisions or actions.
Fertility care	An area of medicine which helps people to achieve a pregnancy.
Ethnic minority	A term used to describe people from ethnic groups other than white British people.
Genetics	The study of how information gets passed from one generation to the next.
Gynaecology	Care relating to any functions and diseases affecting the female reproductive system, including the vulva, vagina, uterus (womb), and ovaries.
Gynaecologist	A doctor who specialises in women's health, particularly conditions affecting the reproductive system.
Gynaecological cancer	A cancer affecting parts of the female reproductive system.
Maternity	The care provided during pregnancy, delivery, and after birth.
Neonatal	Referring to newborn babies.
Obstetrician	A doctor who specialises in care during pregnancy, labour and after birth.
Postnatal	After birth.
Prenatal	Before birth, during or relating to pregnancy.
Social deprivation	A lack of financial means and/or access to other resources that help enable an individual to thrive.
Woman	Any adult who identifies as a female, even if they were born as a different sex.

What's happening and why?

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

Most of these services happen at Liverpool Women's Hospital, which means they are separate from other hospital services, and 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 which will focus on addressing the problems as they stand today.

It's important to stress that no decisions have been made about how services might look in the future.

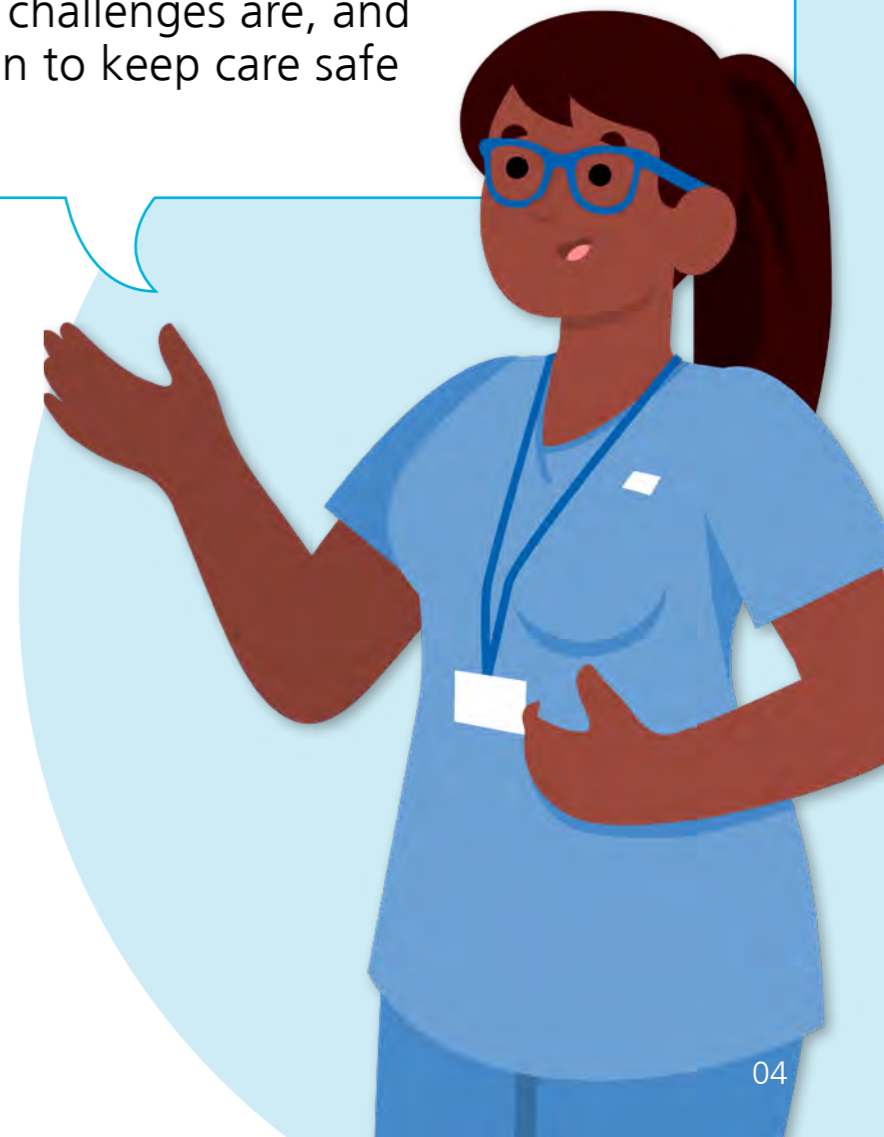
This booklet explains more about why change is needed, what the main challenges are, and what steps are being taken to keep care safe for now.



A note on language

It's not only people who identify as women (or girls) who use women's health services.

While we use the terms 'woman' and 'women's health' in this booklet, trans men and non-binary individuals assigned female at birth also access these services.



Who is involved?

This work is being led by NHS Cheshire and Merseyside, the organisation that plans NHS care for our area, working in close partnership with:



NHS University Hospitals of Liverpool Group

which manages Aintree University Hospital, Broadgreen Hospital, Liverpool University Dental Hospital, Liverpool Women's Hospital and the Royal Liverpool University Hospital.



The Clatterbridge Cancer Centre NHS Foundation Trust



Alder Hey Children's NHS Foundation Trust

A number of other organisations are also involved, including **Healthwatch Knowsley**, **Healthwatch Liverpool** and **Healthwatch Sefton**.



Definitions



Gynaecology services

Care provided to help deal with problems affecting the female reproductive system.



Maternity services

Care provided during pregnancy, delivery, and after the birth of a baby.

How do services look now?

All hospital maternity care in Liverpool is provided by NHS University Hospitals of Liverpool Group (UHLG) at Liverpool Women's Hospital on Crown Street in Toxteth.

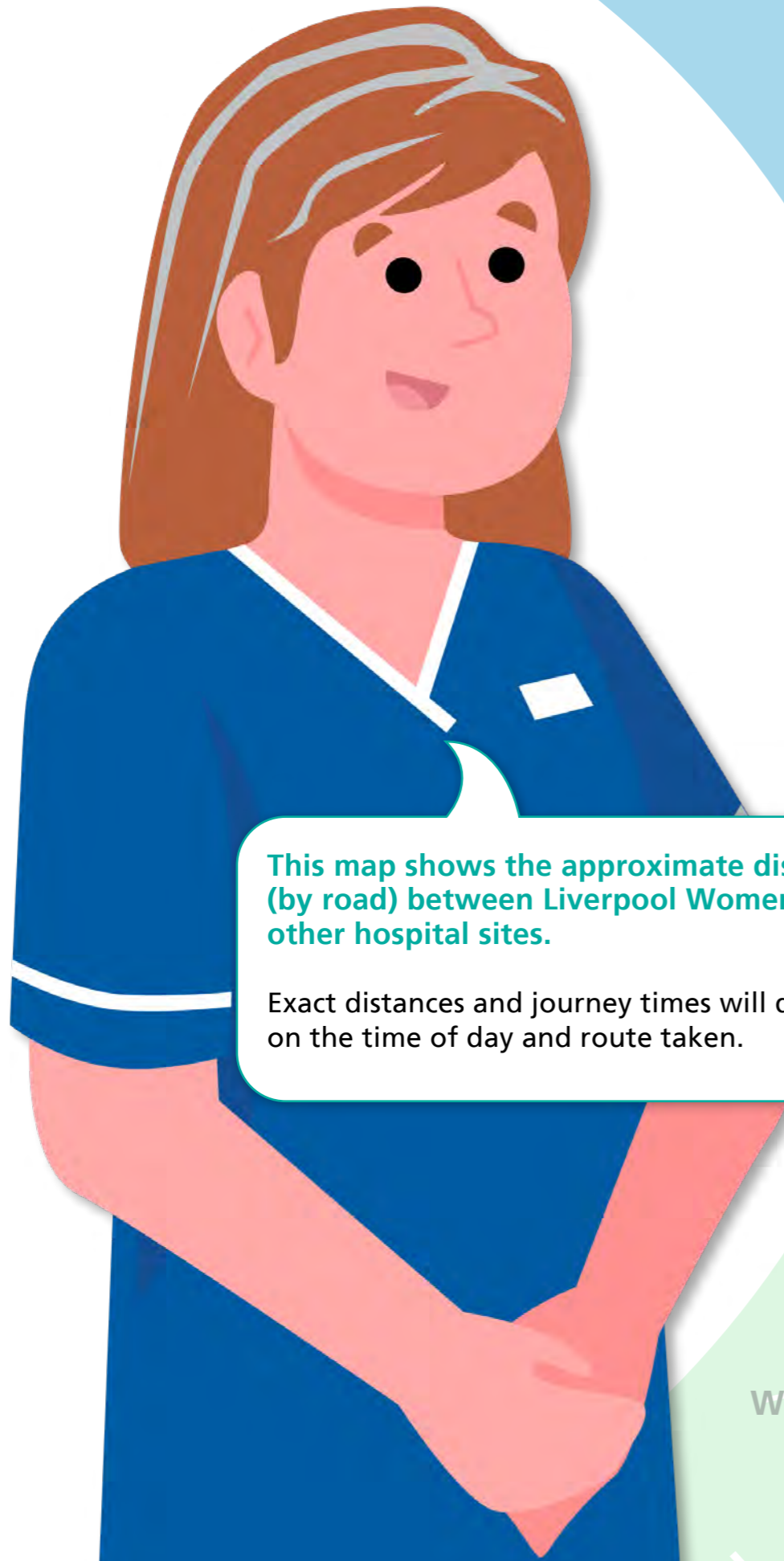
Most hospital gynaecology care also happens at Liverpool Women's, although some complex surgery takes place at the Royal Liverpool Hospital.

Liverpool's hospitals also provide the region's specialist centre for gynaecology cancer services. Patients are referred to Liverpool Women's for diagnosis and treatment, and treated at The Clatterbridge Cancer Centre for specialist non-surgical cancer care, and at the Royal Liverpool Hospital for complex cancer surgery.

Gynaecology outpatient services and maternity clinics are provided at the Aintree Centre for Women's Health, which is located at Aintree Hospital and cares for patients from north Liverpool, and parts of Sefton and Knowsley.

Most other adult hospital care in Liverpool is provided at the Royal Liverpool Hospital and Aintree Hospital, including Accident and Emergency (A&E) services, critical (intensive) care, and a wide range of medical and surgical services.

Liverpool Women's also provides neonatal (newborn) care for pre-term and sick babies, working closely with Alder Hey Children's Hospital to provide neonatal surgery.



This map shows the approximate distances (by road) between Liverpool Women's and other hospital sites.

Exact distances and journey times will depend on the time of day and route taken.



Which services are we looking at?

As well as the care provided at Liverpool Women’s Hospital, we are also looking at care provided at other local hospitals for people who are pregnant or have a gynaecological condition.

For example, this could be someone who is pregnant and needs treatment at the Royal Liverpool Hospital’s A&E department, or someone with gynaecological cancer who is also being cared for by The Clatterbridge Cancer Centre.



What’s not included in this work?

- Neonatal services
- Gynaecology and maternity care provided outside of hospital, such as in GP practices, health centres, or at home
- Services provided at The Hewitt Fertility Centre
- Clinical genetics services
- Maternity and gynaecology services provided at other local hospitals, including Whiston Hospital, Ormskirk Hospital, and Wirral Women and Children’s Hospital (Arrowe Park)

While these services are not the focus of this piece of work, if potential options were developed for improving hospital gynaecology and maternity services in Liverpool, we would also need to think about what the wider impact might be on these related services and other parts of the local NHS.

Who uses hospital gynaecology and maternity services in Liverpool?

Maternity

Each year, around 7,500 babies are born at Liverpool Women’s Hospital.

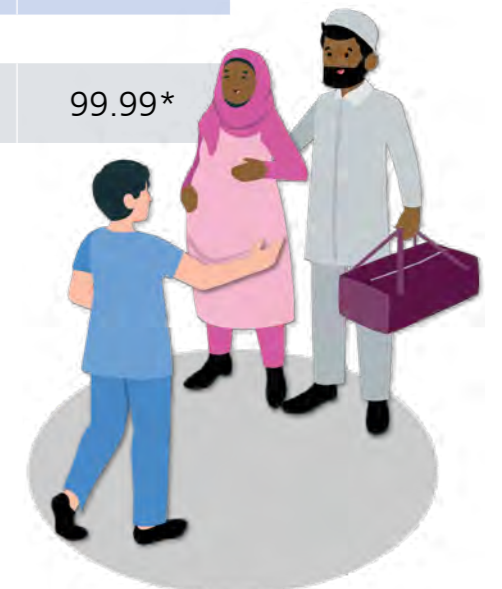
Most pregnant women who are cared for at Liverpool Women’s come from Liverpool or Sefton, but some Knowsley residents also use these services, as do smaller numbers from the surrounding areas of Cheshire and Merseyside.

The table below shows how many deliveries took place, and the areas families came from, during 2023/24 (based on postcode data):

Area	Number of deliveries	% of deliveries
Liverpool	4,678	65.1%
Sefton	1,170	16.3%
Knowsley	632	8.8%
Other parts of Cheshire and Merseyside	451	6.3%
Outside of Cheshire and Merseyside	245	3.4%

Total	7,176	99.99*
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*Rounding error



Gynaecology

The table below shows the numbers of people who had a gynaecology inpatient or day case procedure during 2023/24, and where those patients came from (based on postcode data):

Area	Number of discharges	% of discharges
Liverpool	3,640	52.5%
Sefton	1,316	19%
Knowsley	657	9.5%
Other parts of Cheshire and Merseyside	836	12%
Outside of Cheshire and Merseyside	487	7%
Total	6,936	100%

These figures include gynaecological cancer procedures, however a greater number of patients come from further away to receive this specialist care. A total of 57% of 456 gynaecological cancer admissions in 2023/24 came from Knowsley, Liverpool and Sefton, and 43% of patients came from elsewhere.

Why do services need to change?

Women's services in Liverpool are arranged differently to those elsewhere in the country. All other specialist centres for gynaecology and maternity care in England are located alongside acute and emergency hospital services.

Because Liverpool Women's is separate from other hospitals, there can be challenges providing care to people who:

- Have another significant health condition that needs managing alongside their gynaecology or maternity care.
- Have unexpected complications during their care which need urgent support from a different specialist team.
- Become seriously unwell or rapidly deteriorate during their care and need support from an intensive care unit.
- Have very complex surgical needs, including many patients with gynaecological cancer.

What are the main risks?

Five main clinical risks have been identified by midwives, nurses and doctors involved in this work.

Below we've used the wording they have developed to describe these risks, but also provided an explanation of what this means underneath each one.

RISK 1

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

Sometimes, when patients unexpectedly become seriously unwell at Liverpool Women's, they can't get all the care they need from the midwives, nurses and doctors based at the hospital.

This is because Liverpool Women's doesn't have wider services and specialist staff on site, such as critical care teams, heart specialists, and bowel surgeons. This means that sometimes patients have to be moved by ambulance to other hospitals. It can take a long time to safely move someone in these situations.

Having care delayed when patients are very unwell can lead to poorer outcomes and potential harm.



RISK 2

Women presenting at other acute hospital sites (usually 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.

All of the city's gynaecology or maternity specialists are based at Liverpool Women's, and the lack of this expertise at other local hospitals can lead to delays in care and treatment, poorer outcomes, and potential harm to patients.

An average of four pregnant women go to one of the city's two A&E departments (at either the Royal Liverpool or Aintree Hospital) every day, and around 70% of them are given a diagnosis that could directly impact on their pregnancy.

Sometimes staff from gynaecology and maternity services will travel to other hospitals to help care for a patient in an emergency, or to provide planned care through an outreach service, but they aren't there all the time.



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.

Because hospital gynaecology and maternity care isn't provided in the same place as other hospital adult services in Liverpool, there are some national care standards that can't be met.

There is clear guidance (first published in 2014) about which services should be provided on the same site. This is because in an emergency, services need to be able to respond within a very short time frame to avoid patient harm and achieve good outcomes.

If this situation isn't resolved, and the required standards can't be met, it could mean that in the future some services can no longer be provided in Liverpool. If this was the case, people would have to travel to hospitals outside of the city, or even beyond Cheshire and Merseyside, to get specialist care.

RISK 4

Recruitment and retention difficulties in key clinical specialties are being exacerbated (made worse) by the current configuration of adult and women's services in Liverpool.

Because Liverpool's hospital gynaecology and maternity services are provided at a separate hospital to most other care, there are more limited opportunities for staff to train and work in teams with different skills and expertise.

This means that the city's hospital gynaecology and maternity roles could be less attractive to staff, because they offer fewer opportunities for ongoing training and development. Staff might also feel less able to perform their duties without the support that comes from being part of a wider team of specialists. This issue makes it more difficult to recruit and retain staff to work in key roles, which could make it harder to deliver some services in the future.

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.

National research shows that 4-5% of people develop post-traumatic stress disorder (PTSD) every year after giving birth (Birth Trauma Inquiry 2024). High numbers of staff working in gynaecology and maternity services also report work-related trauma symptoms.

A quarter of Liverpool Women's staff (400 people) have either self-referred, or been referred, to the trust's staff trauma-based psychology service in the last 18 months.



There is a concern that the way Liverpool's hospital gynaecology and maternity services are organised might create and increase potential trauma for patients, their families, and staff.

This is because of the way it impacts on patient care, as described in this booklet.

How do these issues affect patient care?

Ambulance transfers

Around 220 ambulance transfers are made between Liverpool Women's and the Royal Liverpool or Aintree hospitals every year. About half of these ambulance journeys are in emergency situations.

Between 2018 and 2022, there were 69 episodes of critical care transfer from Liverpool Women's to another hospital in the city. This was so that a patient could be treated on an intensive care unit, which Liverpool Women's doesn't have.



All of these patients were extremely unwell and required support from a specialist doctor. Many of them needed intubation (support to breathe).

In addition, 12 more patients had to be accompanied by a senior doctor from anaesthetics because their condition was too unstable to be transferred by ambulance without that specialist support. Most of these ambulance transfers were to the Royal Liverpool, as this is the main adult hospital which supports Liverpool Women's.

Maternal deaths

From January 2014 to November 2023, 17 maternal deaths were sadly recorded for patients who received care at Liverpool Women's.

A maternal death is a death during pregnancy, or within six weeks of the end of pregnancy, because of something either caused by or made worse by the pregnancy or the way it was managed.

After detailed reviews of each case, senior clinicians agree that not having gynaecology and maternity services alongside other hospital services was a factor in seven of these deaths.

Serious incidents

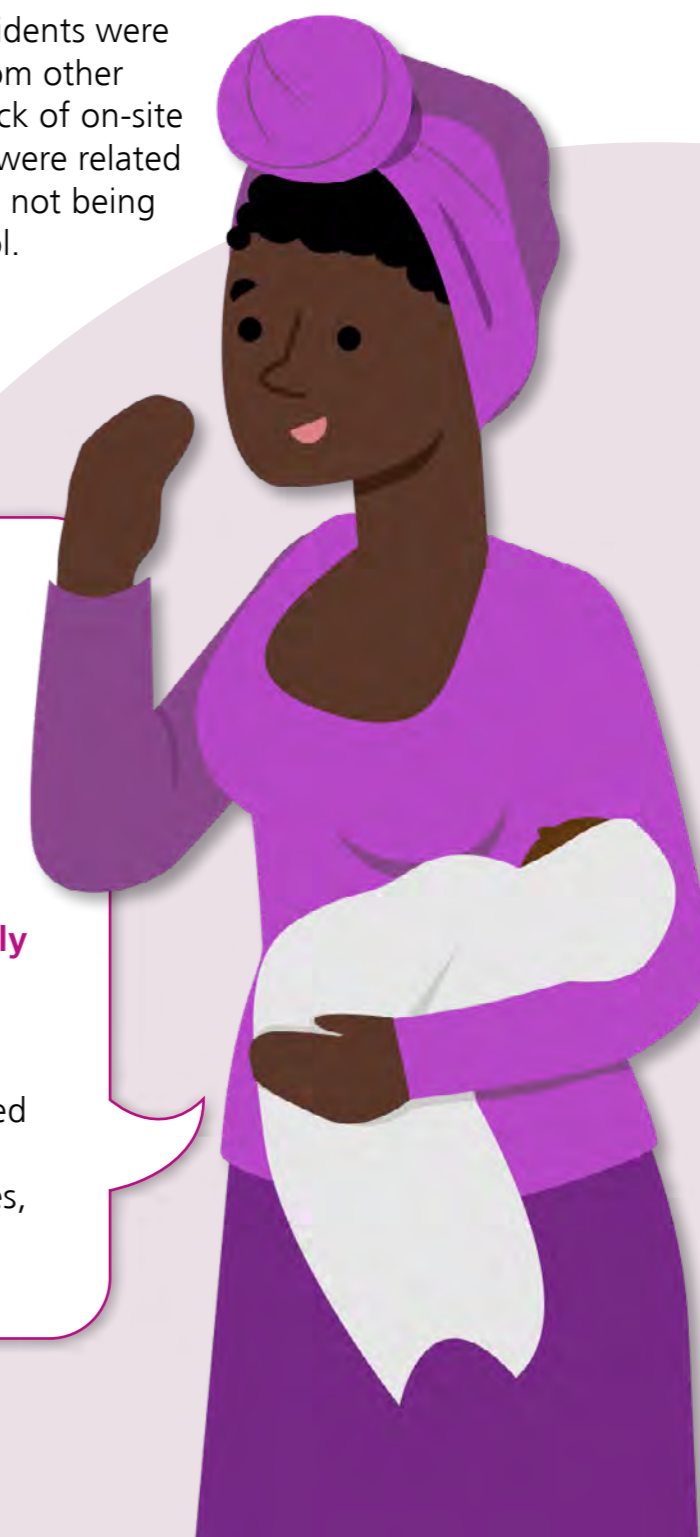
In the 21 months from July 2022 – March 2024, there were 148 serious clinical incidents that were caused in full, or in part, by services at Liverpool Women's being on a separate site to other services.

At least 39% (57 in total) of these incidents were caused by a lack of on-site support from other specialties, 17% (25) were due to a lack of on-site intensive care services, and 16% (24) were related to gynaecology and maternity services not being available at other hospitals in Liverpool.

Who is most at risk?

There is clear evidence that patients who attend A&E departments at the Royal Liverpool or Aintree hospitals, and those who need ambulance transfers for critical care, are more likely to come from a socially deprived and/or ethnic minority background.

For the critical care transfers described above, all of the maternity cases and more than 90% of gynaecology cases, were for patients who live in the poorest 10% of communities.



What is being done to keep services safe?

Midwives, nurses and doctors at Liverpool Women's and other local hospitals work hard to manage clinical risks and keep care safe for patients. Some of the main ways they do this include:

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.



New joint roles have been created in anaesthetics, meaning that these staff will work across both Liverpool Women's and the Royal Liverpool Hospital, providing a broader range of experience.

For complex maternity patients, there are services jointly delivered with doctors who are specialists in a variety of medical conditions, including heart disease, diabetes and kidney disease.

An outreach midwife service has also been established, to provide care to patients being treated at other hospitals.



Wider developments to improve patient safety



Critical care improvements

A Medical Emergency Team is being recruited to improve hospital transfers for patients needing critical care, and staff are being trained to improve early recognition and care for those whose condition is getting worse.

Diagnostic imaging (scans)

Diagnostics are tests or procedures used to help identify what is wrong with someone, and what treatment they might need.

A new diagnostics centre has opened at Liverpool Women's Hospital which provides CT (computed tomography) and MRI (magnetic resonance imaging) scanning, which has reduced the number of ambulance transfers needed.



Blood and laboratory services

Liverpool Women's Hospital relies on blood transfusion and laboratory services at the Royal Liverpool Hospital, which can make the management of many emergency conditions much more difficult.

Plans are being developed for a 24/7 blood transfusion service for Liverpool Women's.

Neonatal services (newborn babies)

Liverpool Women's and Alder Hey Children's Hospital are working in partnership to improve neonatal services. This has included recruiting a dedicated team to support babies needing surgery, and building a new dedicated neonatal surgical centre at Alder Hey.



Staff support services

A staff psychology service has been established at Liverpool Women's, to provide support for employees who experience psychological distress or symptoms of trauma due to work-related events or stress.

Why is this not enough?

Although these measures are helping to improve the quality and safety of hospital gynaecology and maternity services in the short term, they cannot resolve every clinical risk or ensure the longer-term sustainability of these 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.



Why is this work happening now?

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 that have taken place include:

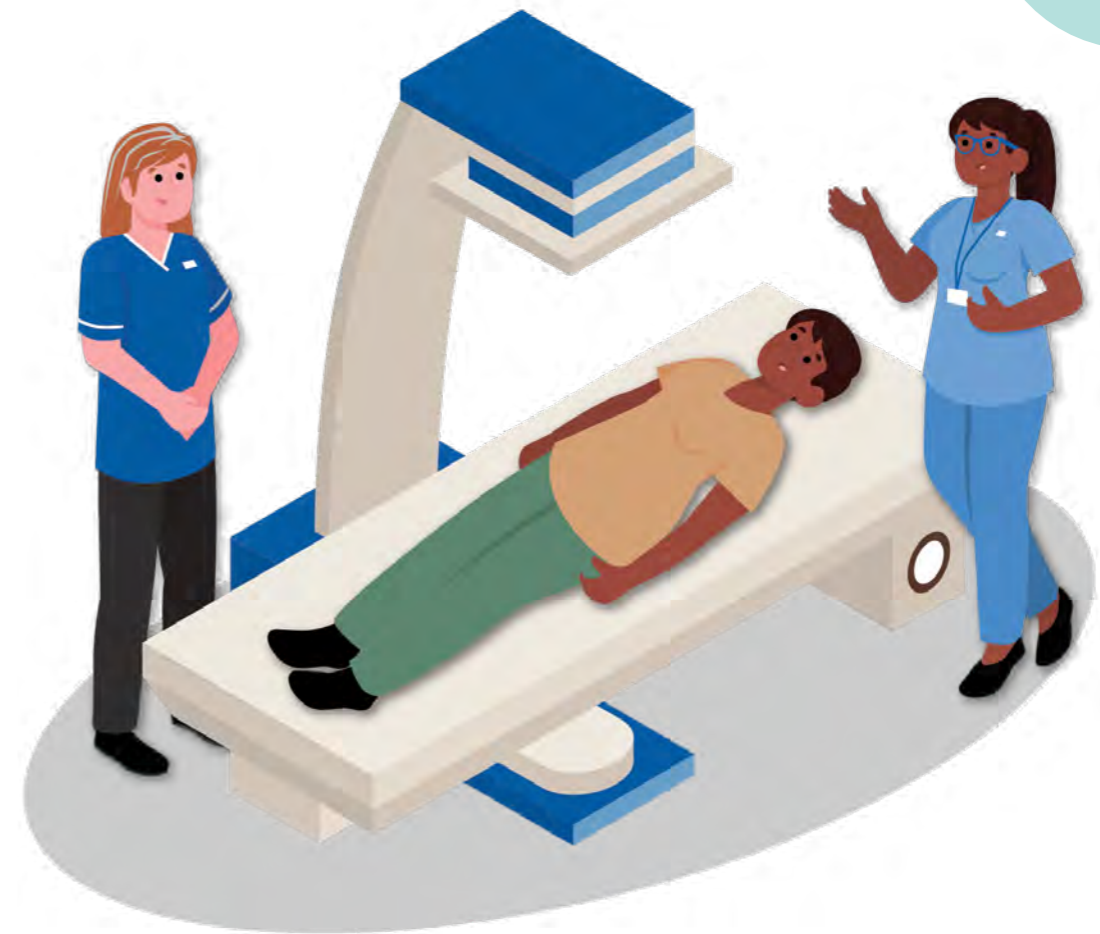
More people with serious health conditions are able to have children

As medicine has advanced, more people with serious health conditions who would not have been able to have children in the past, are able to do so.

Around 60% of women (approximately 5,000 each year) who have their babies at Liverpool Women's have complex health needs that need to be managed alongside their pregnancy.

This includes heart conditions, and complications in previous pregnancies. A rise in obesity rates has also led to an increase in the number of people who have diabetes during their pregnancy.

Many of these patients will require support and treatment from a wider range of services.



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 their specialist teams, as part of their maternity care.

Demand for gynaecological services is increasing

Many people are living longer, and are needing more gynaecology services as they age. Cancer rates (including for gynaecological cancers) have also been rising due to changes in our lifestyles, and more awareness and screening.

Advances in cancer treatment

There have been huge advances in gynaecology 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 complex cancer care 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.

What will happen if things stay as they are?

Clinical risks will grow

The issues facing hospital gynaecology and maternity services in Liverpool today are not staying still.

As the number of people with complex health needs continues to grow, so too will the clinical risks.

Access to specialist care will decline

The way that services are arranged at the moment means that some of the care provided by hospital gynaecology and maternity services in Liverpool does not meet national care standards.

If this isn't addressed, 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.

Staffing difficulties will worsen

It is becoming more difficult to recruit and retain staff to work at Liverpool Women's.

The hospital has a significant number of vacancies, including for key roles such as consultant gynaecologists, consultant obstetricians, and consultant anaesthetists.

This is partly due to national shortages in new clinicians being trained, but the way that hospital gynaecology and maternity services are arranged in Liverpool could also make these jobs less attractive.

Without resolving these issues, Liverpool Women's might not be able to continue to safely staff some services in the future.



Medical research and funding will be impacted

Another risk of services failing to meet required care standards is that Liverpool will no longer be seen as a centre of excellence in this area of care, and some medical research programmes, clinical treatment trials, and funding could move elsewhere.

This would mean that people in Liverpool could be deprived of access to cutting-edge technology and new treatments in gynaecology and maternity services.

Health inequalities will widen

Without a permanent solution being found, patients will be left with poorer quality care in Liverpool than those receiving gynaecology and maternity treatment in other parts of the country.

This will only increase the health inequalities that are already experienced by many of our local communities, particularly those from ethnic minority groups and socially deprived backgrounds, who are already more negatively affected by the way that services are organised.



Questions and answers

Q Could this mean some services move and Crown Street might close?

The Crown Street site is an important NHS asset, and we are continuing to develop services there. There are no plans to close Crown Street and, whatever proposals might be put forward for the future of gynaecology and maternity services, the site will continue to be used for the provision of NHS services.

Q Will any services be cut?

No, this process is not about reducing services. It's about improving the services that we have already, and protecting them for the future.

Making sure that these services meet national care standards and making them more sustainable, is also likely to help attract more funding, research and development opportunities, positioning these services for future expansion.

Q Is this about saving money?

No, this work is aimed at reducing the clinical risks described in this booklet, improving the quality of care that patients receive, and making these services sustainable for the longer term.

Whatever potential future options are identified, they are likely to require some level of additional investment, but at the moment it's too early to say what this might be.

Q Isn't it better for women's health to keep women's services separate?

The way that hospital gynaecology and maternity services are currently organised in Liverpool is actually disadvantaging women when compared to men and women using other services at other hospitals in Liverpool, and to women using gynaecology and maternity services in other parts of the country.

Q Why does it matter that other hospital services happen on separate sites, if they're located quite close to Liverpool Women's?

Although other local hospitals might not seem very far away from Liverpool Women's, when an emergency occurs, any distance is a problem. Doctors might need to stop what they are doing at one hospital and travel to another to support a patient, or patients may have to be transferred by ambulance, which can take hours to organise safely.

As mentioned on [page 13](#), there is clear guidance about which services should be provided on the same site.

Q Why can't all these services be provided at every hospital site in Liverpool?

It is not possible for the NHS to deliver care in this way. This is because there are not enough specialist doctors and support teams available to be able to duplicate care at every site.



Translation available on request

Arabic	الترجمة متوفرة عند الطلب.
Bulgarian	При поискане можем да ви предоставим превод.
Chinese (S)	若有需要时可应要求翻译成中文。
Chinese (T)	若有需要時可應要求翻譯成中文。
Czech	Překlad je k dispozici na požádání.
Farsi	ترجمه این متن در دسترس است.
Hungarian	Erre vonatkozó kérés esetén fordítást tudunk biztosítani.
Kurdish	وههگیران بهر دهسته لهکاتی پیویستیدا.
Polish	Tłumaczenie dostępne na życzenie.
Punjabi	ਅਨੁਵਾਦ ਬੇਨਤੀ 'ਤੇ ਉਪਲਬਧ।
Romanian	Traducere disponibilă la cerere.
Somali	Marka la codsado baa la heli karaa isaga oo turjuman.
Urdu	درخواست کرنے پر ترجمہ دستیاب ہے۔

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