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Improving Hospital Gynaecology and Maternity Services in Liverpool: Proposed changes to where high risk and complex care takes place

Engagement report for NHS Cheshire and Merseyside Integrated Care Board

October 2026

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Executive summary

NHS Cheshire and Merseyside undertook a six-week public engagement between 2 June and 14 July 2026 regarding a proposal to move a small number of high-risk births and complex gynaecology procedures from Liverpool Women's Hospital to the Royal Liverpool University Hospital. The proposal forms part of the wider Women's Hospital Services in Liverpool programme, which is reviewing how hospital maternity and gynaecology services are organised in Liverpool.

The proposal is to improve access to specialist acute, emergency and critical care services for women with the most complex care needs. If implemented, the proposal would affect approximately 150 women each year, representing around 1% of maternity and gynaecology activity currently undertaken in Liverpool.

As part of the proposal, there would also be better specialist support at Liverpool Women's Hospital and more specialist gynaecology and maternity support for the emergency department teams at both the Royal Liverpool Hospital and Aintree Hospital.

During the engagement period NHS Cheshire and Merseyside sought to gather views from patients, carers, NHS staff, stakeholders and local communities before any decisions are made. People were invited to provide feedback on the proposals through a range of channels, including questionnaire, email and telephone contact. Opportunities were also provided for people to discuss the proposals and complete the questionnaire at public information events and community and stakeholder network meetings. In addition, one-to-one interviews were undertaken.

This report presents an independent analysis of the feedback received during the engagement period.

Overview of who responded

A total of 430 questionnaire responses were received during the engagement period. In addition, four one-to-one interviews were undertaken with women who had lived experience of complex maternity and gynaecology care in Liverpool.

Just over half of questionnaire respondents (52%) lived in Liverpool, with further responses received from Sefton (16%), Knowsley (10%) and other areas across Cheshire and Merseyside and further afield. Just under half of respondents (49%) identified themselves as working in healthcare or social care, although many shared experiences as patients, carers or family members, as well as professional perspectives.

Respondents represented a broad range of ages and backgrounds. The majority were female (81%), reflecting the focus of the services under consideration. A total of 9% of respondents were pregnant at the time of the survey and 5% had given birth within the previous six months.

Many respondents had direct experience of hospital maternity and gynaecology services in Liverpool. Overall, 43% reported having used hospital gynaecology services, while 37% had used hospital maternity services. Just under one in five respondents also reported direct or indirect experience of transfer of care between hospitals because specialist or emergency support was required.

People's views on the proposed changes

Overall, respondents were more likely to agree with the proposal than disagree with it. Nearly two-thirds of respondents (62%) agreed with the proposed changes, including 40% who strongly agreed. In comparison, 29% disagreed with the proposal and 7% neither agreed nor disagreed.

Support for the proposal was evident across respondent groups. A majority of non-professional respondents agreed with the proposed changes (54% overall, comprising 32% who strongly agreed and 22% who agreed). Agreement with the proposal was higher amongst healthcare and social care professionals, with 72% agreeing overall (50% strongly agreed and 22% agreed), and respondents whose family members or friends had experienced unplanned transfers of care between hospitals, where 78% agreed overall (69% strongly agreed and 9% agreed). These respondents frequently highlighted the importance of patient safety, access to specialist expertise and reducing the risks associated with emergency transfers between hospital sites.

Overall, the most commonly cited reason for agreeing with the proposal was improving access to specialist acute and critical care services. Many respondents felt that women with the most complex healthcare needs should receive care in environments where specialist teams, critical care services and additional clinical expertise are immediately available.

However, a substantial minority of respondents expressed concerns about the proposal. Common concerns included the future of Liverpool Women's Hospital, whether investment should instead be directed towards the existing hospital, the capacity and suitability of the Royal Liverpool University Hospital, and the potential impact on women, babies and families.

Respondents who were currently pregnant, had recently given birth, or had direct experience of maternity services were generally less likely to agree with the proposal. These respondents were more likely to emphasise the value of the specialist

environment at Liverpool Women's Hospital, raise concerns about mothers and babies being separated, and highlight the importance of maintaining family-centred care.

The interviews undertaken with women who had experienced complex maternity and gynaecology care in Liverpool reinforced themes identified through the wider engagement. Participants described the emotional impact of transfers between hospitals, separation from family members, communication between organisations and the need for improved follow-up support.

Across all sources of feedback, there was a strong and consistent emphasis on maintaining safe, high-quality care for women and babies. While views differed on the best way to achieve this, respondents consistently highlighted the importance of patient safety, access to specialist expertise, communication, continuity of care and ensuring that the needs of women and their families remain central to future decision-making.

1 Introduction

NHS Cheshire and Merseyside has been reviewing how hospital gynaecology and maternity services are organised in Liverpool to address a number of long-standing challenges affecting the delivery of care.

This work is being led through the Women's Hospital Services in Liverpool programme, in close partnership with University Hospitals of Liverpool Group, which manages Aintree University Hospital, Broadgreen Hospital, Liverpool University Dental Hospital, Liverpool Heart and Chest Hospital, Liverpool Women's University Hospital and the Royal Liverpool University Hospital.

Currently, most hospital gynaecology and maternity services are provided at Liverpool Women's Hospital. Women's services in the city are arranged differently to those in the rest of England. In other parts of the country, specialist centres for gynaecology and maternity care are located alongside acute and emergency hospital services.

In Liverpool, these services are delivered separately from other acute adult services, including critical care and a range of specialist and emergency services. NHS Cheshire and Merseyside has identified that this arrangement can create challenges in providing timely access to specialist support for women with complex health needs and can increase the risks associated with transferring seriously ill patients between hospitals.

NHS Cheshire and Merseyside is seeking to identify a long-term solution that will improve the quality, safety and sustainability of hospital gynaecology and maternity services for everyone who uses them. However, recognising that broader solutions would require significant investment and take time to develop, a smaller-scale change is being proposed to improve care for women with particularly complex or high-risk conditions.

The proposal at the centre of this engagement was for a small number of high-risk births and complex gynaecology procedures to take place at the Royal Liverpool University Hospital rather than Liverpool Women's Hospital. If implemented, the proposal would affect approximately 150 women each year, representing around 1% of the maternity and gynaecology activity currently provided in Liverpool. Most maternity, gynaecology and neonatal services would continue to be delivered at Liverpool Women's Hospital, supported by additional funding for extra staffing and resources for improving the quality and safety of services across both hospital sites.

To understand the views of patients, staff, stakeholders and local communities, NHS Cheshire and Merseyside undertook a six-week public engagement between 2 June and 14 July 2026. The purpose of the engagement period was to provide information about the proposal, explain the reasons for change and give people an opportunity to share their views before any decisions are made.

A range of methods were used to support participation, including a questionnaire, public information events, one-to-one interviews with people who had lived experience

of complex maternity and gynaecology care in Liverpool, email and telephone contact routes, and opportunities for discussion through community and stakeholder networks. Public events and discussions with community groups were primarily used to raise awareness of the engagement period, provide information about the proposals and encourage participation by completing the engagement questionnaire. Information was made available through a dedicated programme website, printed materials, partner organisations and wider communications activity.

The engagement was also supported by a Lived Experience Panel comprising people with experience of using hospital gynaecology and maternity services in Liverpool, either as patients, carers or family members. Panel members provided valuable input into options development workshops, as well as the development of engagement materials and helped ensure that information was accessible and understandable for members of the public.

This report presents an independent analysis of the feedback received during the engagement period. It draws on questionnaire responses, interviews, feedback received through correspondence, and other feedback routes between June and July 2026.

The report does not seek to make recommendations or reach conclusions about the proposal. Instead, it provides an objective summary of the views, experiences, concerns and suggestions shared by participants.

The findings presented in this report will be considered alongside other evidence, including clinical, operational, financial and equality impact assessments, to inform future decision-making regarding the proposed changes.

A note on language and report conventions

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

To provide additional context, where differences between subgroups of respondents are highlighted in the report, an asterisk (*) is used to identify findings relating to small subgroups of 20 or fewer respondents.

Thank you

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

2 An overview of this engagement

2.1 Promotion to patients, people and communities

A comprehensive programme of communications and engagement activity was delivered to raise awareness of the engagement and encourage participation from patients, people and communities across Liverpool, Knowsley, Sefton and the wider Cheshire and Merseyside area. This approach was informed by the programme's communications and engagement plan, which set out a commitment to using a range of communication and engagement methods, accessible formats and existing community networks to ensure that people had opportunities to understand the proposal and share their views.

Pre-engagement planning

Prior to the launch of the engagement, NHS Cheshire and Merseyside developed a detailed communications and engagement plan setting out the approach to engaging patients, the public, staff, stakeholders and communities. The plan was reviewed through a number of governance and stakeholder groups, including the Communications and Engagement Reference Group, the Lived Experience Panel and NHS partners.

Website

A dedicated programme website – www.GynaeandMaternityLiverpool.nhs.uk – was used as the central source of information throughout the engagement period. The website hosted information about the proposal, supporting documents, details of public information events and information about how to provide feedback. The website was promoted throughout the engagement and was referenced in all communication materials and media activity.

During the engagement period, the programme website recorded 2,515 home page views. In addition, NHS Cheshire and Merseyside's website news articles relating to the engagement recorded a total of 92 page views and 71 individual visitors, while the landing page recorded 23 link clicks.

Engagement materials

A range of engagement materials were developed to support the process, including a detailed information booklet, summary materials, posters, leaflets, presentation materials and digital resources. Accessible versions of key materials were also produced, including Easy Read and British Sign Language resources, with additional formats and translations available on request.

During the engagement period, requests were received for materials in Arabic, Kurdish and large print formats.

Communications toolkit

A communications toolkit was developed and distributed to a broad range of partner organisations to support promotion of the engagement through established networks and communication channels. Recipients included NHS provider trusts, Healthwatch organisations, local authority communications teams, CVS organisations, Patient Participation Groups, Patient Voice Representatives, Liverpool Maternity and Neonatal Voices Partnership, specialist women's health networks and a range of voluntary and community organisations.

The toolkit included communication materials, key messages, website content, social media assets and links to engagement resources to support consistent communication about the proposals.

Information about the engagement was also distributed directly to established stakeholder networks, including 24 members of the Lived Experience Panel, 494 members of the Community Voices network and 73 members of the Virtual Reference Group.

Attendance at external meetings and events

Alongside the formal engagement activities, information about the proposals was shared through a number of existing stakeholder and community meetings. Presentations and briefings were delivered to:

- Communications Reference Group (5 May 2026)
- Lived Experience Panel (6 May 2026)
- Local MPs briefing session (20 May 2026)
- Cheshire West Collaborative (9 June 2026)
- SPACE Network (17 June 2026)
- Standing Together event hosted by Sefton CVS (24 June 2026)
- Sefton People and Communities Group (24 June 2026)
- Liverpool Maternity and Neonatal Voices Partnership (25 June 2026)

The local MPs briefing session was attended by representatives from the offices of Kim Johnson, Ian Byrne, Peter Dowd, Paula Barker and Maria Eagle.

These meetings provided opportunities to explain the proposals, answer questions and encourage participation through established stakeholder and community networks.

Media promotion

The engagement was promoted through a comprehensive programme of media activity. Coverage was achieved through a range of local, regional and partner media channels, including the NHS Cheshire and Merseyside website, ITV News, BBC News, BBC North West Tonight, BBC Radio Merseyside, Knowsley News, Liverpool Express, The Clatterbridge Cancer Centre, Liverpool Hospitals Group, Healthwatch Liverpool, Healthwatch Sefton, Global Radio, Knowsley Healthwatch and the Liverpool Echo.

Media interviews were also undertaken to support awareness of the engagement period, including coverage on BBC North West Tonight and a Global Radio interview.

Social media promotion

Social media was used throughout the engagement period to raise awareness of the proposals and signpost people to further information and opportunities to participate. A total of 26 posts were published across Facebook, Instagram, X and LinkedIn. These generated 9,566 impressions, 381 engagements and 24 click-throughs to the engagement website.

2.2 Promotion to NHS staff

Information about the engagement was shared with NHS staff through existing communications channels across NHS Cheshire and Merseyside and partner organisations. Briefings were distributed through NHS trust communications teams, NHS Cheshire and Merseyside internal communications, general practice newsletters and wider NHS stakeholder communication routes. Staff working within maternity and gynaecology services also received information through dedicated organisational communication channels.

2.3 Methods of providing feedback

The engagement was designed to provide a range of opportunities for people to share their views in ways that were accessible and convenient to them. The primary method of feedback was an online questionnaire, supported by paper copies and alternative formats available on request.

Three public information events were held during the engagement period in Sefton, Knowsley and Liverpool. These events provided an opportunity for people to hear more about the proposal, ask questions and receive support to complete the questionnaire if required.

In addition, four individual interviews were undertaken with women who had lived experience of the complex maternity and gynaecology care that forms the focus of the proposal. These interviews provided an opportunity to gather more detailed qualitative feedback from people directly affected by the services under consideration.

People were also able to provide feedback through email, correspondence and telephone contact. Dedicated email and telephone contact points were available throughout the engagement period to enable people to seek information, request materials in alternative formats and provide feedback on the proposals.

3 Questionnaire methodology

3.1 Questionnaire design

The questionnaire aimed to enable people to share their views on the proposal to move a small number of the most high-risk and complex maternity and gynaecology services from Liverpool Women's Hospital to the Royal Liverpool University Hospital, as well as any experiences relevant to the proposal.

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.

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, provided an opportunity to understand people's views and experiences in their own words. The qualitative responses were analysed to identify any key themes across all the responses and use anonymised 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 respondents about the proposal, including the extent to which they agreed or disagreed with it, any impacts they believed should be considered, their experiences with maternity and gynaecology services, and any experiences of planned or emergency transfers between hospitals.

The remainder of the questionnaire was dedicated to asking respondents about themselves, for example whereabouts they lived and where they worked (if they were 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). This information has been used to help understand who responded to the engagement, and whether views differed between groups.

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 through promotion to relevant organisations and community networks.

4 Responses and findings from the questionnaire

4.1 Overview of who responded

Number of responses

During the engagement period, 430 people completed a questionnaire in order to share their views.

Of the respondents, 209 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.

Four 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, but they have been treated as responses from individuals.

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

Where people live

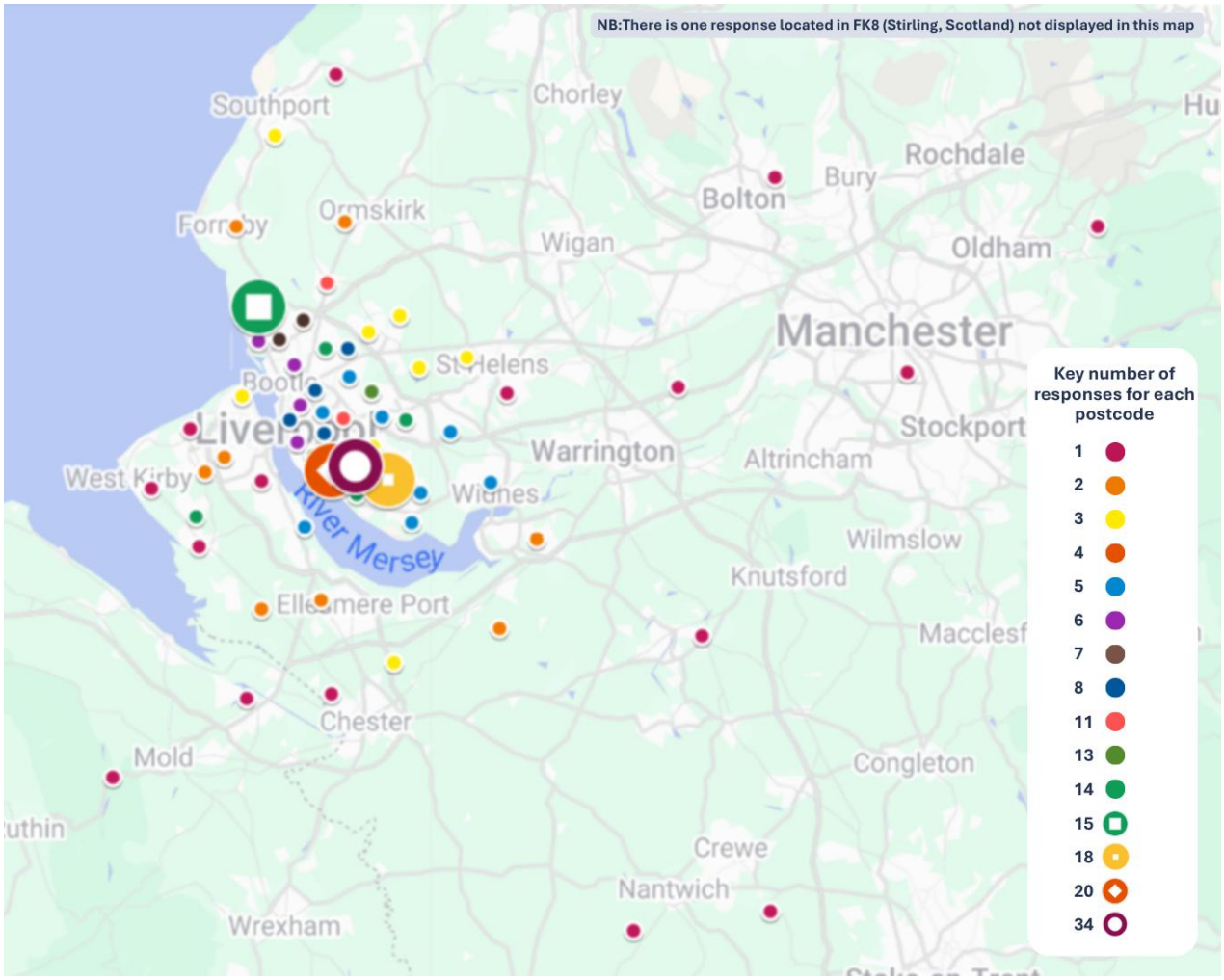


Figure 1: What is the start of your postcode?

Just over half of respondents – 52% – lived in Liverpool, while 16% lived in Sefton, 10% in Knowsley, and 7% in Wirral. Smaller proportions lived in Cheshire West, St Helens, Halton, Cheshire East, and Warrington (each with 3% or less).

Ethnicity

Among those who provided information on ethnicity, the majority identified as White (85%). The majority were English / Welsh / Scottish / Northern Irish / British, who accounted for 81% of respondents (see Appendix A, Chart 3).

Among survey respondents, those from other ethnic backgrounds represented a relatively small proportion, those from Mixed / Multiple ethnic groups (3%), Asian backgrounds (2%), Black / African / Caribbean / Black British backgrounds (1%) and Arab backgrounds (less than 1%).

Age

The largest proportion of respondents was aged between 30 – 49 (48%), with 36% aged 50 or older and 9% under 30.

Gender

In terms of gender, the majority of respondents identified as female (81%), with 12% identifying as male. A small number identified as non-binary and gender-non-conforming, while 3% preferred not to say.

Pregnancy and recent birth

Pregnancy and childbirth data showed that 9% of respondents were pregnant at the time of the survey, and 5% had given birth within the past six months.

Healthcare or social care professionals

49% 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.

4.2 Experience with Liverpool Maternity and Gynaecology Services

As part of the questionnaire, respondents were asked whether they, someone close to them, or both, had used hospital maternity and/or gynaecology services in Liverpool. They could select multiple options to reflect their own experiences, those of close family members or friends, and/or whether they worked in or alongside these services. Responses to this question were broken down as follows:

- 43% reported that they had used hospital gynaecology services
- 37% reported that they had used hospital maternity services
- 23% reported that someone close to them had used hospital gynaecology services
- 24% said that someone close to them had used hospital maternity services
- 15% reported working in or alongside hospital gynaecology and maternity services
- 11% 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. While 3% of respondents did not complete this question.

4.3 Experience with transfer of care

Respondents were asked whether they, or someone close to them, had experienced a transfer of care from Liverpool Women's Hospital to another hospital because more specialist or emergency care was required. They could select multiple options to reflect both their own experiences and those of close family members or friends.

The majority of responses (77%) indicated that neither they nor someone close to them had experienced a transfer of care because more specialist or emergency care was needed.

Around one in five respondents (19%) reported some experience of a transfer of care, either directly or through someone close to them, broken down as follows:

- 4% reported they had experienced a planned move of care
- 3% reported they had experienced an emergency or unplanned move of care
- 6% reported that someone close to them had experienced a planned move of care
- 7% reported that someone close to them had experienced an emergency or unplanned move of care

A further 2% of respondents were not sure whether they or someone close to them had experienced a transfer of care, while 2% did not provide a response to the question.

Respondents who had experience of transfer of care were invited to describe that experience, including anything that worked well or could have been improved. Among this group, the most common themes related to availability of specialist services (25%), transfer process and logistics (24%), and quality and safety of care (24%). Other themes included the emotional impact of transfer (21%) and communication and coordination (18%). A substantive answer was not provided by 39% of respondents with experience of transfer of care. Further detail on these responses is provided below.

Availability of specialist services

The most common theme among responses from those with experience of transfer of care related to the availability of specialist services, featuring in 25% of responses.

> *"Having the expertise of the right people made all the difference and having to travel to a different hospital could have been catastrophic but thankfully wasn't."*

> *"They were cared for at the highest level in Manchester, but that level of care should have been available in Liverpool, it is a big enough city."*

Transfer process and logistics

Transfer process and logistics featured in 24% of responses from respondents with experience of transfer of care.

> *"Transferred in emergency conditions from [the] Women's to Royal then back to Women's [Hospital]. Then to Royal then to Wythenshawe.... Was a disaster."*

> *"Putting her in a taxi with drains in to go to the Royal for other treatment with non-qualified staff was very unsatisfactory. It ran a high risk of infection."*

> *"They were kept informed of what was happening, but they waited an hour for an ambulance. That was an hour that could have been avoided if they had been at the Royal."*

Quality and safety of care

Quality and safety of care was also identified in 24% of responses from respondents with experience of transfer of care.

> *"Post fall I had an emergency transfer to the Royal for a head CT. I was treated effectively and efficiently by all."*

> *"Poor communication, time delays and unsafe patient care."*

> *"I was transferred to the Royal and underwent a hysterectomy that was high risk there due to a bleeding disorder. I felt this was the safest option for me. Surgeons from the Women's did the procedure and post op I was cared for on HDU."*

Emotional impact of transfer

The emotional impact of transfer featured in 21% of responses from respondents with experience of transfer of care.

> *"Being separated from the baby was horrific."*

> *"[A family member] developed [a rare condition] and required an ITU bed, as this was not pre planned/arranged there was no bed available locally, she needed to be transferred to Macclesfield, leaving her partner and newborn behind in Liverpool, which was very stressful and upsetting for everyone."*

> *"Although it was for safety and necessary. The woman felt alone, isolated and scared being in an unknown city (Salford). It would be better to have a plan and be closer to home."*

Communication and coordination

Communication and coordination was identified in 18% of responses from respondents with experience of transfer of care.

> *"The lack of cohesiveness between the systems was very clear. It made my family lose confidence in the treatment, my mum became unwell and now has a life changing condition due to being missed between the two systems. Each organisation kept blaming the other and telling her to phone the opposite side, which really wasn't her responsibility to do."*

> *"The reasons were poorly communicated, the follow-up on the ward was poor as the specialists were not all based there and the information on discharge was confusing."*

> *"Both my family members had their care planned/managed through MDT [Multidisciplinary Team] discussions across two hospital sites. Their admissions were planned at Aintree and the RLH [Royal Liverpool Hospital] involving the colorectal team. One family member required further management due to some nerve damage which was more readily available due to being at the RLH post op and not at LWH [Liverpool Women's Hospital]."*

4.4 Agreement on the proposed change

Respondents were asked the extent to which they agreed or disagreed with the proposal to move a small number of the most high-risk and complex births and gynaecology operations from Liverpool Women's Hospital to the Royal Liverpool University Hospital. The proposed change is intended to improve access to specialist acute and emergency care and is expected to affect around 150 women each year.

Overall, over six-in-ten respondents (62%) agreed with the proposal, including 40% who strongly agreed and 22% who agreed. In contrast, 29% disagreed with the proposal, including 17% who strongly disagreed and 12% who disagreed. A further 7% neither agreed nor disagreed, while very few respondents selected "don't know" (1%), 2% did not provide an answer (see Chart 1).

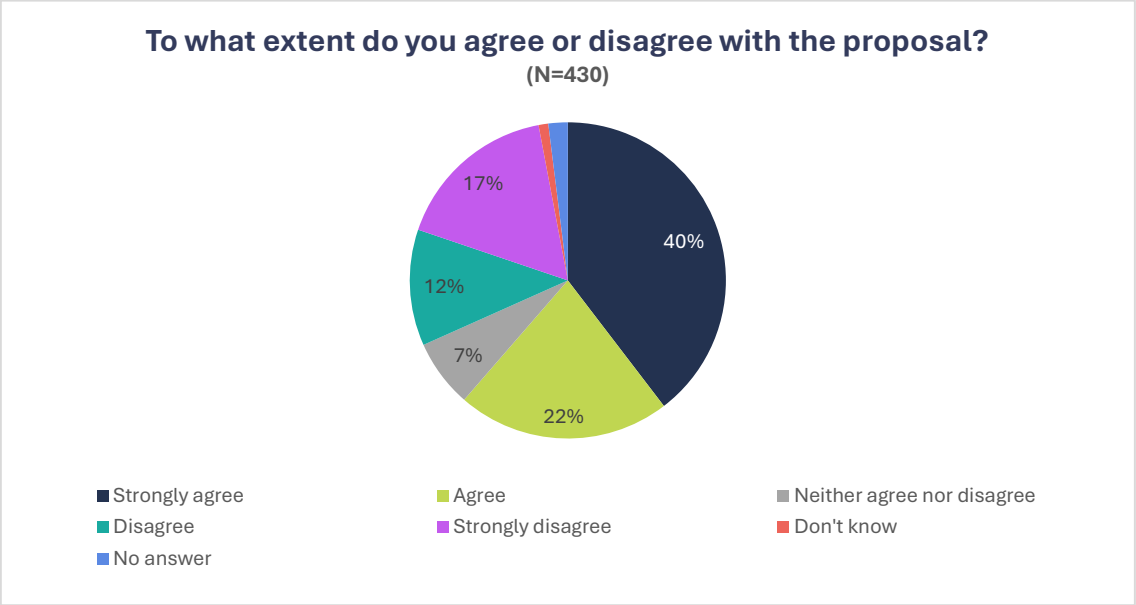


Chart 1: To what extent do you agree or disagree with the proposal?

While overall agreement with the proposal was higher than disagreement, levels of agreement were not consistent across all respondent groups. Analysis by respondent characteristics identified a number of statistically significant differences.

Healthcare and social care professionals

Healthcare and social care professionals were significantly more positive than non-professional respondents, although a majority of the latter (54%) also agreed with the proposed change. Overall, 72% of healthcare and social care professionals agreed with the proposal (50% strongly agree, 22% agree), while 21% disagreed (12% strongly disagree, 9% disagree).

Experience of transfer of care

Respondents whose close contact had experienced an emergency or unplanned transfer of care were significantly more likely to strongly agree with the proposal. Among this group, 69% strongly agreed compared with 39% of respondents with no personal or close contact experience of planned or unplanned transfer of care.

However, respondents who had personally experienced a transfer of care were more divided in their views. Among those who had experienced a planned move themselves, agreement and disagreement overall were evenly split (50% each)*. Among those who had experienced an emergency or unplanned move themselves, 46% agreed and 46% disagreed overall*.

*denotes a subgroup containing 20 or fewer respondents

Pregnancy and recent birth

Respondents who were currently pregnant or had recently given birth were significantly less likely to agree with the proposal than other respondents. Among respondents who were currently pregnant or had recently given birth, 37% agreed overall with the proposal and 56% disagreed overall. By comparison, 65% of respondents who were neither currently pregnant nor had recently given birth agreed overall with the proposal, while 25% disagreed overall.

Direct service experience of maternity or gynaecology services

Among respondents with direct service experience, those who were not healthcare or social care professionals were more likely to disagree with the proposal than those who were healthcare or social care professionals. Overall, 40% of non-professionals with direct service experience disagreed with the proposal, compared with 27% of healthcare and social care professionals with direct service experience. Among respondents who had used maternity services, 49% of non-professionals disagreed overall, compared with 29% of healthcare and social care professionals.

Reasons for respondents' views

Respondents were invited to explain the reasons for their level of agreement or disagreement with the proposal and/or outline any impacts they felt should be considered as part of the proposed change.

Responses reflected a range of perspectives on the proposal. The most commonly identified theme related to patient safety and specialist acute care, featuring in 49% of responses. This was followed by retaining services at Liverpool Women's Hospital (21%) and Royal Hospital capacity and suitability (18%). Other commonly identified themes included mother and baby care, and implementation and operational concerns (both 12%), alternative service models (10%), staffing concerns and resource allocation (9%), and cost and value for money (8%).

Clear differences were evident between respondents who agreed with and those who disagreed with the proposal. Responses from those who agreed with the proposal were strongly associated with themes relating to patient safety and specialist acute care. In contrast, respondents who disagreed with the proposal were more likely to express views relating to retaining services at Liverpool Women's Hospital and concerns about Royal Hospital capacity and suitability. Respondents who neither agreed nor disagreed with the proposal tended to express views relating to implementation and operational considerations.

Differences were also evident between respondent groups. Patient safety and specialist acute care were more prevalent among healthcare and social care professionals, while retaining services at Liverpool Women's Hospital and mother and baby care were more prevalent among maternity service users and respondents who were currently pregnant or had recently given birth.

Patient safety and specialist acute care

Patient safety and specialist acute care was the most common theme identified as an explanation of why respondents agreed or disagreed with the proposed change, featuring in 49% of responses.

The vast majority of responses within this theme came from respondents who agreed with the proposal. Patient safety and specialist acute care was identified in 74% of responses from respondents who agreed with the proposal, compared with 6% of responses from those who disagreed. The theme was also more prevalent among responses from healthcare and social care professionals (59%) than among non-professionals (40%). References to patient safety and specialist acute care were particularly common among respondents whose close contact had experienced an emergency or unplanned transfer of care (66%).

Many respondents focused on the availability of specialist expertise, equipment and support services. These respondents commented on the importance of providing care in an environment where specialist teams and facilities were immediately available.

> *"I think that where the need for additional support for delivery or surgery can be anticipated, it makes sense to place the patient in the safest environment where there are a range of specialist staff and equipment e.g. stoma nurse, dialysis equipment. The disadvantage is that it's not always possible to predict who may require additional support. However, if the facility was available a precautionary approach is then an option."*

> *"Agree in the sense that if they are complex surgeries/birth I would rather be in the best place possible to have a safe operation or birth and with the best people for them, the location isn't an issue for me."*

> *"Patient safety is the priority and having immediate access to other speciality care when necessary is paramount."*

> *"Complex and high risk care in the context of women's health should be delivered in a centre where all potentially necessary services are available to deliver the highest quality multidisciplinary care, which should be the highest priority. Not to do so compromises patient care, delays definitive treatment and introduces unnecessary risk."*

Respondents also referred to access to critical care services and the risks associated with emergency or unplanned transfer between hospital sites.

> *"Women should be cared for in the location that provides them with the quickest access to intensive care should they need it. If a woman's condition is already known to be high risk, it makes sense to plan in advance for delivery at the Royal rather than risking a transfer at an already critical time."*

“The proposal will be safer and have higher quality care if undertaken at the Royal site in a planned and systematic manner rather than the current procedure of a blue light transfer…”

“Safety must be first. I would want to know I was surrounded by specialist teams who could help me without an ambulance journey.”

"As an experienced midwife at Liverpool for 36 years I feel this is the right move. We see a lot of complex high risk cases and the risk of transferring women is too high especially during obstetric emergencies. Women and babies are put at risk."

A number of respondents described patient safety as the key factor in determining where complex care should be provided.

“The safety of women and babies must come first.”

“Safety of mothers and babies should come first! Being in a facility that can deal with complications is the most important thing.”

"If it saves lives of mums and babies it’s got to be a good thing."

"Having had a complex pregnancy, I would have wanted whatever was deemed appropriate and safest for both my son and I. If this meant delivering him in a hospital other than the Women’s Hospital, this would have been something I’d have done."

“If it is for the benefit of the baby and/or mother then absolutely the care should be moved to somewhere that can accommodate.”

“I agree with the proposal, the safe care of women during childbirth and gynaecology surgery is paramount and if the location at RLH is the safest place for this to happen, then it’s clearly the best option.”

Some respondents commented more broadly on the benefits of locating complex maternity and gynaecology care alongside acute hospital services.

"Seems like a no brainer to take care of the most complex and high risk cases at a site which will provide all services under one roof rather than be in an emergency situation which could potentially put the woman and her child in danger and at greater risk of harm and complications."

“Having worked at the Women’s, I don’t believe they have the infrastructure and interventions required to safely manage high risk patients. I believe this proposal will save lives.”

"I can see the benefits to having medically complex cases in close proximity to the general side of the hospital including intensive care."

“All gynaecology and obstetrics care should be at the Royal Liverpool Hospital where there is an intensive care [unit] and acute staff. Just because birth is low risk does not mean it’s going to go as planned. Having women’s health care down the road separate to everything else is so outdated and adds to the health inequalities in women’s health care, you wouldn’t make a hospital for males down the road and have them undergo surgery with no ITU.”

“Safe care should be the priority, not sentimental attachment to a site. Co-locating all maternity and gynaecology services at an acute adult site makes the most sense, but especially ‘high risk’ cases. The wider maternity provision must also be considered, it’s not simply the direct clinical care from obstetricians/midwives/support workers but all of the feed in aftercare services too, these should be offered equitably at the Royal also.”

A small number of respondents who referenced patient safety also highlighted limitations of the proposal, including the potential impact on mothers and babies and the fact that not all clinical risks can be predicted.

"I understand that it could be beneficial to have high risk procedures undertaken at a site with an adult ICU. However, I would imagine most of those 150 you mention would not require ICU care and LWH is well set-up to provide HDU care in these cases. There is also the issue of separation between mother and baby which should not happen wherever possible..."

"I think that the current situation is unsafe. It is hard to always predict which patients are going to need extra, specialised care such as ITU or input from other specialties. Thus, moving some patients will not get rid of the risk to those who continue to be cared for on the Women's Hospital site.”

Keeping all care at Liverpool Women's Hospital

Keeping all care at Liverpool Women's Hospital was the second most common theme identified in response to this question, featuring in 21% of responses.

This theme was strongly associated with disagreement with the proposal. It was identified in 54% of responses from respondents who disagreed with the proposal, compared with 7% of responses from those who agreed.

This theme was also more evident among respondents with direct experience of maternity services, being identified in 32% of responses from this group.

References to keeping all care at Liverpool Women's Hospital were particularly common among respondents who were currently pregnant or had recently given birth. It was identified in 40% of responses from currently pregnant respondents and respondents who had recently given birth, compared with 19% among respondents who were neither currently pregnant nor had recently given birth.

Many respondents referred to the importance of having a dedicated specialist women's hospital and highlighted the specialist nature of services currently provided at Liverpool Women's Hospital.

> *"I think it is important for women and mothers across Liverpool to use the specially designed Liverpool Women's Hospital that we have to treat us."*

> *"We need a dedicated women's hospital, the Royal is a general hospital."*

> *"I disagree in regard to the proposal of moving services. The Liverpool Women's hospital is a specialist hospital providing specialist care. So I would like the maternal services to remain in a specialist hospital."*

> *"Women should and must have a dedicated facility. The Women's delivers excellent services. Fund it properly and expand on the current site."*

Some respondents also referred to the environment provided by Liverpool Women's Hospital and its suitability for women, babies and families.

> *"...women choose the Women's Hospital as it is catered to women and would hopefully be a safe space. Transfer of care to another hospital degrades that security. It would be more impactful to upgrade services at the Women's to support these complex cases."*

> *"Having all services at the Women's hospital feels safer and all in one place. It also makes it easier for families to stay together."*

A further group of respondents suggested that investment should be solely directed towards Liverpool Women's Hospital to enable it to provide care for women with more complex needs.

> *"Instead of exporting these patients to [the] Royal, why can't provisions be provided to make [the] Women's be able to deal with such patients?"*

> *"Women's hospital should be resourced appropriately to cope with all cases."*

> *"Resource the Liverpool women's first to deal with these issues, not outsource to an already stretched Royal Hospital."*

> *"The care of mothers and babies is already being provided at the Liverpool Women's Hospital. Further investment is needed at that hospital where staff are already trained in dealing with high risk situations when they arise. Moving some women and babies from the Women's hospital will provide a two tier system."*

Some respondents linked their preference for retaining all services at Liverpool Women's Hospital, with concerns about moving some high risk care to the Royal Liverpool University Hospital.

> *"There isn't enough room at the Royal Liverpool Hospital for gynae/maternity operations/services. There should be more money invested in the Women's hospital to have all the services in one place. This is better for newborn babies & their mothers."*

> *"Women need a separate specialist hospital. If greater support / improvements of facilities are needed funding should be directed to Liverpool Women's for this. Other hospital A&E services are already too overwhelmed that levels of care would be diluted."*

> *"The Women's hospital is perfectly positioned to ensure the safety of mother and child away from the general population that use the Royal. This is nothing more than a cost cutting exercise that will see a worsening of the care to mother and child. Any attempt to close the Women's should be strongly opposed."*

Royal Liverpool Hospital capacity and suitability

Royal Liverpool Hospital capacity and suitability was identified in 18% of responses, making it one of the most commonly expressed themes.

The theme was considerably more prevalent among respondents who disagreed with the proposal, appearing in 39% of responses from respondents who disagreed with the proposal, compared with 6% of responses from those who agreed. It was also more

common among respondents with personal or close contact experience of transfer of care (28%) than among other respondents (16%).

Some respondents questioned whether the Royal Liverpool University Hospital was an appropriate environment for maternity and gynaecology services. Comments focused on the differences between a specialist women's hospital and a general acute hospital.

> *"Royal don't have the supplies for labour /birth like the Women's do."*

> *"I wouldn't want to give birth in a hospital that has sick, contagious patients in there and walk my baby out through that hospital."*

> *"High risk pregnant women shouldn't be forced to walk through more infectious hospitals, potentially see drunk people. I don't believe the Royal was built with pregnant women or babies in mind."*

A common concern raised by respondents related to capacity within the Royal Liverpool University Hospital. Respondents referred to bed availability, staffing levels and existing pressures on services.

> *"The Royal is already overstretched…lack of beds, lack of staff, horrendous parking!"*

> *"There is insufficient room in the Royal Hospital, beds have been massively reduced. Areas are poorly understaffed. Waiting times are anywhere from 16 to 24 hours. I cannot see how you propose to fit a designated area in the building for this plan."*

> *"Already insufficient beds at Royal Liverpool University Hospital. Corridor care in A&E frequently reported in local press. Where are they going to find beds for high risk maternity patients & 24hr obstetric & midwifery staff?"*

> *"There is no capacity for these at the Royal and moving them to the Royal will displace other activity already occurring there."*

> *"The "New" Royal is already too small and well over crowded with both patients and staff. Clinics are bursting and patients are having to wait in corridors, some really poorly."*

Some respondents questioned whether the facilities and infrastructure currently available at the Royal Liverpool University Hospital could accommodate the proposed change.

> *"There isn't any space at the Royal to accommodate these patients nor is there space at Aintree. I understand the logic for complex patients but the current Royal is not the place. These services need dedicated independent*

spaces. Facilities are over stretched already, support services are stretched and access is dreadful. Have you ever tried to get a lift to the 9th floor? Theatre space is full. What will these patients displace? Is corridor care for maternity services going to be common practise like it is for everyone else at [the] Royal and Aintree?"

Mother and baby care

Mother and baby care was identified in 12% of responses.

The theme was more prevalent among respondents who disagreed with the proposal than among those who agreed with it, appearing in 19% of responses from respondents who disagreed with the proposal, compared with 9% of responses from respondents who agreed.

The theme was particularly evident among respondents who were currently pregnant or had recently given birth. It was identified in 25% of responses from respondents who were currently pregnant or who had recently given birth, compared with 11% of responses from respondents who were neither currently pregnant nor had recently given birth.

A common concern raised by respondents was the possibility that mothers and babies could receive care on different sites. Respondents commented on the implications of transfer arrangements and the importance of mothers and babies remaining together where possible.

"The risk is clear here, women being separated from their babies at or shortly after birth. The Royal is not equipped to provide maternity care and is unlikely to support newborn infants either, creating a potentially traumatic situation for parents and forcing birth partners to choose which site to be at..."

"I think it is important to women and their families that if urgent care was required after giving birth, both the mother and baby are not in separate hospitals."

"If women were sent to the Royal then that would indicate they would be away from their newborns - having complex care is psychologically challenging for the patient and this would be worsened by being in a different building than their child."

"For these complex situations it does make sense, as long as both mum and baby can stay together and cared for together. This may become problematic if NICU is needed (if you're in hospital as a new mum, being on the same site as your baby is critical for your recovery and mental health). I say this as I have experienced NICU."

Respondents also raised questions about how neonatal and specialist baby care would be provided under the proposed model, particularly where babies required neonatal intensive or special care.

> *"How are the babies going to be cared for? How are neonatal services going to be safe on a site away from the main unit? What provisions will there be for ensuring the same care is provided for neonates as would be provided in LWH. The baby must be cared for on the same site as the mothers so how will this work? I haven't read anything that puts the baby as a priority."*

> *"The Royal is better equipped to look after women who require a higher level of care. The disadvantage of this is that there is no neonatal care on the same site and if the baby needs neonatal care, they will be required to be transferred which poses a risk to them."*

> *"Transferring desperately ill women to access intensive care across the city is wrong. However, unless services for their babies (many will need intensive /special care) can be properly provided on [the] Royal site transferring care of such women wholesale would only create problem[s] for babies."*

> *"Safety of patients has to come first. But baby being with mother needs to be considered. If mother too unwell with baby, then baby needs to be at women's to get support."*

> *"I don't like the idea that if a woman has a baby at the Royal and is in critical care there, and her baby needs NICU they will be transferred back to the Women's. If you're going ahead with this, have NICU beds available at the Royal too so the mothers are not separated from their babies."*

Implementation and operational concerns

Implementation and operational concerns accounted for 12% of responses.

Implementation and operational concerns were expressed equally by respondents who agreed and disagreed with the proposal. The theme was mentioned by 10% of respondents who agreed and 11% of respondents who disagreed.

> *"Possible disconnected care due to communication and record keeping systems not linking up - having joint access to record keeping and notes would be essential. If this is not possible there needs to be clear protocols for information sharing... There is also the possibility of challenges in the mother and baby then being separated - clear communication and planning with families and the preparation conversations and consent would need to be planned prior to birth where possible."*

> *"Supportive of any service changes that demonstrably improve patient safety and clinical outcomes. However, it is important that any transfer of highly complex care is supported by a robust workforce plan, clear clinical pathways, maintenance of specialist expertise, and consideration of patient experience and access... For 150 patients there is a legitimate question about whether the benefits outweigh the cost and complexity of relocation."*

Alternative service models

Alternative service models were identified in 10% of responses. The theme was raised by respondents with a range of views on the proposal, including 9% of those who agreed overall and 10% of those who disagreed overall.

> *"If you are spending the money to set up specialist facilities at RLUH, and then needing specialist staff to come over from the Women's as required, why don't you just set it up at the Women's site? Also, why not open up the maternity unit at Aintree?"*

> *"I feel that staff work best in areas that they are familiar with, where they know where to find all of their necessary equipment. I feel for high risk births, women would want the expertise of the midwifery team which you don't get in a general hospital. I believe they would also want the NICU on their backs which again wouldn't be immediately available. For complex gynae surgery, involving multi organs, perhaps yes doing it on the site of the Royal where different specialties are available would be better. Otherwise, can a critical care team not just be on standby at Liverpool Women's for high risk births? It's all about cost saving, and by doing that you're taking away trust and confidence in your patients."*

> *"While an improvement over the current model, [it] still means there will be risks and possible dilution of staff and skills over the two sites. Need to move towards all of the Women's being on the Royal site."*

In addition to the alternative approaches outlined within this theme, respondents proposed a wider range of alternative options across multiple engagement questions. To support consideration of these alternatives as part of the decision-making process, they have been collated and are reported separately in Section 4.7.

Staffing concerns and resource allocation

Staffing concerns and resource allocation accounted for 9% of responses.

The theme was more prevalent among respondents who disagreed with the proposal (14%) than among respondents who agreed (5%).

> *"RLUH has limited beds as is. Who will staff this to ensure women are getting all the care they receive such [as] infant feeding who are in the Women's already."*

> *"At present the trust is struggling to accommodate the amount of patients that we have, where does the trust propose that these 150 women be cared for? Who are the specialist[s] that will be looking after these women?"*

> *"Totally agree that individuals undergoing complex surgeries/procedures should have immediate access to critical care should it be required. High risk cases are easily identified. I feel this for all individuals, not just the complex ones although starting with the complex patients is at least a start. Although I have read the booklet, my main concern would be the allocation of "specialists" across sites. How would there be specialists in both centres given the doctor shortage now. Having critical care available is vital, however the specialist doctors are vital for best care. My main consideration would be how this looks in reality - who can realistically be where and when."*

> *"I have no confidence that the Royal hospital would be staffed appropriately and with staff with the necessary competencies."*

> *"I agree that it will benefit those high risk patients. But I don't understand where the money will be found to provide extra staff/services when the service is already overstretched and short staffed."*

Cost and value for money

Cost and value for money featured in 8% of responses.

The theme was more prevalent among respondents who disagreed with the proposal than among those who agreed (14% compared with 5%).

> *"The leaflet did not give costed options, neither a cost / benefit analysis so it is not clear to me that this would be money well spent."*

> *"The cost of doing this is too high in comparison to funding Liverpool women's hospital properly."*

"What a grotesque waste of NHS money to separate maternity services from acute trusts only to pay millions more to move them back because it isn't working for all patients. In doing this, the services available at the Women's site would be extremely stretched to the point of unsafe for other "low risk" pregnancies. The only truly safe way to operate this model is to have the Women's hospital on the same site as the acute services."

"I feel that the expense of implementing this proposal seems disproportionate for the 1% it is focussing on. I feel that there must be a more cost beneficial solution."

"Option 2 will cost £2m to create new spaces at both the Women's and the Royal, and £5.5m on extra staff including for the complex births & gynae at the Royal but your booklet p.19 it says funds for this will come from existing budgets. How is this achievable when the Ockendon report clearly recommends for funding to increase if quality care standards are to be met?"

Experiences of care

The theme of experiences of care accounted for 7% of responses.

The theme was more prevalent among respondents with personal or close contact experience of transfer of care than among respondents with no experience of transfer of care (14% compared with 5%). It was also more common among respondents reporting a disability (12%) than among respondents reporting no disability (5%).

"For extreme high risk cases I agree. However as a high risk mother myself, I had both of my children at the Women's and the support and specialist services where second to none. I'm so glad I could have children and also have them in the Women's. I only agree with the proposal as in birth transfers can be risky."

"I had cardiomyopathy during my son's birth, the Women's hospital staff were not equipped to deal with it and I ended up in Wythenshawe almost requiring [a] heart transplant. Could not even perform an echo..."

"My daughter had horrendous birth experiences at the Women's hospital and her last delivery resulted in her having to be transferred to the Royal. The Women's hospital also sent her to the Royal before she was finally admitted, for a scan (by taxi, as no ambulance available). When the Royal admitted her, she wasn't able to take her baby with her, and she was breastfeeding him."

Other themes

Several less frequently occurring themes were also identified in responses.

Future of Liverpool Women's Hospital

The future of Liverpool Women's Hospital was identified in 5% of responses. This theme was more common among respondents who disagreed with the proposal, appearing in 14% of responses from respondents who disagreed with the proposal, compared with 2% of responses from respondents who agreed.

> *"The Women's hospital is a fantastic asset unique to our city and undermining and weakening its delivery of services is a short-sighted move. This proposal seems to be the start of a slippery slope to cut services at the Women's hospital and ultimately erode this specialist site."*

> *"Invest in Liverpool Women's Hospital so those 150 women can be cared for in their hospital, safely. Don't take care elsewhere to further justify closing our hospital!"*

Access, travel and equality

Access, travel and equality was also identified in 5% of responses. This theme was more common among respondents who disagreed with the proposal, appearing in 10% of responses from respondents who disagreed with the proposal, compared with 2% of responses from respondents who agreed.

> *"Royal Liverpool has nowhere for women in labour to be safely dropped off, nor anywhere for a woman to safely leave with a newborn. The parking is non-existent."*

> *"Liverpool Women's is easier to access and park without having to go into the city centre. It also gives more reassurance as a hospital dedicated to women's care."*

> *"The Royal is more difficult to get to and parking worse."*

Transparency and engagement process concerns

Transparency and engagement process concerns was identified in 2% of responses. Although relatively uncommon overall, the theme was more prevalent among respondents who strongly disagreed with the proposal, appearing in 8% of responses from this group.

> *"This "engagement" is a step towards moving all, or at least the bulk of services currently available at the Crown St. site to the New Royal. The long running campaign Save Liverpool Women's Hospital has been aware of this since the campaign started over a decade ago. Whilst Option 2 is the only*

one currently presented, the real intentions of the ICB are clear in Option 6, to move all inpatient gynae, maternity and neonatal to the New Royal."

"You are not a truthful organisation, this is not a case of improving services, this is a case of cutting costs."

Integration with national maternity reviews and recommendations

Integration with national maternity reviews and recommendations was identified in 1% of responses, making it the least common theme.

"I am against transferring complex cases in light of the Amos report findings which highlight the systematic failures which exist in primarily general hospitals, such as the Royal hospital."

Other comments

Other comments accounted for 5% of responses. These responses were reviewed as part of the analysis but did not form distinct themes relevant to the proposed changes. They typically related to individual issues, contained limited substantive comment, or raised points that were not directly relevant to the proposals, and have therefore not been reported separately.

4.5 Equality considerations raised by respondents

Respondents were asked whether they thought the proposed changes could have positive or negative impacts on people with protected characteristics under the Equality Act 2010, or on other groups, and whether there were any actions the NHS should take to reduce potential negative impacts or increase positive impacts.

While nearly half of respondents did not provide an answer to this question (47%), the most common themes that emerged related to protected characteristics and inclusion (16%), quality, staffing and service delivery (12%), women's health and specialist care (8%), access, transport and financial barriers (7%), and patient choice and dignity (6%). Around a tenth of respondents to the survey (9%) said they had no concerns about equality issues.

There were some differences by level of agreement with the proposal and respondent characteristics. The 'no equality concerns' theme was more common among respondents who agreed with the proposal, while 'women's health and specialist care' was more common among respondents who disagreed with it. 'Patient choice and dignity' was particularly evident among respondents who had recently given birth or who were currently pregnant.

More detail of each of the response themes is provided below.

Protected characteristics and inclusion

The most common theme identified in response to this question related to protected characteristics and inclusion, featuring in 16% of responses.

This theme was evident among a wide range of respondents and was not strongly associated with either agreement or disagreement with the proposed changes. However, it was more prevalent among respondents reporting a disability (24%) than among those reporting no disability (15%).

> *"It is important that the patients who are accessing this service are not automatically seen and screened as "women". This is due to the fact that a portion of the patients accessing the service are transgender and do not identify as women. In keeping with the Equality Act 2010 and the Gender Recognition Act 2004, these services should be catered toward "people who menstruate", "birthing parents" and "patients" instead of "women", "ladies", or "mothers". If outdated language is used, patient care is negatively affected, and a plethora of service users will be left feeling unsafe, unseen, and disrespected."*

> *"My experience as a lesbian was very good. Staff were very understanding and allowed my wife to stay in the hospital once I had given birth. All staff were very aware of LGBTQ and used appropriate language and were very supportive."*

> *"There is national evidence that indicates women who are black have poorer maternity and health care. This must be addressed."*

Quality, staffing and service delivery

Quality, staffing and service delivery featured in 12% of responses.

The theme was particularly evident among respondents who strongly disagreed with the proposal, where it appeared in 20% of responses.

> *"Pregnant and postnatal women and women in general already suffer discrimination and struggle to have their voices heard. Adding complex cases to an already overstretched service at the Royal, where staff are not specialist in delivering care to women, could result in increased discrimination."*

Women's health and specialist care

Women's health and specialist care featured in 8% of responses.

This theme was more prevalent among respondents who disagreed with the proposal, appearing in 17% of responses from respondents who disagreed with the proposal

compared with 6% of responses from those who agreed. The theme was particularly evident among respondents who strongly disagreed (20%).

> *"What could better serve the needs of women but a Women's hospital. SO much opportunity to get things right for this population..."*

> *"Women are consistently not listened to and symptoms are easily dismissed which is why the Women's is such an important hospital focusing on women's care. A disadvantage would be a woman needing specific care and being sent to a general hospital where there may not be the knowledge to take symptoms seriously."*

Access, transport and financial barriers

Access, transport and financial barriers featured in 7% of responses.

This theme appeared among respondents with differing views on the proposal, with relatively little variation between those who agreed with and disagreed with the proposal.

> *"Are the car parking costs the same at the two sites? LUHFT had some of the costliest car parking in the country a few years ago, which could disadvantage some patients and their families if they had to park somewhere more expensive than they are used to."*

> *"In the event of moving all women's health services to the Royal, have you considered the impact on BAME women, as a great number live in close proximity to Crown Street. What of the environmental impacts of moving services to one of the most traffic dense areas of the city? Have the effects of charging migrant women for health care been considered or the antenatal care of asylum seekers being moved around the country?"*

> *"Moving services to the Royal Liverpool Hospital will make it more difficult for disabled people to access services as it is a long way from car parks (and on a hill) and there are limited dropping off points. The Women's Hospital was deliberately built in an area to encourage greater accessibility for BME women, so moving patients to RLUH would be a backward step."*

Patient choice and dignity

Patient choice and dignity featured in 6% of responses.

This theme was particularly evident among respondents who had either recently given birth or were currently pregnant (17%), compared with respondents who were neither currently pregnant nor had recently given birth (4%).

"Disability - you're preventing high risk pregnant women from having their choice of place of birth due to a health problem they have."

"Ensuring that trans people who are giving birth are looked after in a way that feels dignified and protects their right to privacy would be better done at a hospital where being a 'woman' is the proposed norm. If a trans man was giving birth and put into a maternity bay, this would cause tension and undue distress."

Need for investment in Liverpool Women's Hospital, not cuts

This theme featured in 5% of responses and was more strongly associated with respondents who disagreed with the proposal. It appeared in 15% of responses from respondents who disagreed with the proposal, compared with 1% of responses from those who agreed.

"This hospital needs investment and not cost cutting. So many of our services have been affected negatively by trying to amalgamate services. Larger is not better."

"Women's services have been depleted in every way over the years. Specialised care for pregnancy, postnatal care and gynaecological care should all be based in a women's only hospital. We should be adding to that care not taking away from it."

No equality concerns

No equality concerns were identified in 9% of responses.

This theme was more prevalent among respondents who agreed with the proposal, appearing in 12% of responses from respondents who agreed with the proposal compared with 2% of responses from those who disagreed. It was particularly common among respondents who strongly agreed with the proposal (15%).

"This has to be about providing optimal medical care; I cannot envisage any negative impacts."

"I believe the NHS should and does treat the patients in relation to what their health needs require, with individuals receiving the best, most appropriate care, regardless of any equality distinctions."

"I think maternity services should be as neutral as possible with the focus on a healthy mother and child - making everyone aware that while equality is given consideration to make people feel comfortable - it's the same service for each woman."

Other themes

Several less frequently occurring themes were also identified within responses. 'Need for clear communication and pathways', and 'continuity of care and family support' each featured in 4% of responses. A small number of respondents also raised concerns about the engagement process or wider strategic plans for services (1%). Mental health and wellbeing was identified in a very small number of responses. A further 4% of responses were categorised as other comments. These responses were reviewed as part of the analysis but did not form distinct themes relevant to the proposed changes. They typically related to individual issues, contained limited substantive comment, or raised points that were not directly relevant to the proposals, and have therefore not been reported separately.

4.6 Additional comments from respondents

Respondents were also given the opportunity to provide any further comments on the proposal, including alternative solutions to the challenges identified by NHS Cheshire and Merseyside. A substantive comment was provided by 47% of respondents, while no answer was recorded for 53%. The percentages reported below are based on all respondents to the engagement.

The themes identified were varied, reflecting the broad nature of the question. The most common theme was retaining and investing in Liverpool Women's Hospital (13% of all respondents), followed by safety and access to specialist care (11%), workforce, staffing and specialist expertise (9%), concerns about the Royal's facilities, environment and patient experience (7%), and trust, transparency and confidence in decision-making (6%).

Retain and invest in Liverpool Women's Hospital

The most common theme identified in response to this question was retaining and investing in Liverpool Women's Hospital, featuring in 13% of responses. This was strongly associated with disagreement with the proposal, appearing in 27% of responses from respondents who disagreed with the proposal, compared with 8% of responses from those who agreed. Within this theme, respondents reiterated the importance of Liverpool Women's Hospital and the need for continued investment in its services.

> *"More funding to Liverpool Women's hospital. The health and mental health needs of women and specifically pregnant women is already in crisis and has been for some time. Merging these services with other hospitals is a step back not a step forward. Fund Liverpool Women's properly."*

> *"Investment in LWH [Liverpool Women's Hospital]. Keep the facilities and complex care at LWH rather than moving to the Royal."*

"I think the Women's hospital should be adequately resourced instead of outsourcing to the Royal."

Safety and access to specialist care

Safety and access to specialist care was identified in 11% of responses. This theme was more prevalent among respondents who agreed with the proposal, appearing in 16% of responses from this group, compared with 3% of responses from those who disagreed. The theme was also significantly more prevalent among healthcare and social care professionals (14%) than among non-professionals (7%). Within this theme, respondents focused on the importance of clinical safety and access to specialist care.

"I think that where care happens (i.e. which hospital) is much less important than having the right specialists on hand. Most people just want to be in the best place for the best care."

"I think those against the move of high risk cases to RLUH [Royal Liverpool University Hospital] are not understanding the bigger picture of optimising patient care, safety and outcomes. For example, morbidity and unfortunately, mortality [in] obstetrics is on the rise and this move would hopefully improve outcomes and help these women/service users that require services that are not available on site at LWH [Liverpool Women's Hospital]."

"I love the LWH [Liverpool Women's Hospital] building. Ultimately however I think it would be in the best interests of patients to have obstetric and complex gynaecology care sited closer to ITU [Intensive Therapy Unit], labs and other specialist care such as gastrointestinal surgery."

Workforce, staffing and specialist expertise

Workforce, staffing and specialist expertise featured in 9% of responses. This theme was more prevalent among healthcare and social care professionals (13%) than among non-professionals (5%). Within this theme, respondents commented on workforce capacity, staffing and the availability of specialist expertise.

"In my experience, maternity services are not what they could be… it is vital to consider the basics of care - i.e. will the right number of staff and the right level of training be given/available to ensure safe treatment?"

"Are you sure you will get staff to work in the proposed 6-bedded enhanced unit? It doesn't look like a very attractive option for critical care trained nurses, nor for midwives, nor for medical staff."

"There is … a national shortage of midwives so how many midwives would be needed to work at the Royal site? Will this be a new job post or will staff

move from Liverpool Women's to the Royal? Which will further impact the staff issues at LWH [Liverpool Women's Hospital]."

Concerns about the Royal Liverpool Hospital's facilities, environment and patient experience

Concerns about the Royal Liverpool Hospital's facilities, environment and patient experience were identified in 7% of responses. This theme was more prevalent among respondents who disagreed with the proposal, appearing in 13% of responses from respondents who disagreed with the proposal, compared with 5% of responses from those who agreed. Within this theme, respondents focused on the suitability of the Royal Hospital site and the potential implications for patient experience.

"Please consider the privacy of ladies and consider the impact of putting this service in the Royal which doesn't seem to have the room as it is. I was in A&E last weekend and witnessed many patients in corridors on trolleys especially women."

"Not enough room at the already bloated RLUH, no adequate parking facilities for families that don't involve crossing main roads with small children or astronomical costs in Q park."

"I feel it's important to consider how new mothers would feel walking a new baby out and around of a main Hospital full of a range of viruses."

Trust, transparency and confidence in decision-making

Trust, transparency and confidence in decision-making featured in 6% of responses. This theme was more prevalent among respondents who disagreed with the proposal, appearing in 11% of responses from respondents who disagreed with the proposal, compared with 4% of responses from those who agreed. Within this theme, respondents commented on confidence in the decision-making process and the way options had been presented.

"The NHS should be transparent and include the patient within their decision making, so that the patient feels included and understands the reasons behind the move to another care setting. Just be honest."

"Unfortunately, it is likely this questionnaire is a tick box and not something that will be actually considered as decisions about the care of the population are typically made by people who have no direct involvement in delivering that care."

"Invest in the Women's. Listen to the public who want services to stay there!"

"If you want people to trust the decision, you need to provide a breakdown of how it will work in practice including pricing, equipment and staff increases."

"Why don't you just come clean and announce all care (excluding a few clinics) at LWH [Liverpool Women's Hospital] will be moving to the Royal. Stop all this wasting of time and be honest."

Other themes

Several smaller themes were also identified. These included relocating the entire Women's Hospital to the Royal site (5%), continuity of maternity, neonatal and family-centred care (5%), funding and resource allocation concerns (5%), transport, parking and accessibility (4%), alternative service configuration proposals (4%), infrastructure, facilities and operational readiness (3%), need for improved general maternity and gynaecology services (3%), concerns about equalities and discrimination (2%), and the importance of patient choice and informed consent (2%).

To support consideration as part of the decision-making process, alternative service configuration approaches raised across the engagement have been collated and are reported separately in Section 4.7.

4.7 Alternative approaches suggested by respondents

Respondents proposed a range of alternative approaches to addressing the challenges described by NHS Cheshire and Merseyside. These suggestions were raised across multiple questionnaire questions, including responses relating to the proposal itself, equality considerations, experiences of transfer of care, and additional comments. As these proposals were raised across several parts of the engagement, they have been collated and reported separately.

The alternatives included further investment in Liverpool Women's Hospital, development of additional specialist facilities at Liverpool Women's Hospital, relocation of all women's services to a single site, alternative configurations of maternity and gynaecology services, the use of alternative hospital locations, and improvements to transfer arrangements between existing sites.

Several of these suggestions are also reflected elsewhere in the report, particularly within themes relating to keeping services at Liverpool Women's Hospital, Royal Liverpool Hospital capacity and suitability, staffing and resource allocation, and continuity of maternity and neonatal care.

While these comments were suggested as alternative solutions, some respondents proposed measures that overlap with elements already included within the proposed package of improvements, such as additional investment in staffing, facilities and transfer arrangements.

Investment in Liverpool Women's Hospital

The need for greater investment in Liverpool Women's Hospital was identified by a number of respondents as an alternative to the proposal. Respondents suggested that additional funding should be directed towards expanding services, facilities and staffing at the existing hospital to enable a wider range of complex care to be provided on site.

> *"Why can the Women's not expand their own medical staff and provide additional care on their own premises? Time and time again proposals have been blocked by the council and funding has not been provided to give the Women's the ability to expand. Women's care should be taken seriously and not just women giving birth, all areas the Women's [hospital] covers is important and saves lives. They deserve the ability to expand their own premises and staff."*

> *"Why isn't a specialist unit built at Liverpool women's? Surely another floor or change of use, if [there are] areas of the building that are underutilised."*

> *"The Women's is equipped to deal with a lot of difficulties with pregnancy etc it would be more beneficial to staff and fund the hospital."*

> *"Invest money into the Women's hospital. Currently if there is a need for emergency care mother and baby are split up, mother would have to attend another hospital without baby for treatment. If you invest money to improve the service at the Women's there would be no need to take a woman's newborn child away from her. I have experienced this personally at the Liverpool Women's Hospital and the Royal Hospital and feel very passionately as it was a very traumatic experience for me."*

Developing specialist and critical care facilities at Liverpool Women's Hospital

A related suggestion was to increase the availability of specialist facilities currently accessed through transfer arrangements. Respondents suggested that critical care, specialist diagnostics and other acute services should be developed at Liverpool Women's Hospital.

> *"Can an ITU not be funded to keep all services at LWH? Would the ITU beds at the Royal be staffed with midwives or ITU nurses?"*

> *"I like the proposal of a high dependency unit at LWH and the provision of a dedicated team. Transfers will be early to minimise emergency situations and the women will be central to all decisions made."*

> *"Can a critical care team not just be on standby at Liverpool Women's for high-risk births?"*

Relocating all women's services to a single site

Some respondents considered the proposed changes to be only a partial solution and suggested that all maternity, neonatal and gynaecology services should ultimately be provided alongside acute hospital services on one site.

> *"A purpose built LWH, on the site of the old RLUH makes the most sense, with a sky bridge that connects to the new RLUH as Clatterbridge/CCSB do. Therefore, services are co-located and the old LWH could then be refurbished ready to be used as a second non-acute hospital like Broadgreen is, hopefully allowing to reduce patient blocking acute beds who are waiting for sub-acute care."*

> *"Develop the empty site where the old Royal Liverpool University Hospital used to be."*

> *"Eventually the ultimate plan should be to co-locate the Women's with the Royal Liverpool with capital investment."*

"Current situation is still dangerous with lack of medical support at the Women's, need to keep moving forward with the Women's being relocated to the Royal site in a new building."

"Consider moving all cases to RLH and keeping the current site just as an outpatients location."

Alternative configurations of maternity, neonatal and gynaecology services

Some respondents proposed alternative service configurations rather than agreeing or disagreeing with the proposal as presented.

Suggestions included retaining maternity and neonatal services together while moving some gynaecology services, increasing patient choice regarding where care is delivered, and providing additional neonatal facilities at the Royal site.

"Separating maternity and gynaecology services would be preferable; i.e. being placed on a maternity ward following a miscarriage is not acceptable, nor is having to share waiting rooms with expectant mothers when you are undergoing tests for infertility/gynae issues."

"I would like all mums to continue to have their babies at RLUH site. I agree that higher risk Gynae surgery should take place on RLUH site."

"If I were high risk or a complex case, I'd want to be near NICU, ICU, and paediatric / gynae / obstetric specialists. I don't know where the best place to have access to all of these is."

Alternative locations

A smaller number of respondents suggested that other hospital locations should be considered.

Suggestions included expanding services at Aintree, using facilities at Whiston, or developing specialist provision across multiple locations.

"I feel this is a good idea, even to add that when pregnant women are in car accidents they attend A&E it would be better if there were specialist on site to help with the pregnancy at this time. Do I think it should be at the Royal, no, Aintree would be a better location."

"I think maternity and gynaecology services should be moved back to Aintree Hospital. If you live in the north of the city or Knowsley it is a nightmare to get to the Women's and the Royal is a good distance away."

Improving transfer arrangements

Some respondents suggested that the focus should be on improving transfer arrangements between hospitals rather than changing where care takes place.

These comments focused on reducing delays, improving communication, strengthening information sharing and making transfer processes more seamless for patients and families.

> *"Having worked within theatres at the Royal and receiving patient transfers from the Women's care needs to be better planned."*

> *"Discussions prior to birth of potential complications, threshold for caesarean and clear contingency plan. These discussions often take place during and it's lessons learned - preventative care."*

5 Feedback from interviews with women with lived experience of complex care

During the engagement, four one-to-one interviews were undertaken with individuals who had experience of complex or high-risk maternity and gynaecology care, including situations where care had been transferred between hospitals due to complications or the need for specialist support. Family members and carers with relevant lived experience were also eligible to participate.

Participants were identified and invited to take part because they had direct experience of the types of care pathways most relevant to the proposals being considered. Interviews were conducted online by NHS Cheshire and Merseyside staff using a structured discussion guide and explored experiences of care, communication, transfer between hospitals, access to specialist support, the impact on individuals and families, and opportunities for improvement.

Interviews were carried out in a confidential setting and participants were encouraged to share their experiences openly and in their own words. Findings have been reported anonymously and analysed thematically to identify common experiences, concerns and suggestions for improvement.

5.1 Analysis of interview findings

Analysis of the interviews identified several recurring themes across participants' experiences. Although each care journey was different, women consistently reflected on uncertainty while receiving complex care, the emotional and practical impact of transfer between hospitals, access to specialist expertise, separation from babies and family members, and the importance of communication, compassion and aftercare.

The findings presented below draw together these shared experiences while recognising the individual circumstances of each participant.

Experiences of complex care

The interviews highlighted participants' experiences of complex care. Their accounts included high-risk pregnancies, serious complications following childbirth, fertility treatment, emergency interventions and lengthy periods of treatment and recovery. Participants described periods of uncertainty, multiple investigations and the need to navigate decisions about their care while managing significant health concerns.

One participant described the point at which concerns were identified during her pregnancy:

> *"At 16 weeks, everything changed. During a scan, there was an obvious difference in the babies' weights – around 30%. Suddenly, I found myself surrounded by doctors, scans and uncertainty.*

> *One doctor gently explained that, if things became worse, the only way to save one baby might be to terminate the smaller twin… Hearing those words was devastating."*

Another participant described becoming unwell following treatment and not understanding the cause of her symptoms:

> *"I just knew something didn't feel right. That feeling continued and I kept saying to my partner, '(Partner) I think I'm going to die.' I couldn't explain why, but I felt desperately ill."*

One participant reflected on her recovery after significant complications during childbirth:

> *"This whole period was much worse than it needed to be because of the staff's expectation that I should be following a 'normal' recovery."*

Transfer and access to specialist services

All participants described care that involved, or could potentially have involved, access to specialist services beyond those available at the hospital where they were initially receiving treatment. Discussions focused on the availability of specialist expertise, transfer between hospitals and the co-ordination of care across services.

One participant described being transferred to another hospital when her condition deteriorated:

> *"My kidneys needed urgent treatment and my antibiotics also needed to be changed. I have almost no memory of that transfer because I was so critically ill. At the Royal, specialists were able to review my treatment and adjust the antibiotics appropriately."*

Another participant reflected on the importance of timely access to specialist support:

> *"When women need specialist care, they should be able to access it immediately – not hours or days later."*

A different participant felt that improving transfer arrangements should be a priority:

> *"If I could change the pathway to one that made it easier for patients to be transferred, then I would do that in an instant."*

Communication and continuity of care

Participants discussed the importance of communication throughout their care journeys. This included receiving information about treatment, understanding decisions about care, communication between different organisations, opportunities to ask questions about what had happened to them, and feeling listened to, supported and

reassured during periods of uncertainty and recovery. Experiences were mixed, with participants describing both positive and negative examples.

One participant, who received IVF treatment and specialist twin pregnancy care at Liverpool Women's Hospital, described feeling well supported by the staff involved in her care:

> *"Many of the staff members who cared for me had experienced multiple pregnancies themselves, and that personal understanding made a real difference. I felt listened to, understood and supported."*

Another participant described the challenges of navigating care across multiple organisations:

> *"The Women's Hospital, Arrowe Park, the Royal Liverpool Hospital and Manchester all held different parts of my story, but those pieces were never brought together. I became responsible for explaining my own medical history over and over again, despite often not fully understanding everything that had happened myself."*

Participants also reflected on the importance of compassion, reassurance and emotional support. One participant reflected on the reassurance she received after transfer to a different hospital:

> *"Then the doctor said, but don't worry, we will make you better. And that was the first time somebody had said anything that was in any way, shape or form, like... [to] reassure me."*

Impact on individuals and families

Participants described the impact that complex care had on themselves and their families. Alongside the physical consequences of treatment and illness, interviewees reflected on the practical and emotional implications of separation from babies, partners and support networks, particularly when transfer between hospitals was required.

One participant described concerns about being separated from her babies:

> *"The thought of being separated from my babies for an unknown amount of time was unimaginable and utterly heartbreaking."*

The same participant also reflected on the importance of being able to see her babies after birth:

> *"All I wanted was to see my babies. But first, I was told I had to prove I could walk and pass urine before I could leave recovery. Those three hours felt endless."*

A different participant described having to decide whether her partner should stay with their baby or accompany her during an emergency transfer:

> *"As they were getting me ready for the transfer they said to me, do you want [partner] to come with you or [partner] to stay with [baby]? And I'm like, well, I'm not leaving my baby with you. No, [partner] is not coming with me. I'll go on my own. You need to stay with [baby].*
>
> *"That's probably one of the things I struggled with the most at the time was the fact that I had to make a decision to leave my baby."*

Another participant reflected on the experience from her husband's perspective:

> *"While I was in theatre, he was sat in what he describes as a cupboard, alone with a brand new baby, no way to feed him and with no knowledge about what was happening to me, no one gave him any updates, and he didn't know where to go."*

Participants also described longer-term impacts beyond the immediate episode of care. One participant reflected on the cumulative effect of repeated treatment and fertility-related complications:

> *"My whole body had been through so much. There was the failed IVF, the repeated episodes of sepsis, multiple major operations and ultimately the grief of knowing I wouldn't be able to carry a child."*

Follow-up care and service improvement

Participants reflected on the support they received following treatment and identified opportunities to improve care. Particular emphasis was placed on follow-up discussions, understanding what had happened during their treatment, psychological support and improving coordination between services.

One participant described how a clinical debrief would have helped her understand her experience:

> *"After the birth, the operation…I didn't have any debrief with any doctor. I really feel like this would have helped me to come to terms with the birth and perhaps I could have understood why some of the decisions were taken."*

Another participant described the support she felt should routinely be available following significant treatment:

> *"After each episode of treatment, I would ensure there was a proper follow-up conversation where someone sat down and explained what had happened, answered questions and helped patients process everything they had been through. I also believe psychological support should be routinely offered."*

Participants also reflected on the value of being able to share their experiences as part of the engagement process. One interviewee commented:

> *"Being given the opportunity to tell my story and to have someone genuinely listen without interruption or judgement, has been incredibly healing."*

6 Feedback from other sources

This chapter summarises feedback received through a petition, correspondence, email, and social media channels during the engagement period. These routes provided an additional opportunity for stakeholders and members of the public to share their views, ask questions and seek clarification alongside the formal questionnaire, interviews and engagement events.

6.1 Petition presented to the ICB Board

A petition entitled 'Save Liverpool Women's Hospital' was presented to the NHS Cheshire and Merseyside Integrated Care Board on 28 May 2026.

A petition entitled 'Save Liverpool Women's Hospital' was set up on the 38 Degrees online platform eleven years ago. At the time of writing, the 38 Degrees petition has 51,203 signatures, however those involved with the Save Liverpool Women's campaign have reported that the figure has now reached 90,000, 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."*

6.2 Feedback from correspondence

NHS Cheshire and Merseyside received one questionnaire response by post during the engagement period.

The questionnaire was entered into the online engagement system and analysed alongside all other questionnaire responses. As a result, the feedback provided through

the postal questionnaire has been incorporated into the questionnaire findings presented in Section 4.

6.3 Feedback from emails

NHS Cheshire and Merseyside received two emails through the dedicated engagement inbox during the engagement period.

Both correspondents objected to the proposed changes. The issues raised through email reflected themes that also emerged through questionnaire responses, including concerns about capacity at the Royal Liverpool University Hospital, the future of Liverpool Women's Hospital, the potential separation of mothers and babies, and views that investment should instead be directed towards strengthening services at the existing Liverpool Women's Hospital site.

One respondent expressed concerns about capacity within the Royal Liverpool University Hospital, stating:

> *"The suggestion that the Royal Liverpool Hospital can absorb complex gynaecology and maternity cases ignores the severe bed shortage crisis unfolding on that site."*

The other respondent highlighted concerns about the long-term future of Liverpool Women's Hospital, commenting:

> *"The loss of the Women's Hospital would be the loss of a really valuable and specialist institution."*

The views expressed through email were consistent with themes raised elsewhere during the engagement and have been considered alongside all other feedback received.

6.4 Feedback from social media

Information about the engagement was promoted through social media channels throughout the engagement period. A total of 26 posts were published across Facebook, Instagram, X and LinkedIn, generating 9,566 impressions, 381 engagements and 24 click-throughs to the engagement website.

Although social media was used to promote awareness of the engagement and opportunities to participate, no comments or direct feedback on the proposals were received through the programme's social media posts during the engagement period.

7 Next steps

This report provides an independent summary of the feedback received during the engagement period. It does not make recommendations regarding the proposal. It brings together views shared through the questionnaire, interviews, correspondence and other engagement activities undertaken between 2 June and 14 July 2026.

NHS Cheshire and Merseyside will now consider the findings presented in this report alongside other evidence, including clinical, operational, financial and equality impact assessments. The feedback received through the engagement process will form one part of the information used to inform decision-making regarding the proposed changes to complex maternity and gynaecology services in Liverpool.

Following consideration of all available evidence, NHS Cheshire and Merseyside will determine whether, and how, it wishes to proceed with the proposed changes. Any subsequent decisions will be communicated through the programme's established communication channels.

Appendices

Appendix A: Demographic information

Appendix B: 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

Just over half of respondents – 52% – lived in Liverpool, while 16% lived in Sefton, 10% in Knowsley, and 7% in Wirral. Smaller proportions lived in Cheshire West, St Helens, Halton, Cheshire East, and Warrington (each with 3% or less) (see Chart 2).

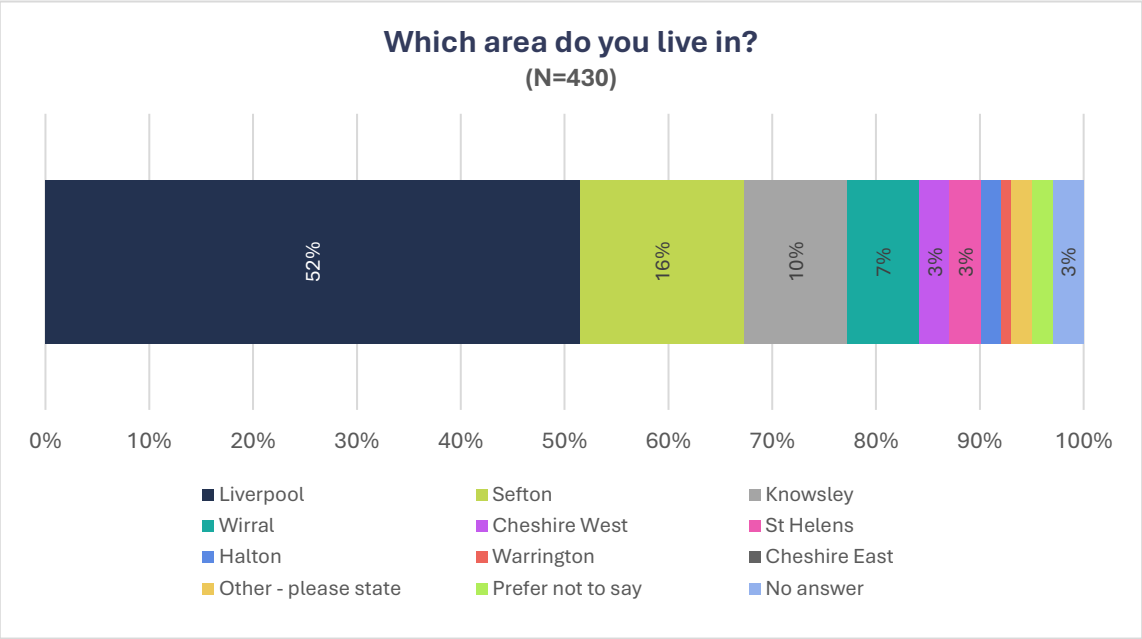


Chart 2: Which area do you live in?

Ethnicity

Among those who provided information on ethnicity, the majority identified as White (85%). The majority were English / Welsh / Scottish / Northern Irish / British, who accounted for 81% of respondents (see Chart 3).

Respondents of Mixed / Multiple ethnic groups represented 3% of respondents overall, including those identifying as White and Black Caribbean (1%), White and Black African (1%), and other Mixed backgrounds (1%).

Individuals from Asian backgrounds accounted for 2% of respondents, with the majority identifying as Indian and smaller numbers identifying as Bangladeshi, Chinese or Pakistani.

Respondents from Black / African / Caribbean / Black British backgrounds made up 1% of respondents, primarily those identifying as African (1%). A small number identified as Caribbean (less than 1%).

Less than 1% of respondents identified as Arab. A further 4% preferred not to disclose their ethnic background and 4% did not answer the question.

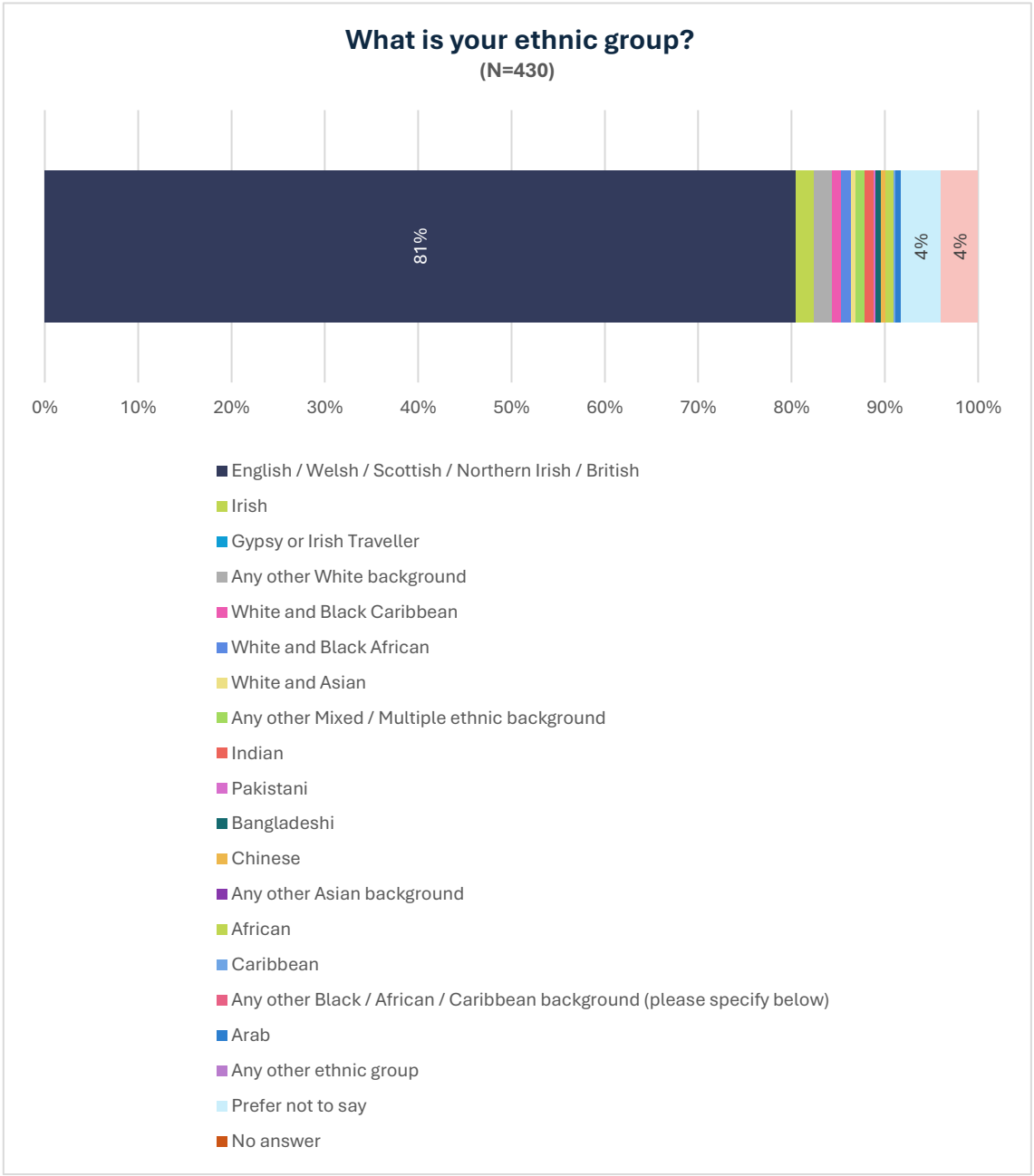


Chart 3: What is your ethnic group?

Age

The largest proportion of respondents was aged between 30 – 49 (48%), with 36% aged 50 or older and 9% under 30 (see Chart 4).

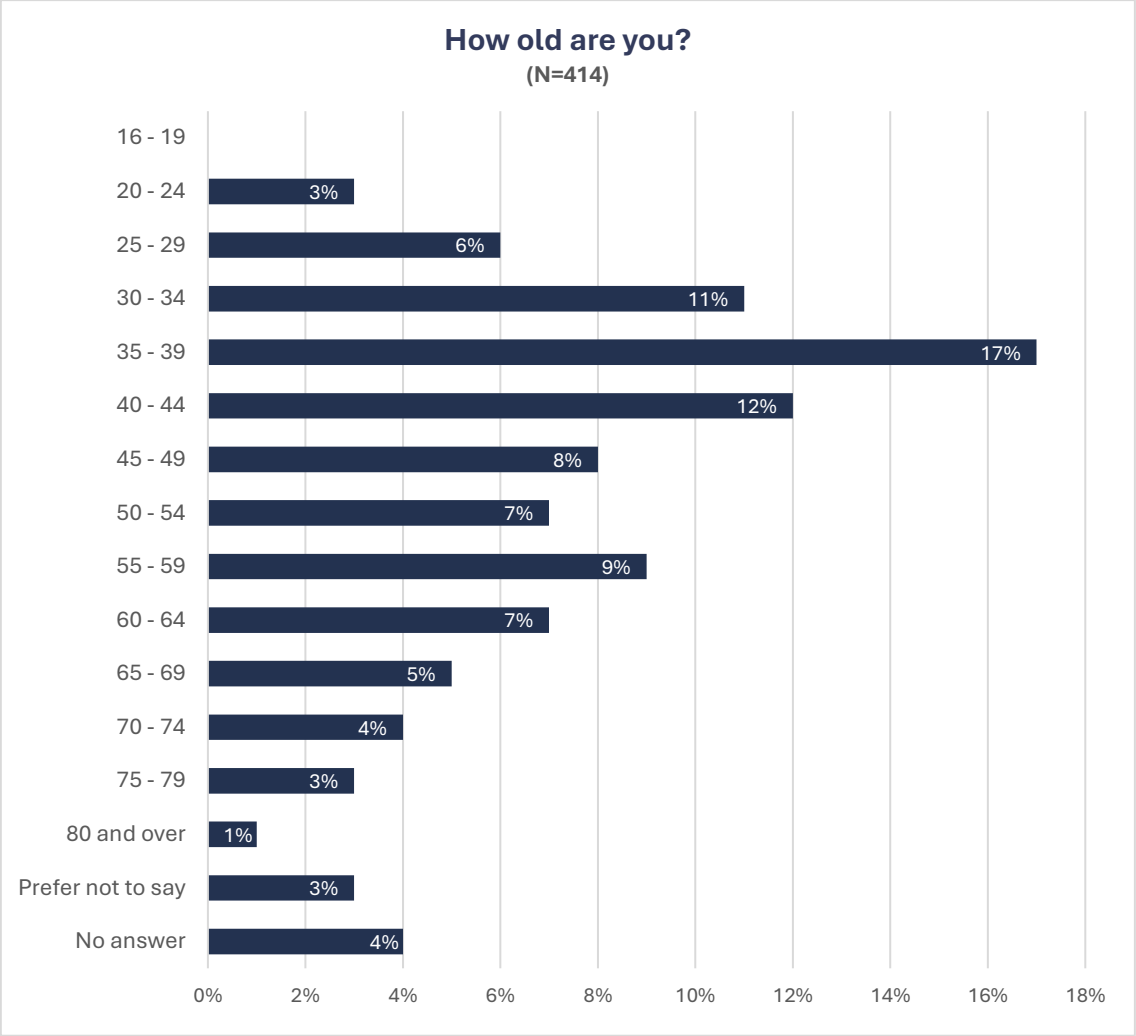


Chart 4: How old are you?

Religion

Christianity was the most commonly identified religion or belief, with 49% of respondents identifying as Christian. A further 40% stated that they had no religion.

Other religions were represented by relatively small proportions of respondents. Around 1% identified as Muslim and 1% as Jewish, while smaller numbers identified as Hindu or another religion. No respondents identified as Buddhist or Sikh.

A small proportion of respondents (6%) chose not to disclose their religion or belief while 3% did not answer the question (see Chart 5).

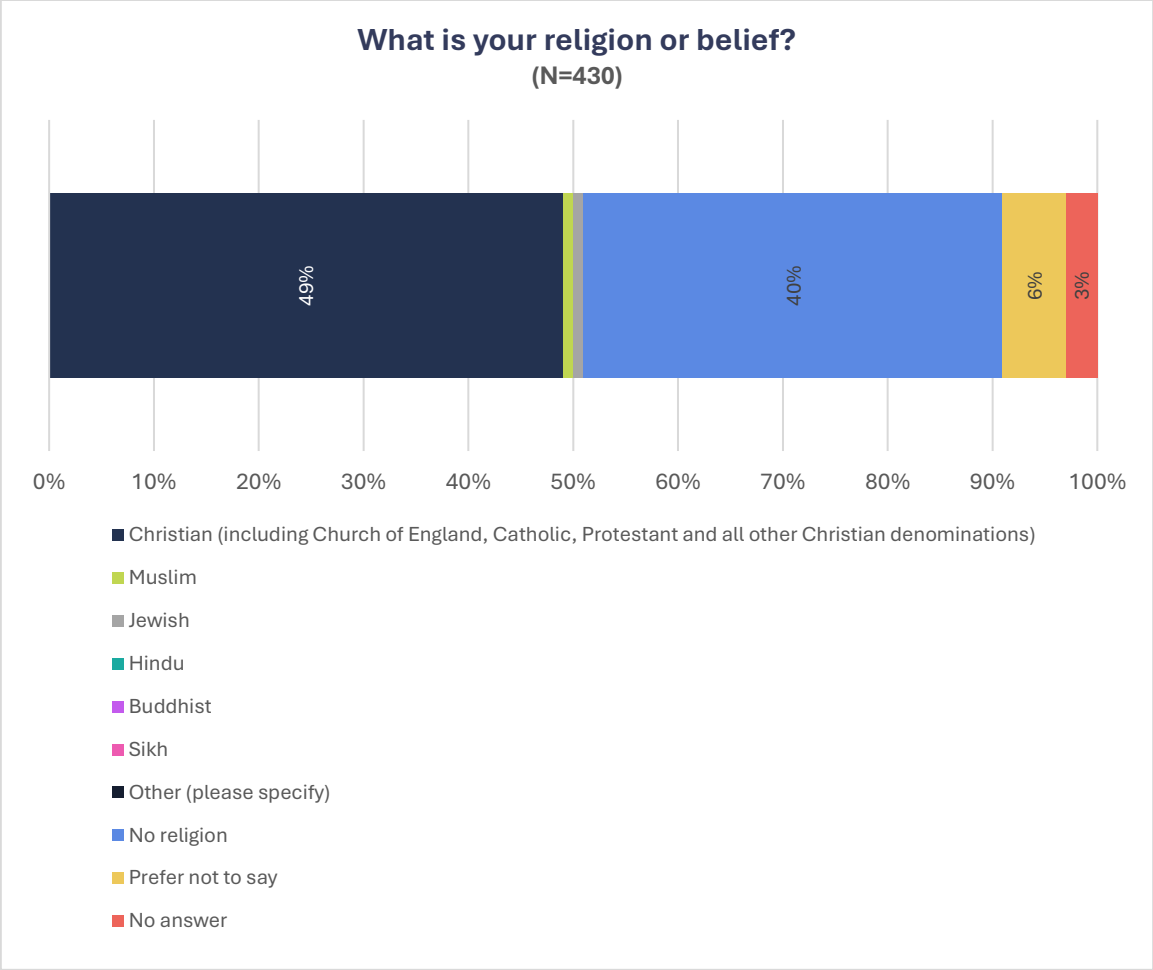


Chart 5: What is your religion or belief?

Gender and sexual orientation

In terms of gender, the majority of respondents identified as female (81%), with 12% identifying as male. A small number (less than 1%) identified as non-binary and gender-non-conforming, while 3% preferred not to say and 3% did not answer the question. (see Chart 6).

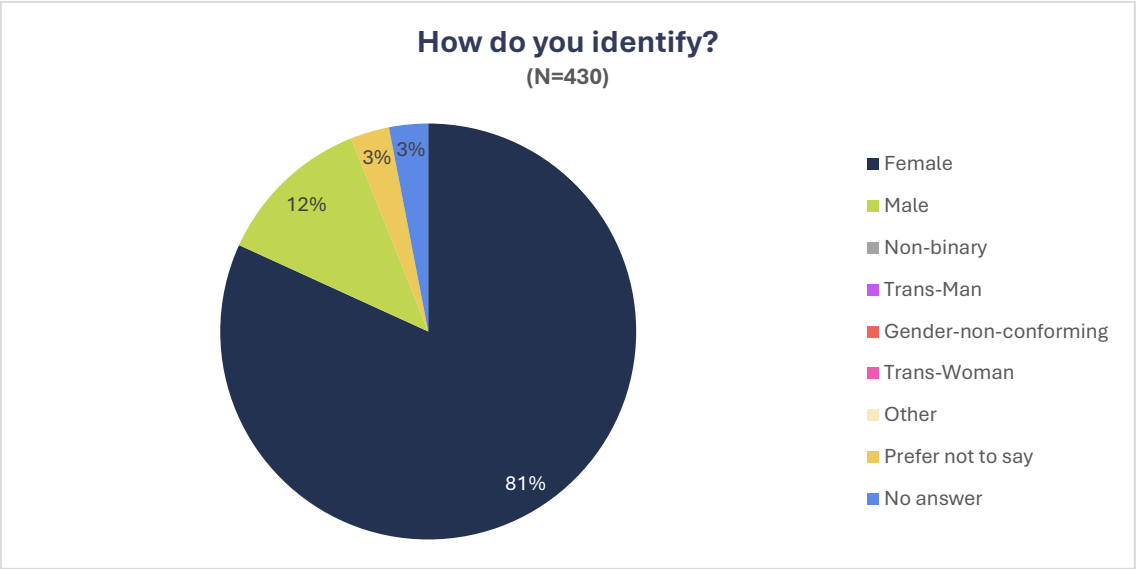


Chart 6: How do you identify?

Regarding sexual orientation, 81% of respondents identified as heterosexual, while the remainder included individuals identifying as lesbian, gay, bisexual, asexual, or other orientations (6%), with 10% opting not to disclose this information and 4% not answering the question (see Chart 7).

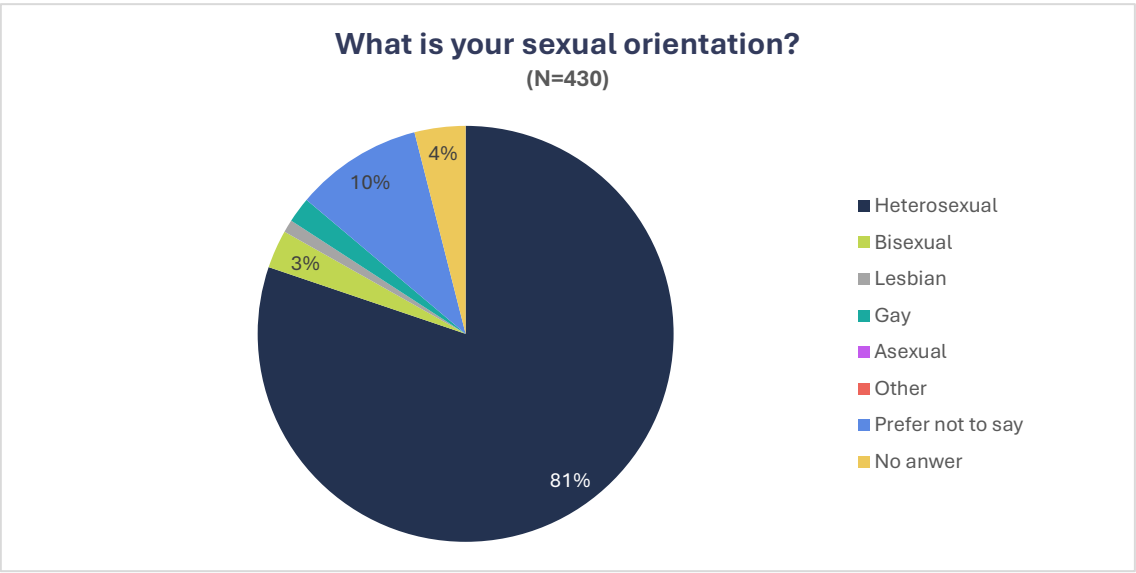


Chart 7: What is your sexual orientation?

Relationship status

Relationship status showed that half of respondents were married (50%), while 13% were single and 18% were living with a partner. Smaller proportions reported being in a civil partnership (1%), divorced (3%), separated (1%), or widowed (3%) (see Chart 8).

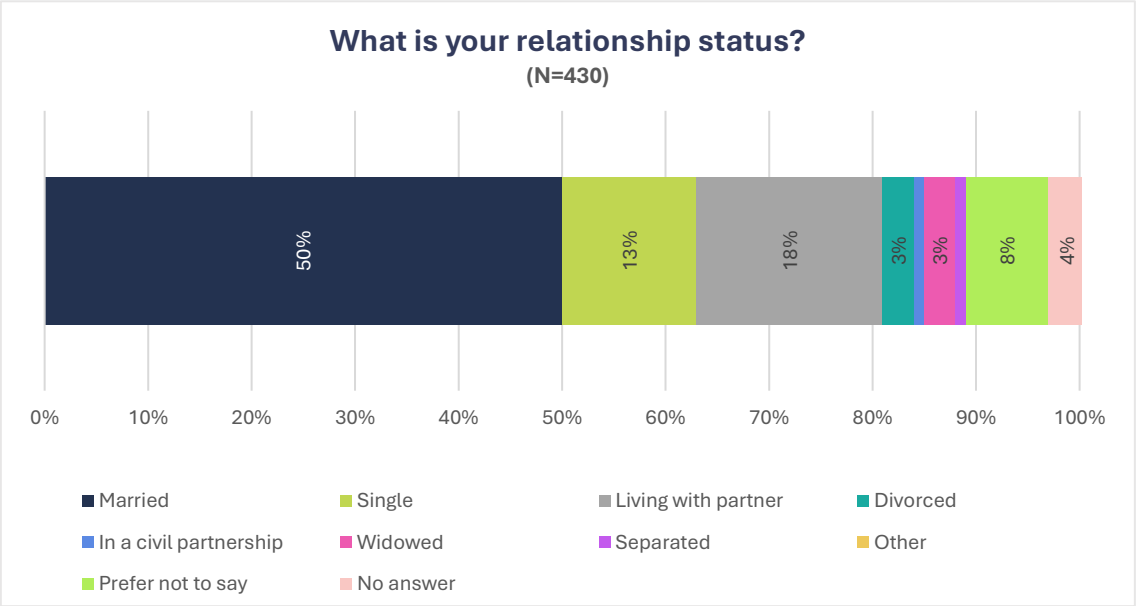


Chart 8: What is your relationship status?

Disability

Health-related questions revealed that 59% of people did not consider themselves to have a disability. Among those who reported a disability or health condition, physical disabilities were the most commonly cited, accounting for 11% of respondents. Long-term illnesses, such as cancer, diabetes or COPD, were reported by 8%, while 7% identified as having a mental health condition.

Smaller proportions of respondents reported a sensory disability (3%), or a learning disability or difficulty (3%). A further 4% selected another disability or health condition.

In addition, 10% of respondents preferred not to disclose whether they had a disability or health condition (see Chart 9).

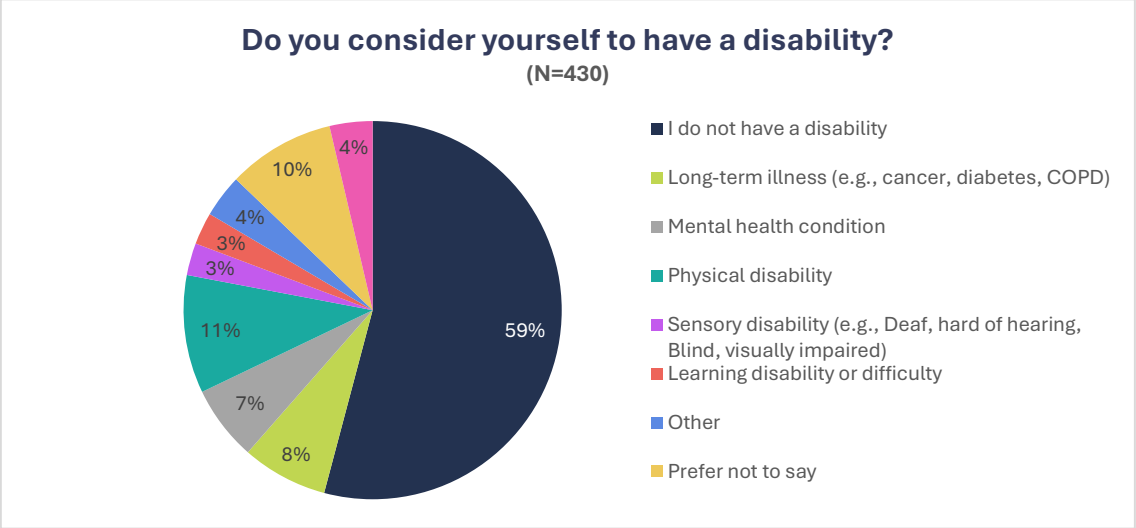


Chart 9: Do you consider yourself to have a disability?

27% 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 10).

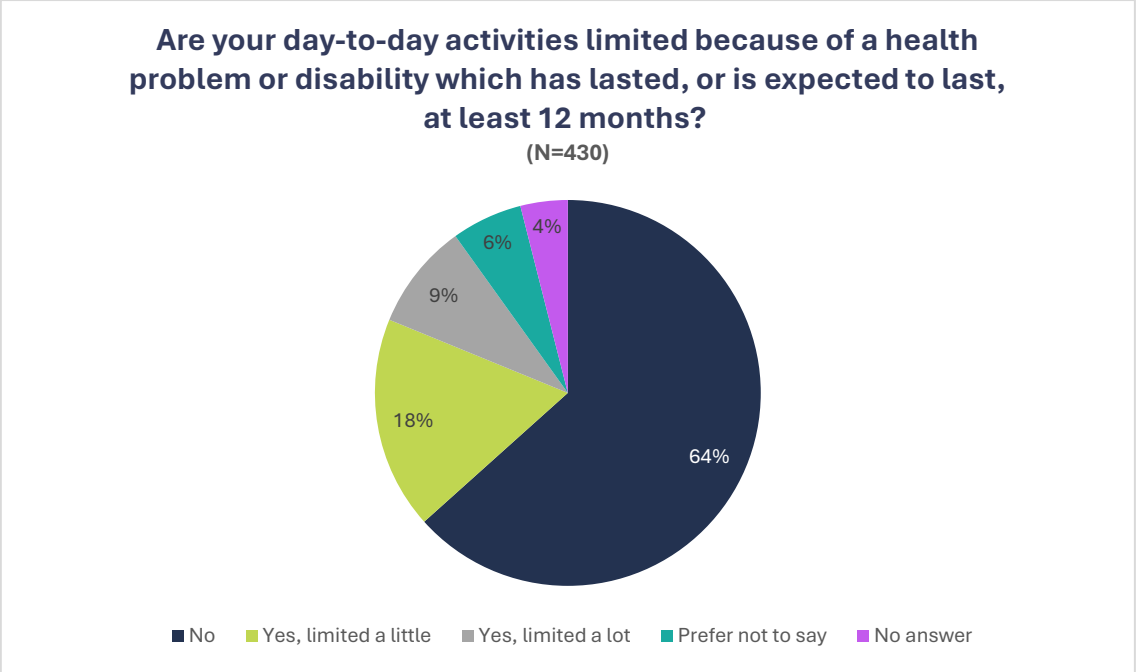


Chart 10: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Carer responsibilities

25% of respondents indicated that they care for someone, with 14% caring for young people (aged under 24), 10% caring for older adults (aged 50 and over), and 1% caring for adults aged 25 to 49 (see Chart 11).

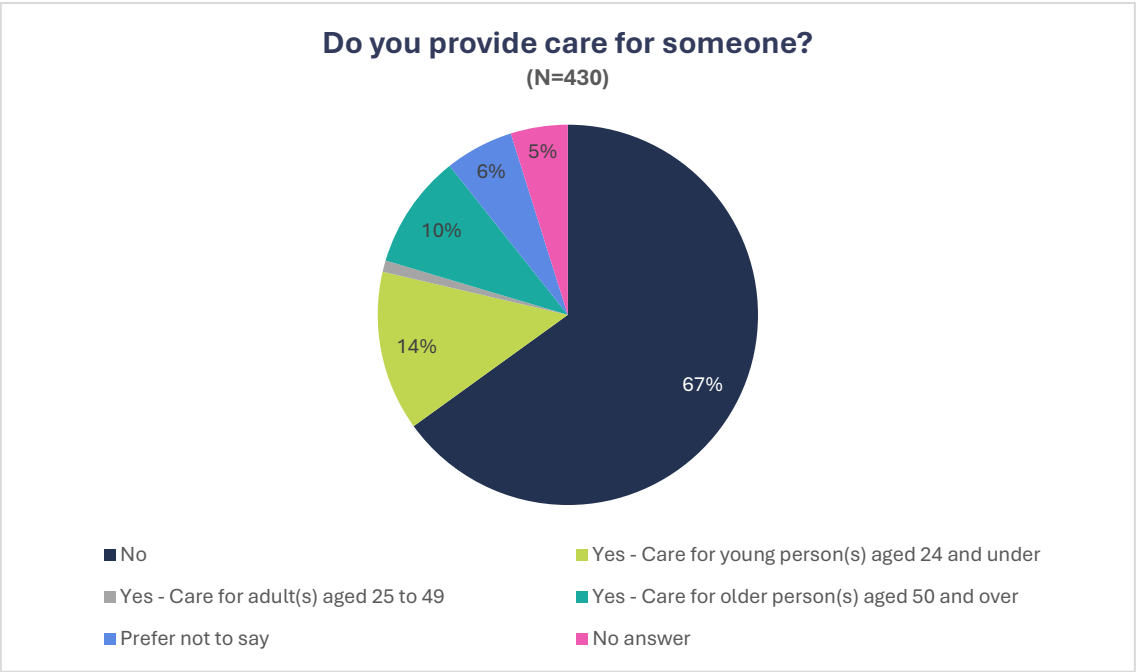


Chart 11: Do you provide care for someone?

Pregnancy and childbirth

Pregnancy and childbirth data showed that 9% of respondents were pregnant at the time of the survey, and 5% had given birth within the past six months (see Charts 12 and 13).

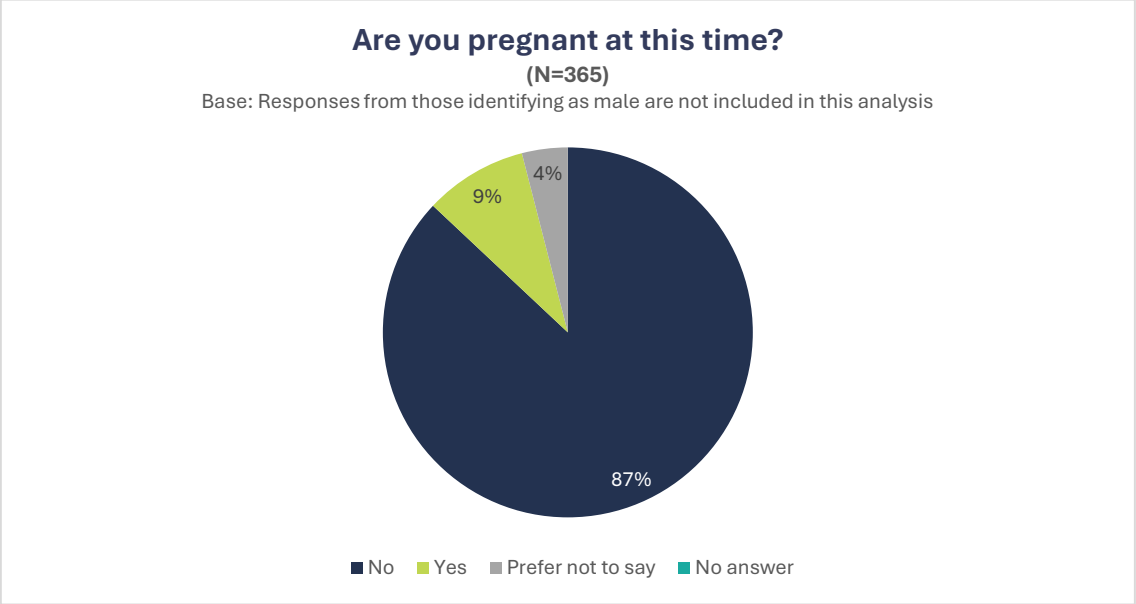


Chart 12: Are you pregnant at this time?

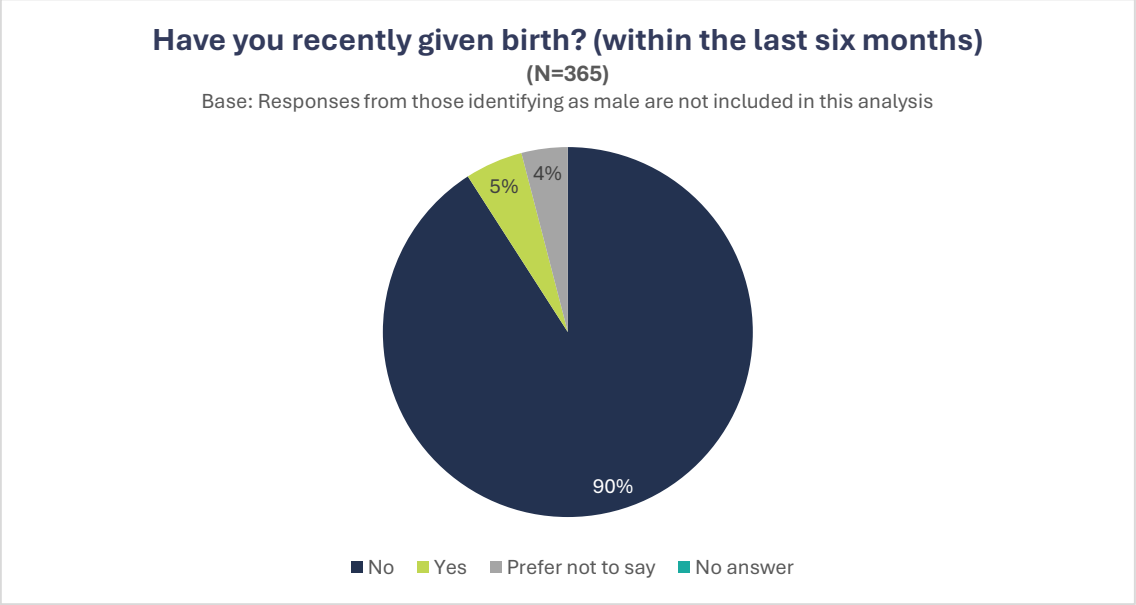


Chart 13: Have you recently given birth? (within the last six months)

Armed forces service

1% of respondents reported that they had served in the armed forces (see Chart 14).

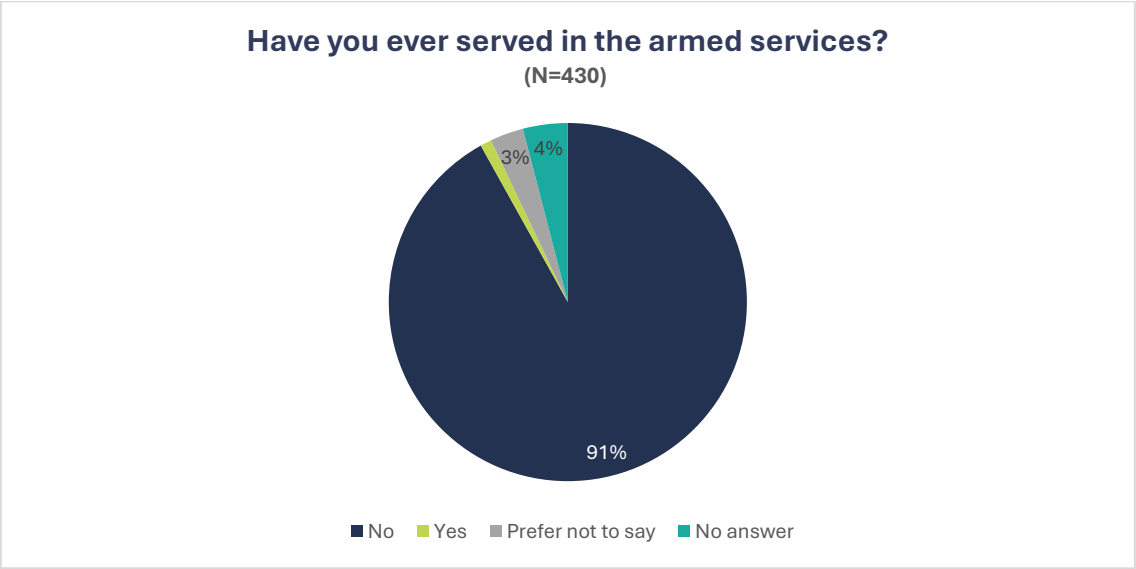


Chart 14: Have you ever served in the armed services?

Healthcare or social care professionals

49% of respondents indicated that they worked in healthcare or social care. Among the professionals who provided further information about their workplace:

- 49% work at NHS University Hospitals of Liverpool Group
- 7% at Mersey Care NHS Foundation Trust
- 5% at Alder Hey Children's Hospital NHS Foundation Trust
- 3% at NHS Cheshire and Merseyside

Smaller numbers of respondents indicated employment at a variety of other NHS Trusts and organisations, including GP practices, independent health or social care providers, and councils.

6% of professionals selected ‘Other’ and specified a wide range of roles and workplaces. These included colleagues from other NHS organisations, care homes, universities, and those who are retired (see Chart 15).

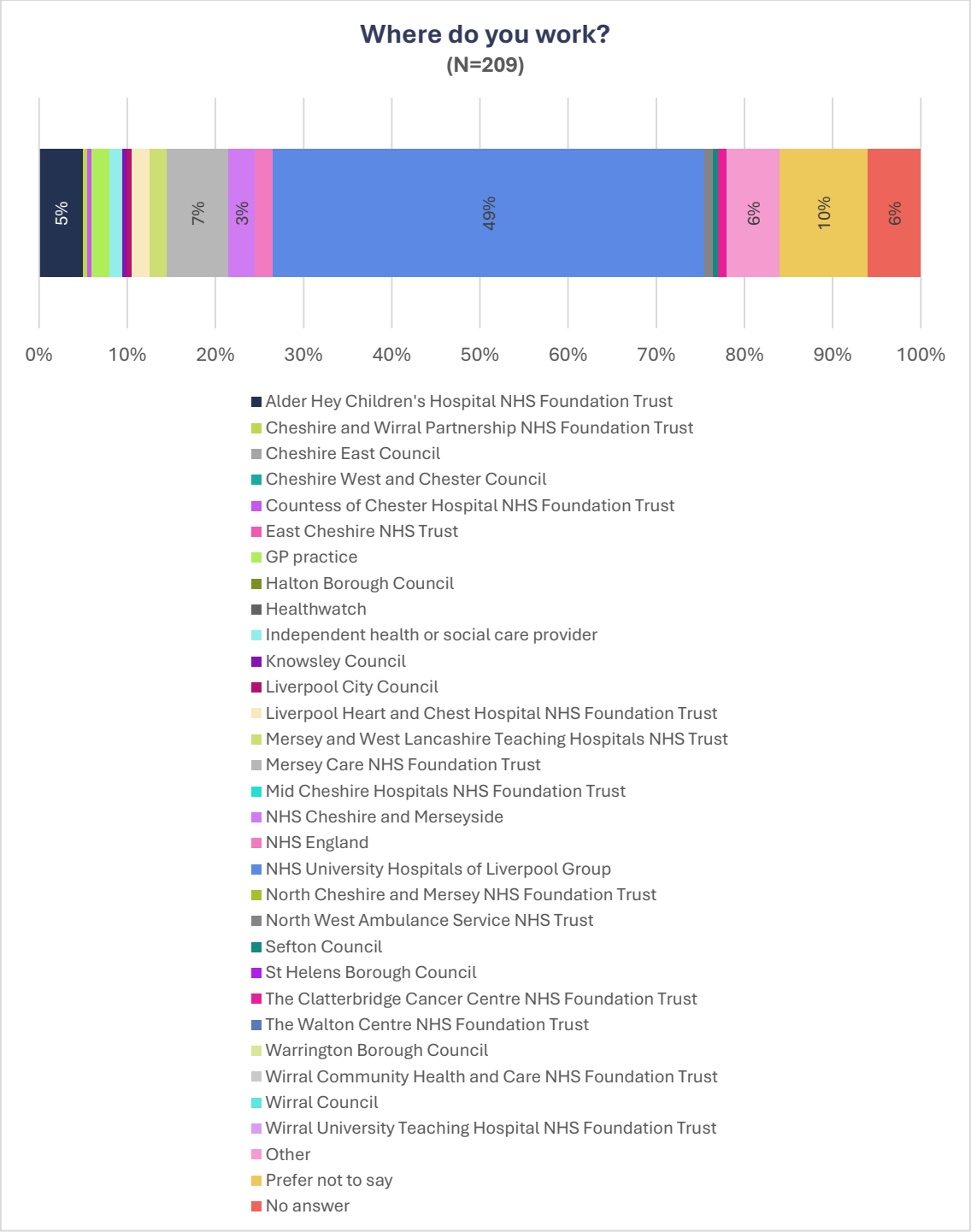


Chart 15: Where do you work?

How people found out about the questionnaire

Respondents were asked how they found out about the questionnaire.

Social media was the most prominent source, mentioned by 32% of participants, followed by email from the NHS (30%), the NHS website (11%), and word of mouth (10%) (see Chart 16).

Local media such as newspapers and radio accounted for 9%, while a small number of respondents mentioned hearing about the questionnaire through leaflets or flyers, Healthwatch organisations, or community and voluntary sector organisations (all 2%).

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

Within the 'Somewhere else' category, selected by 8% of respondents, people cited a number of different sources including their workplace and people campaigning for NHS services.

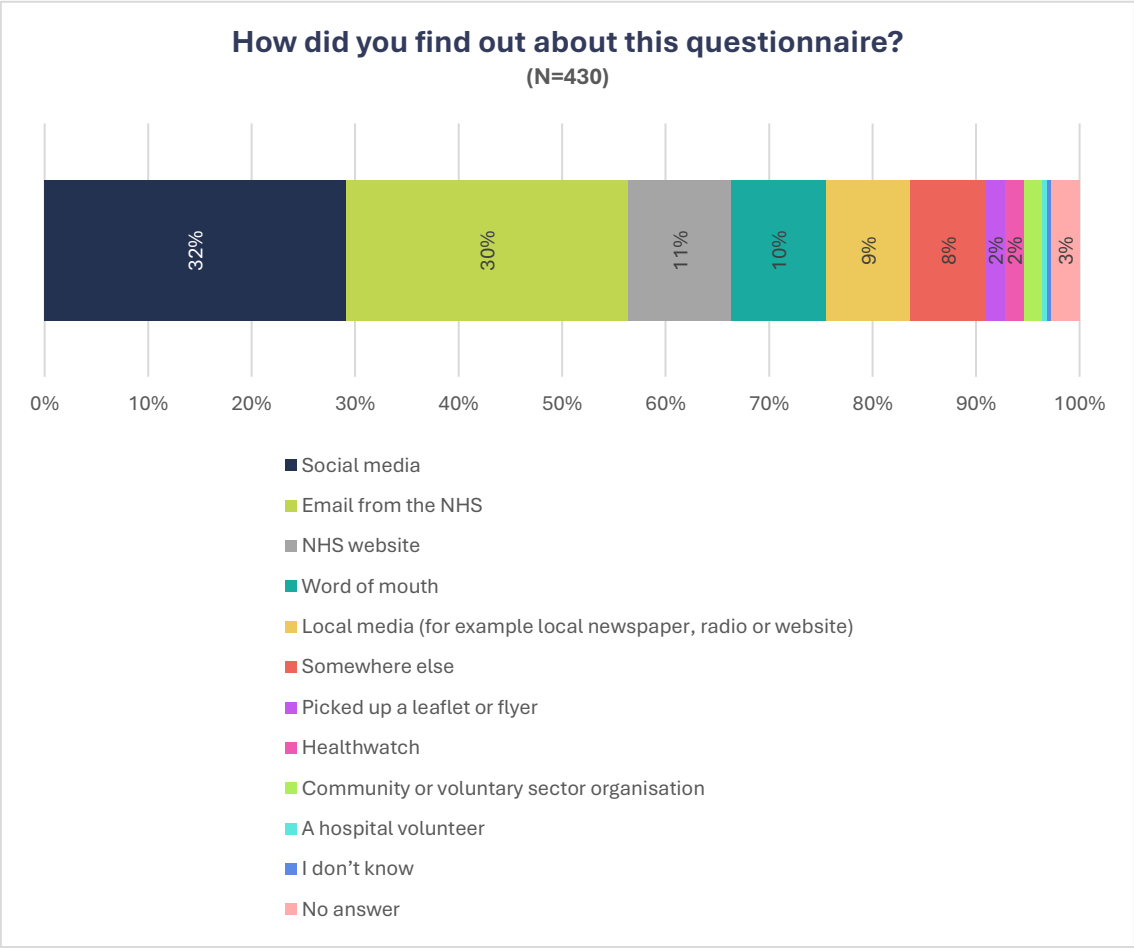


Chart 16: How did you find out about this questionnaire?

The numbers of people who accessed the engagement materials

The majority of respondents (57%) reported having read the 'Improving hospital gynaecology and maternity services in Liverpool' booklet. Additionally, 17% of respondents had engaged with the Easy Read version of the booklet, while 27% had visited the website www.GynaeAndMaternityLiverpool.nhs.uk for further information. A smaller percentage (5%) indicated that they had attended a public information event and 5% of respondents had attended an online briefing, meeting or group event (see Chart 17).

Among the respondents, 16% stated that they had not engaged with any of the provided resources.

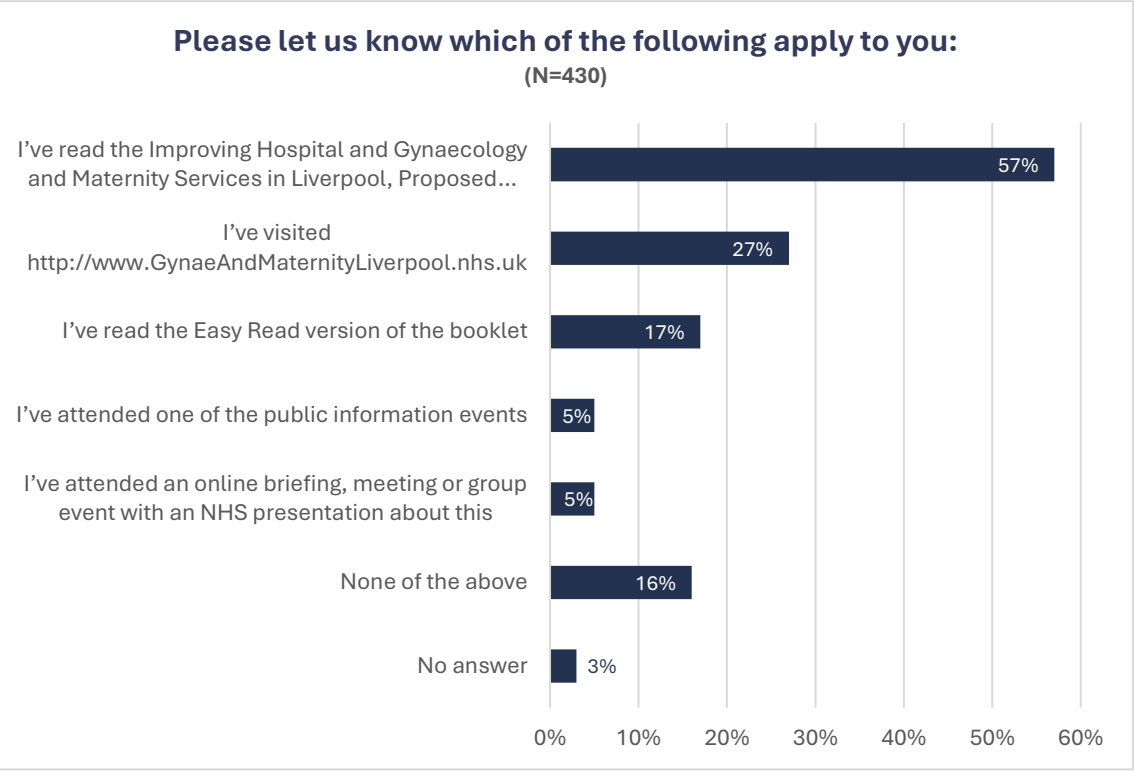


Chart 17: Please let us know which of the following apply to you

Appendix B: Engagement questionnaire

Improving Hospital Gynaecology and Maternity Services in Liverpool: Proposed changes to where high risk and complex care takes place

About this questionnaire

The NHS in Cheshire and Merseyside is looking at improving 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 currently happens at Liverpool Women's Hospital, which means they are separate from other adult hospital services such as intensive care, and other specialist teams. This situation can delay care and create problems getting women the treatment they need, particularly very seriously ill patients.

Because of this, we are proposing to move to treating a small number of the most complex and high-risk gynaecology and maternity cases at the Royal Liverpool University Hospital, rather than Liverpool Women's Hospital.

You can use this questionnaire to share your views about this proposal. We'll use the feedback we receive to help shape how we move forward.

You should read the *Improving Hospital and Gynaecology and Maternity Services in Liverpool - Proposed changes to where high risk and complex care takes place booklet* before answering the questions.

You can find the booklet at www.GynaeAndMaternityLiverpool.nhs.uk where you'll also find details of some public information events that we will be holding in June 2026.

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

Please return this questionnaire by midnight on Tuesday 14 July 2026.

How will my information be used?

NHS Cheshire and Merseyside Integrated Care Board (ICB), the organisation that plans health services for our area, has appointed an independent company, Hood & Woolf, to administer this questionnaire and report on the responses. Responses made in a personal capacity will be anonymous and you will not be identifiable. Responses made in an official capacity (e.g. if you are responding on behalf of an organisation or as an elected representative), 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 Hood & Woolf for more information.

Section 1. Your views about the proposed change

After reading the information in the ***Improving Hospital and Gynaecology and Maternity Services in Liverpool, Proposed changes to where high risk and complex care takes place booklet***, please answer the following questions.

1. The NHS is proposing that in the future, a small number of the most high-risk and complex births and gynaecology operations would take place at the Royal Liverpool Hospital instead of Liverpool Women's Hospital.

We believe this proposed change would affect around 150 women each year. More information about this is available in ***Improving Hospital and Gynaecology and Maternity Services in Liverpool, Proposed changes to where high risk and complex care takes place booklet***.

To what extent do you agree or disagree with the proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

2. Please explain your answer to the previous question and/or outline any impacts of the option proposed, and how you think any disadvantages could be addressed:

3. The NHS must consider the impact of decisions on people with protected characteristics under the Equality Act 2010 (age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy, maternity, race, religion or belief and sexual orientation).

Are there any positive or negative impacts that you believe should be taken into account in relation to equalities?

If so, please provide any supporting evidence and suggest how the NHS could reduce any potential negative impacts or increase any positive impacts.

4. Do you have any other comments that you've not already made?

   This might include comments on the proposal or any other alternative solutions to address the challenges that you think the NHS should consider.

Section 2 - Your experiences

5. Have you, or someone close to you, ever had a high-risk and complex birth and/or gynaecology operation moved from Liverpool Women's Hospital to another hospital, because more specialist or emergency care was needed?

   This could include having a birth or surgery moved to another hospital in advance, or being moved to another hospital by ambulance in an emergency situation.

   - Yes – I experienced a planned move of care
   - Yes – I experienced an emergency or unplanned move of care
   - Yes – someone close to me experienced a planned move of care
   - Yes – someone close to me experienced an emergency or unplanned move of care
   - No
   - Not sure

   If you would like to, please tell us about this experience, including anything that worked well or could have been improved.

6. **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 any 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 any experience of using these services in Liverpool.	
Not applicable – I am providing a response in an official capacity (e.g. if you are responding on behalf of an organisation or as an elected representative)	

If 'not applicable' is selected, please tell us your:

- Name
- Job title
- Organisation or area you represent
- And if/how you gathered views of your constituents or members

Section 3 – About you

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

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

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

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

I've read the *Improving Hospital and Gynaecology and Maternity Services in Liverpool, Proposed changes to where high risk and complex care takes place booklet*	
I've read the Easy Read version of the booklet	
I've visited www.GynaeAndMaternityLiverpool.nhs.uk	
I've attended one of the public information events	
I've attended an online briefing, meeting or group event with an NHS presentation about this	
None of the above	

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

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

☐☐☐☐ ☐■■

10. Which area do you live in?

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

Other – please state:

11. Are you a healthcare or social care professional?

Yes	
No	

If 'yes' is selected, **where do you work?**

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

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's privacy notice at www.hoodwoolf.co.uk/privacy-policy/

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

12. 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):

13. 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	

14. What is your religion or belief?

No religion	

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Prefer not to say	
Other: (please specify)	

15. How do you identify?

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

Prefer not to say	
Other (please specify):	

16. What is your sexual orientation?

Heterosexual	
Lesbian	
Gay	
Bisexual	
Asexual	

Prefer not to say	
Other (please specify):	

17. What is your relationship status?

Married	
In a civil partnership	
Single	
Divorced	
Living with partner	
Separated	

Widowed	
Prefer not to say	
Other (please specify)	

18. Are you pregnant at this time?

The Equality Act 2010 protects people who are pregnant or have given birth within a 26-week period.

Yes	
No	
Prefer not to say	

19. Have you recently given birth? (within the last six months)

The Equality Act 2010 protects people who are pregnant or have given birth within a 26-week period.

Yes	
No	
Prefer not to say	

20. 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	

21. 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):	

22. 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	

23. Have you ever served in the armed services?

Yes	
No	
Prefer not to say	

Thank you very much for your time.

We will use your feedback to help shape how we move forward.

If you'd like to be kept up to date with this work, please sign-up to the virtual reference group to receive further email updates at: www.GynaeAndMaternityLiverpool.nhs.uk/get-involved/

If you are completing a hard copy, please return your questionnaire using the FREEPOST envelope provided. The closing date for us to receive your response is midnight on **Tuesday 14 July 2026**. Please allow 3 working days for your response to reach us.