

Improving Hospital Gynaecology and Maternity Services in Liverpool



**Proposed changes to where high
risk and complex care takes place**



A note on language

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

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

This booklet has been developed by:

NHS Cheshire and Merseyside and
University Hospitals of Liverpool Group

Contents

Introduction	02
Who is involved?	03
Definitions	03
Background	04
What has happened so far?	06
What is being proposed at this stage?	07
How do services look now?	08
What would change?	10
A closer look	12
Overview of proposed changes by hospital	14
Key impacts if these changes went ahead	16
What would this mean for women and babies?	18
How much would this cost?	19
Predicted impact by area	20
Public involvement so far	22
How do I share my views?	24
What happens next?	25
Questions and answers	26
Glossary	28
Do you need another language?	29
Contact us	30

Introduction

The NHS has been looking at how to improve hospital gynaecology and maternity services in Liverpool for a number of years.

Most of these services happen at Liverpool Women's University Hospital, on Crown Street in Toxteth, which means they are separate from other adult hospital services, including critical care and other specialist teams. This can delay care and create problems getting women the treatment they need, particularly very seriously ill patients.

We are proposing that in the future a small number of the most complex births and gynaecology operations would take place at the Royal Liverpool Hospital instead of Liverpool Women's Hospital.

Although this would not solve all of the wider problems that come from having gynaecology and maternity care in a separate hospital to other services, it would help us to provide better, safer care for women who are at the highest risk.

2 June - 14 July 2026

Between 2 June and 14 July 2026, we are asking people to let us know what they think about this proposal.

This booklet contains more detail about the proposal and what it would mean for patients, and explains how to share your views.



Who is involved?



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

Definitions



Gynaecology services

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



Maternity services

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

Background

Women's services in Liverpool 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.

Because these services are delivered at Liverpool Women's, separately from other hospital services, there can be challenges providing care to people who:



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

An average of four pregnant women go to one of the city's two accident and emergency (A&E) departments (at either the Royal Liverpool or Aintree Hospital) every day.

Around 70% of them have conditions that could directly impact on their pregnancy.





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

The issues this situation creates do not just impact on the care that happens at Liverpool Women's.

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



What has happened so far?

In autumn 2024, the local NHS published a case for change for women's hospital services in Liverpool.

At the same time, people were asked to share their views about the reasons for change, and tell us about their own experiences of hospital gynaecology and maternity services. There's some information about what we heard on page 22.

You can find the full case for change, a summary version, and a report into the public involvement that took place at: www.gynaeandmaternityliverpool.nhs.uk



During summer 2025, we held a number of workshops as part of an 'options process' to think about how services could look in the future.

These workshops involved people who work in gynaecology and maternity care, other related NHS services, and those with lived experience as patients, carers or family members.

This process came to the conclusion that the only options which would resolve the clinical risks for most women who use Liverpool Women's would need inpatient gynaecology and maternity services to be located next to other adult acute hospital services. However, doing this would need significant financial investment, and at the moment we are not progressing a proposal for this level of change.

We haven't included details of these options in this booklet, as we aren't putting them forward, but if you want to read more about them you can do so at: www.gynaeandmaternityliverpool.nhs.uk



What is being proposed at this stage?



For now, 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.

If it went ahead, this proposal would only improve care for a very small number of women – doctors estimate that overall this would impact around 150 women accessing gynaecology and/or maternity care each year.

However, the challenges of providing care at Liverpool Women's, and the impact this has on clinical safety and patient experience, would remain for the majority of patients.

The NHS is still committed to finding a long-term solution that will improve quality and safety for everyone who uses gynaecology and maternity services in Liverpool.

Discussions about how we can do this will continue as we move ahead with this smaller proposal.

How do services look now?



All hospital-based maternity care in Liverpool is provided at **Liverpool Women's University Hospital** on Crown Street in Toxteth.

Most hospital gynaecology care also happens at Liverpool Women's, although some complex surgery already takes place at the Royal Liverpool Hospital – approximately 35 to 50 procedures a year.



Liverpool's hospitals also provide the region's specialist centre for gynaecology cancer services.

Patients are referred to Liverpool Women's for diagnosis and treatment, and treated at **The Clatterbridge Cancer Centre** for specialist non-surgical cancer care, and at the Royal Liverpool Hospital for complex cancer surgery.



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

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



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



What would change?

Under this proposal, most gynaecology, maternity and neonatal care would still happen at Liverpool Women's Hospital on Crown Street.

However, a small number of women with particularly high risk or complex conditions would be cared for at the Royal Liverpool Hospital instead. The Royal Liverpool is approximately 1.3 miles from Liverpool Women's by road.



If this proposal went ahead, we believe approximately 30 births would take place at the Royal Liverpool Hospital each year.

These would be for the very highest risk deliveries, such as when pregnant women have significant medical conditions such as congenital heart disease or kidney disease requiring dialysis, and are expected to need intensive care support when they have their baby.



In addition, between 75 and 100 operations for complex gynaecology conditions would take place at the Royal Liverpool Hospital, rather than Liverpool Women's Hospital.

This would affect women who require complex pelvic surgery that needs several specialist surgeons to be present during their operation, for example bowel and bladder surgeons, as well as a gynaecologist, or women who have other medical conditions that mean they are likely to need intensive care support after their surgery.



As part of the proposal, there would also be better specialist support at Liverpool Women's Hospital itself.

There would be an increase in the presence of specialist doctors in other areas of adult medicine – for example, colorectal surgeons, urologists and cardiologists, and more critical care support for women requiring enhanced care.

There would also be more specialist gynaecology and maternity support for the emergency department teams at both the Royal Liverpool Hospital and Aintree Hospital to help them review patients, as well as more outpatient gynaecology and maternity clinics at Aintree Hospital, benefiting women who might find it harder to travel to Liverpool city centre.

A closer look

The proposed change would be made up of a number of new developments, including:

- Dedicated space would be allocated in the Royal Liverpool Hospital for additional gynaecology operations and high-risk births, which would also include room for neonatal support. This would be designed to provide women and their families with a safe and positive experience of care.



- A six-bed enhanced care unit would be created on the Liverpool Women's Hospital site, which would provide care for seriously ill women who don't meet the requirements for intensive care, but who are at risk of becoming more unwell. This would bring together four existing beds (two each for maternity and gynaecology) with two new beds, to help plan for future demand.



- Increasing the time available for medical specialists with additional skills to provide care for pregnant women who also have other health conditions.



- There would be further investment in staff, including:
 - Additional time from colorectal, urology, and cardiology specialists to provide support at Liverpool Women's Hospital
 - Additional time from gynaecology and maternity specialists to provide support at Aintree Hospital and the Royal Liverpool Hospital
 - An increase in outreach midwifery and a new role for outreach specialist gynaecology to support Aintree Hospital and the Royal Liverpool Hospital.



- Providing investment so that a wider range of allied health professionals can support patients at Liverpool Women's Hospital on Crown Street, for example dietitians and occupational therapists.



- A dedicated ambulance would be put in place to carry out transfers between different hospital sites where they are required.



Overview of proposed changes by hospital

	How services look now	How services would look if the change went ahead
<p>Liverpool Women's Hospital</p> 	<p>All planned maternity care (apart from some outpatient clinics) currently takes place at Liverpool Women's.</p> <p>The majority of gynaecology care also takes place here.</p>	<p>The majority of inpatient and outpatient maternity and gynaecology care would continue to take place at Liverpool Women's.</p> <p>There would be more critical care support provided at Liverpool Women's for women who need enhanced care and/or input from other specialist doctors.</p>
<p>Aintree University Hospital</p> 	<p>No planned births or inpatient gynaecology operations take place at Aintree.</p> <p>However, some gynaecology outpatient services and maternity clinics do take place here.</p>	<p>The emergency department team at Aintree would have more access to specialists from Liverpool Women's when dealing with patients being treated at the hospital who are pregnant, or have a gynaecological condition.</p> <p>There would be an increased number of gynaecology outpatient services and maternity clinics provided here too.</p>

Royal Liverpool Hospital



How services look now

Some complex gynaecology operations take place at the Royal Liverpool – in total, approximately 35 to 50 each year.

No planned births take place here, but a very small number of unplanned emergency births do.

No gynaecology outpatient services or maternity clinics take place here.

The emergency department team has limited access to gynaecology and maternity services, as specialists who work in this area are not based here.

How services would look if the change went ahead

Around 30 complex births per year would be planned to take place at the Royal Liverpool. There would also be neonatal support available on site when this was required.

There would be an increase in the number of complex gynaecology operations taking place here too – approximately twice as many as happen now, bringing the total to 75 to 100 patients each year.

There wouldn't be any gynaecology or maternity clinics provided here, as is currently the case.

The emergency department team at the Royal Liverpool would have more access to specialists from Liverpool Women's when dealing with patients who are pregnant or have a gynaecological condition.

Key impacts if these changes went ahead

For maternity care



Each year approximately 30 pregnant women with very complex conditions would have their births planned to take place at the Royal Liverpool Hospital rather than Liverpool Women's Hospital.

The team caring for these women would have detailed discussions with them ahead of putting this arrangement in place.

These are the women who are currently most likely to require an emergency transfer to the Royal Liverpool Hospital if their condition deteriorates, so planning for them to give birth here would remove the significant risks and complications that come with moving very sick patients by ambulance.

It would also mean that these women would have better access to the other specialist services they might need during and after the birth of their baby, including critical care, making their care safer.



There would be neonatal support available for babies delivered at the Royal Liverpool Hospital, but babies would need to be transferred back to Liverpool Women's Hospital if they needed to stay on a neonatal unit.

If they needed surgery, they would need to be transferred to Alder Hey Children's Hospital, which is what happens now.

For gynaecology care



Each year approximately 75 to 100 women undergoing complex gynaecology operations would be treated at the Royal Liverpool Hospital rather than Liverpool Women's Hospital.

This is approximately double the amount who are currently treated here.

These women would benefit from access to doctors who focus on other areas of medicine, such as diabetes, kidney and cardiology specialists, along with those working in intensive care.

Again, the presence of other clinical specialists, and the fact that they would not be at risk of needing an emergency transfer to the Royal Liverpool Hospital, would make their care safer and improve their overall experience.



There would also be an increase in gynaecology outpatient services and maternity clinics at Aintree Hospital.

This would mean that women who live in the north of Liverpool and in parts of Knowsley and Sefton would have access closer to home.

What would this mean for women and babies?

The way that women's services are currently organised in Liverpool can sometimes make it difficult to access the right specialist teams quickly and provide the highest quality care.

This proposal is about tackling some of those challenges by reducing clinical risks for women with some of the most complex care needs.

It is important to be clear that this proposal would only address the problem for a small proportion of women who are treated at Liverpool Women's – we believe approximately 1%.

It wouldn't remove the risks for everyone.



Also, while the proposal has been designed to reduce the need to transfer women between hospitals, it won't remove it altogether.

That won't be possible to achieve while most gynaecology and maternity care is still separate to other adult services.



How much would this cost?

If we went ahead with this proposal, the NHS would need to spend approximately £2 million to make some changes to Liverpool Women's Hospital and the Royal Liverpool Hospital. This would mainly cover creating new spaces to treat patients.

To support this new way of working, we would also need to invest around **£5.5 million extra** into these services each year to pay for additional staff and resources at both hospitals.

The money for all of this would be found from existing NHS budgets.

Predicted impact by area

Due to the very low numbers of women with complex care needs that this proposal would impact (less than 1% of all patients), we can't provide information about impact by area. Below is a breakdown of the total number of patients seen by these services each year, and where these women come from.



For maternity services

Of the **7,500 babies born at Liverpool Women's each year**, approximately:

65.1%

of families come from Liverpool

16.3%

of families come from Sefton

8.8%

of families come from Knowsley

9.8%

of families come from other surrounding areas



For gynaecology procedures

52.5%

of women come from Liverpool

19%

of women come from Sefton

9.5%

of women come from Knowsley

19%

of women come from other surrounding areas

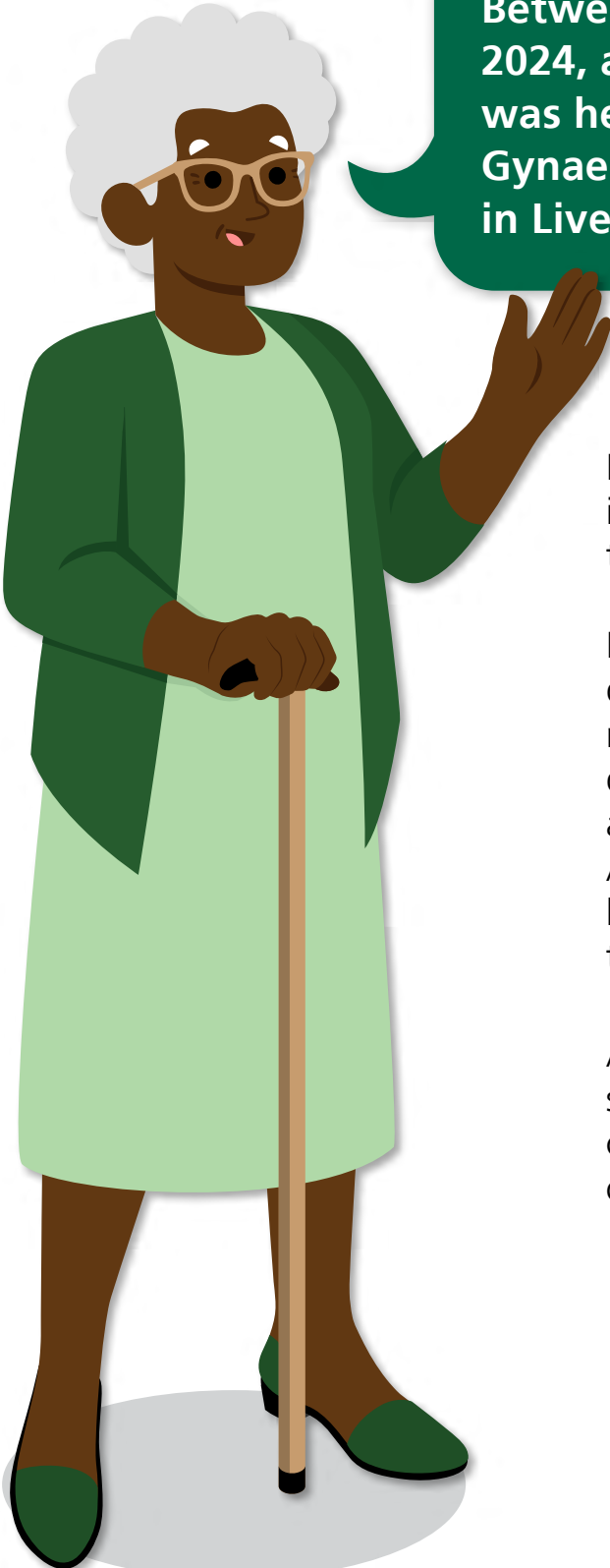


Please note:

These figures include gynaecological cancer procedures, and a large number of these patients come from further away to receive this specialist care.

For example, a total of **57% of 456 gynaecological cancer admissions in 2023/24** came from **Knowsley, Liverpool** and **Sefton**, and **43% of patients came from elsewhere**.

Public involvement so far



Between 15 October and 26 November 2024, a six-week public engagement was held on Improving Hospital Gynaecology and Maternity Services in Liverpool.

People were invited to comment on the issues facing these services, and share their own experiences of care.

More than **900 people** completed our questionnaire, with a majority (**62%**) responding that the NHS had fully described why hospital gynaecology and maternity services need to change. A further **26%** agreed that the NHS had partly described why services needed to change.

At the same time, there was broad support about the need to make changes to these services, with **82%** of respondents in agreement about this.

People were also asked to identify what was most important to them when considering the future of hospital gynaecology and maternity services in Liverpool, with responses highlighting five main themes:



Patient experience



Accessibility and equity of care



Waiting times and appointment delays



Staff compassion and competence



Patient safety



All of this feedback has been carefully considered, and these priorities have been reflected in this current proposal wherever possible.

During summer 2024, we also set up a Lived Experience Panel so that people who had experience of gynaecology and maternity services in Liverpool, whether as patients, carers or family members, could provide input on this work. Panel members were involved in the options process that took place during 2025, and have helped to develop the materials for this public engagement.

You can read a full report into the autumn 2024 engagement at: www.gynaeandmaternityliverpool.nhs.uk



How do I share my views?

Between 2 June and 14 July 2026, we are inviting people to share their views on the issues described in this booklet.



Questionnaire

You can complete a short questionnaire by visiting www.gynaendmaternityliverpool.nhs.uk



or scan this QR code which will take you straight to it.

If you would like help completing the questionnaire, or you need a paper copy or a different language or format, contact engagement@cheshireandmerseyside.nhs.uk or telephone **0151 702 4353** (Monday to Friday, between 8.30am and 4pm)

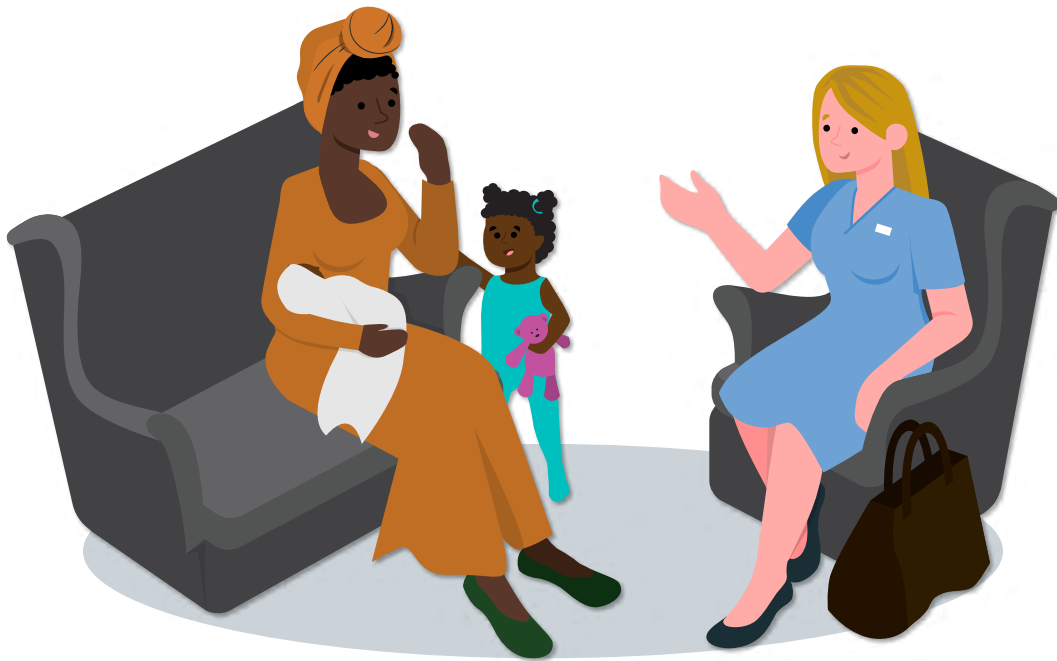
Public information events

We're holding three public information events, which will be an opportunity for people to watch a presentation about the proposal, ask any questions they might have, and get help completing the questionnaire.

You can find further details about each event on our website at:

www.gynaendmaternityliverpool.nhs.uk





Patient conversations

During the engagement, we're also holding individual and small group conversations with women who have personal experience of the very complex gynaecology and/or maternity care which is the focus of this proposal.

Due to the fact that these are women who had quite specific conditions, we will make direct contact with these patients to invite them to take part.

What happens next?

Feedback we receive during this engagement will be analysed and put into a report.

We will use this information to help shape how we move forwards with this proposal.



Questions and answers

Q If this change goes ahead, and more women were treated at the Royal Liverpool Hospital, would it mean changes at the Liverpool Women's Hospital site on Crown Street?

Under this proposal, a small number of women would be treated at the Royal Liverpool Hospital instead of Liverpool Women's. However, the overall numbers would be very low, so this wouldn't have a significant impact on space at the hospital.

As described on page 12, if the proposal went ahead, a new enhanced care unit would be created at Liverpool Women's.

Q Acute hospitals like the Royal Liverpool Hospital can be incredibly busy, especially during winter. Why treat more women there when services already seem so stretched? How will it be able to cope with the extra patients?

This proposal is about treating a relatively small number of additional patients at the Royal Liverpool, in a highly planned and managed way.

If it went ahead, we would be putting in very clear arrangements to support patient care, including increasing staff resources and making changes to the building to accommodate the extra gynaecology and maternity services.

The way that services are currently organised already has an impact on staff time – both at the Royal Liverpool and Liverpool Women's Hospital, due to the need for specialist staff to travel between hospitals to care for the sickest women.



This proposal is about making this existing care better, safer and more planned, not creating an additional pressure.



Q Has there been a decision not to progress plans for relocating all gynaecology and maternity services now?

The options process that took place during summer 2025 concluded that the clinical risks facing gynaecology and maternity services in Liverpool could only be resolved by relocating services alongside an adult acute hospital.

This would need significant financial investment, so at the moment we are not progressing with a proposal for this level of change.

However, the local NHS remains committed to resolving all of the long-term sustainability issues around women's services in Liverpool, as well as moving ahead with this smaller proposal as part of ongoing improvement work.

Q Why isn't this proposal enough to resolve all the issues facing women's hospital services in Liverpool?

The detailed process that took place in summer 2025 to look at potential options for delivering women's services came to the conclusion that only locating them alongside other adult acute care could resolve the clinical risks. This is the same conclusion that similar processes have reached in the past.

The changes we are proposing in this booklet would make care safer for a small number of the most high-risk women, but they won't impact on the vast majority of women who use gynaecology and maternity services.

We can't always predict who will need services that aren't available at Liverpool Women's Hospital, so while planning to do some more complex procedures at the Royal Liverpool Hospital will improve the way we manage these patients, it won't benefit individuals whose needs can't be managed in advance.

Glossary

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

Acute hospital	A hospital with many different services on one site, including an emergency department, intensive care, and other specialist areas where a patient could transfer to for further treatment if they became seriously unwell.
Antenatal care	Care received during your pregnancy.
Cardiologist	A doctor specialising in the heart.
Colorectal surgeon	A surgeon who specialises in diseases of the bowel, rectum and anus.
Consultant	A senior doctor.
Critical care	Care for seriously unwell or rapidly deteriorating patients.
Engagement	A process of asking for and listening to the views of different people and groups in order to shape and inform plans, policies, decisions or actions.
Enhanced care	Care for people who are too ill for a normal ward, but don't yet need full critical care.
Gynaecology	Care relating to any functions and diseases affecting the female reproductive system, including the vulva, vagina, uterus (womb), and ovaries.
Gynaecological cancer	A cancer affecting parts of the female reproductive system.
Intensive care	Care for critically ill or injured patients.
Maternity	The care provided during pregnancy, delivery, and after birth.
Neonatal	Referring to newborn babies.
Urologist	A surgeon who specialises in the male and female urinary tract (kidneys, ureters, bladder, urethra) and the male reproductive system.
Woman	Any adult who identifies as a female, even if they were born as a different sex.

Do you need another language?

Translation available on request

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

Also available

Easy read

Large print

Audio / Braille



Contact us

For more details, or if you'd like to access this information in another format or language, please contact us at:



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



engagement@cheshireandmerseyside.nhs.uk



www.gynaeandmaternityliverpool.nhs.uk