



Review of services provided by Liverpool Women's - Questions and Answers

September 2017

Why are you intending to present one option in the public consultation, rather than the four set out in the draft pre-consultation business case (PCBC) which was published in January 2017?

In January 2017 four potential options for the future were published in a draft pre-consultation business case, including a 'preferred option' for relocating services to a new hospital next to the new Royal Liverpool Hospital.

Earlier this year the Northern England Clinical Senate – a group of independent midwives and doctors who work outside of the north west region – was asked to carry out an independent review of the case for changing services; look at the process for developing options; and decide whether the proposals set out in the draft business case offered the best clinical options for the future of Liverpool Women's services.

After considering this independent report, we have decided that because we believe there is only one option which is judged to be clinically viable and addresses the majority of challenges facing Liverpool Women's services, we will present a single option in this public consultation. The consultation would present more detail about how a new Liverpool Women's Hospital next to the new Royal could improve services. It would also describe the three other potential solutions that were set out in the draft business case, and explain why they are no longer considered to be viable options for the future of women's and neonatal services in the city.

If the intention is to present only one option in the public consultation, does this mean that a decision has already been made?

No. During the public consultation we will be sharing more detailed information about the work we've done to look at different options for the future, and asking people to share their views. We need to know what people think about our proposal, and to understand if there is other information that we need to consider, before a final decision is made – this is the purpose of the consultation.

When will public consultation start?

The NHS England assurance process which is currently underway could take up to two months, which would mean the earliest start date for consultation would be November 2017. However, consultation will only take place if NHS England provides assurance, and if support is given by a joint Overview and Scrutiny Committee (OSC), made up of members from Knowsley Metropolitan Borough Council, Liverpool City Council and Sefton Council.

Anyone who is interested in taking part in the consultation can register their details at www.healthyLiverpool.nhs.uk.

If the proposal being put to public consultation goes ahead, would it mean women's and newborn babies' services moving into the new Royal?

The proposal is for a new Liverpool Women's Hospital next door to the new Royal Liverpool Hospital, linked by a covered bridge. This would allow Liverpool Women's patients to use essential services at the Royal, such as the intensive care unit – whilst its existing services for women and newborn babies would be relocated to a brand new hospital building. Neonatal services would also continue to work closely with services at Alder Hey, as is currently the case on the Crown Street site.

If Liverpool Women's Hospital does relocate to a new site alongside the new Royal Liverpool Hospital, what will happen to the current Crown Street site?

It is too early for any detailed plans to be drawn up for the future of Crown Street, as no final decision has been made about the future of Liverpool Women's services. However, if Liverpool Women's services were to relocate, the preference would be to use the Crown Street building to enhance and improve access to other NHS services. Work to determine what this might look like would only begin once a final decision about the future of Liverpool Women's services is made.

Would the proposal being put forward for public consultation mean cuts to services?

No. This process is about improving services and protecting them for the future, not reducing them.

How would the NHS pay for a new Liverpool Women's Hospital?

It is too early to confirm exactly how a new hospital would be paid for, because no final decision has been made about the future of Liverpool Women's Hospital yet. However, detailed work has been undertaken to develop a number of potential funding approaches, and we are confident that a new hospital would be economically viable. Further details about funding would be presented as part of the public consultation.

If the decision is taken to relocate the hospital, when will this happen?

If, following the conclusion of public consultation, the decision was taken to build a new Liverpool Women's Hospital next to the new Royal, it is envisaged that this would take around five years. This means that the Trust would aim to have moved into the new hospital by 2022.

Liverpool Women's Hospital is currently undertaking significant work to upgrade some of the facilities on its current site. Why is this happening if the hospital could be moving soon?

Any decision made to build a new Liverpool Women's Hospital would be part of a longer term plan to improve services for the future, because it would be around five years before services could relocate. The hospital still needs to invest in upgrading services at the Crown Street site in the short to medium term, in order to ensure that services are safe and meet the needs of patients now too. This includes the work recently undertaken to upgrade the Gynaecology Unit and Outpatients department, as well as plans to improve the Neonatal Care Unit.

What is the process for making a final decision?

Once the public consultation has been completed, all of the information gathered will be analysed and put into a report. The report findings will be used to consider what possible changes or mitigations might be required. The report will then be presented to a joint Overview and Scrutiny Committee (OSC), representing Liverpool City Council, Knowsley Metropolitan Council and Sefton Borough Council. Following this, a final decision-making business case will be produced for approval by a joint committee of the Governing Bodies of NHS Liverpool Clinical Commissioning Group (CCG), Knowsley CCG and South Sefton CCG, before it is sent to NHS England.

How will the views of the public be taken into account?

Public conversations about the future of Liverpool Women's started in 2015, with a 'summer of listening', which involved a series of events for members of the public and staff. Between 29 June and 15 August 2016 people had a fresh opportunity to share their views, during a six-week public engagement which focussed on the reasons that change is needed. The information gathered during this engagement were used to develop potential options for the future of services, which were set out in a draft pre-consultation business case, published in January 2017.

The public consultation is the latest stage in this ongoing process. During the consultation we will be sharing information about the work we've done to consider options for the future, and asking people to share their views. We need to know what people think about our proposal, and understand if there is other information that we need to consider, before a final decision is made.

If these changes are about improving patient care rather than saving money, does that mean that current care is unsafe or substandard?

Staff do provide care that is safe, but in some cases it isn't in line with national guidance, and doesn't provide patients with the best possible experience. We think the women and newborn babies of Liverpool deserve the best services, which meet the highest standards – if we don't change we can't meet those standards.

Liverpool Women's Hospital is keeping its patients safe now by working hard to mitigate any potential risks, but whilst current efforts have been commended within the clinical senate report, they are not viewed as sustainable solutions to keep patients safe for the long-term future.

We also know that these challenges will continue to grow year on year as more women with existing medical conditions have babies, more babies with complex conditions are born, and

more women need complex gynaecological surgery. To keep services safe for the future we need to plan changes now.

How will you gather people's views during the public consultation?

The public consultation will use a range of different methods to share information and give people an opportunity to comment on the proposals being put forward. This will include: public events; printed materials in GP practices, hospitals and other public locations; social media activity; publicising the consultation to local groups and associations; and coverage in local and regional media. We will also be working directly with local community and voluntary sector partners.

Has an Equalities Impact Assessment (EIA) been carried out on the proposal being put forward for public consultation?

An initial EIA is carried out at the start of any engagement process. This helps us to understand any groups who may be particularly affected or that we perceive to be affected. At this stage, we are not sure how they will be affected and so the pre-engagement EIA is used to identify groups we particularly want to engage to find out their views and needs. This will then be analysed, as will responses to the survey, by protected characteristic and used to create the final EIA. This will be published as part of the review.