

# **Review of services at Liverpool Women's Update - January 2017**



## **Introduction**

This briefing provides an update on the review of services at Liverpool Women's NHS Foundation Trust, which was announced in March 2016. It explains what work has taken place so far; the outcome of this work; and the next steps in the process.

The briefing has been produced to accompany the publication of the draft pre-consultation business case (PCBC), which sets out four potential options for delivering women's and neonatal services in Liverpool, including a 'preferred option'.

It is important to stress that no decision has yet been made about the future of these services. People will have the opportunity to comment on the topics discussed in this briefing as part of a full public consultation; the date for this is not yet confirmed but it is likely to take place during 2017, subject to NHS England approval

## **A reminder: why is the review of services happening?**

- Liverpool Women's opened more than 20 years ago and the needs of patients have changed in that time. Women are living longer and having babies later in life, while

advances in medicine mean more premature and unwell babies are surviving when they wouldn't have in the past.

- Not all of the care needed to treat these increasingly complex needs is available at Liverpool Women's, so some women and newborn babies have to be transferred to other local hospitals, often by ambulance. In other cases, specialists have to travel to Liverpool Women's to provide care, because the hospital doesn't have this expertise. This means that Liverpool Women's is unable to meet national care standards in a number of areas, and patient experience is not as good as it could be.
- This review is driven by the need to improve care, but Liverpool Women's is also facing serious and growing financial issues: the way that services are currently delivered is not affordable. However, while we need to consider these issues when looking at how services might be organised in the future, it is important to stress that this review is not considering any cuts to services.

The full case for change was set out in a booklet produced to support public engagement around the review in summer 2016: <http://www.liverpooltalkshealth.info/liverpool-womens-hospital-review-of-services/documents/554/download>

### **What's happened so far?**

- In March 2016 NHS Liverpool Clinical Commissioning Group (CCG), which plans NHS care for the city, announced it was to lead a review to look at the challenges facing services for women and newborn babies, and to decide how services might be delivered in future. This is part of the Healthy Liverpool programme, which is looking at hospital services across north Merseyside (covering Knowsley, Liverpool and Sefton) as part of its work. The review is being delivered in partnership with Liverpool Women's, and Clinical Commissioning Groups in South Sefton and Knowsley, whose patients also use these services. Aintree University Hospital, Alder Hey Children's Hospital and the Royal Liverpool and Broadgreen University Hospitals are also closely involved.

- Since the review was announced, local NHS organisations have been exploring all the potential options for women’s and neonatal services, then narrowing them down by testing each one against a number of key requirements, including quality, feasibility, finance and local and national priorities. The process of assessing different options has been ‘clinically-led’ – driven by midwives, nurses and doctors from Liverpool Women’s and other local NHS organisations.
- Public conversations about the future of Liverpool Women’s started in 2015, with a ‘summer of listening’ held by the Trust, 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 for these services. Of the more than 2,900 people who responded to a questionnaire, 72% said they supported the case for change. There was a clear message that the most important factors for the review to be guided by were patient safety, quality of services, and patients’ experience. It was also clear from respondents that they would want to protect the dedicated focus on women’s and neonatal services, and some concerns were expressed about services potentially moving from Crown Street.

### **What’s happening now?**

- The views gathered during summer 2016 were used to help develop four potential options for the future. These are contained in a Pre-Consultation Business Case (PCBC), a detailed technical document which sets out the case for change, the potential options to deliver the required change and an assessment of the options. ‘Do nothing’ was initially explored as an option but rejected at the long-list stage because it didn’t address any of the clinical risks that had been identified. In summary the four options that have been developed are:
  - 1. Relocate women’s and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital**
  - 2. Relocate women’s and neonatal services to a new hospital building on the same site as Alder Hey Children’s Hospital**

**3. Make major improvements to Liverpool Women's Hospital on the current Crown Street site**

**4. Make smaller improvements to the current Crown Street site**

- The PCBC is still in draft form, however we have taken the decision to share it now because we know that there is a high level of interest in this issue and we want to update people on the work that has been done so far.
- You can read the PCBC at [www.healthyliverpool.nhs.uk](http://www.healthyliverpool.nhs.uk) (available from 2pm on 06/01/17). An overview of the options and a series of questions and answers are included as appendices to this briefing.
- Although the PCBC (also referred to in this briefing as 'the business case') sets out four options, a detailed assessment of the options has led us to identify a 'preferred option' - a new building for women's and neonatal services on the same site as the new Royal Liverpool Hospital. Although we believe that this option offers the greatest benefits for patients we are also presenting the other three options that have been considered to the same level of detail to give people an understanding of the different issues that have been looked at during the review process, and why we have arrived at our preferred option.
- The business case makes it clear that all four options would require significant capital investment. NHS England and NHS Improvement, the regulators for the NHS, have requested that further work is now done to develop detailed plans for capital funding, which would apply to all the options. This work needs to show how capital funding could be secured, and that the investment can demonstrate value for money. It is recognised that securing capital funding will be a challenge in the current environment of constrained NHS resources.
- At the same time, we are expecting the outcome of a broader neonatal review, which is being undertaken by the Cheshire and Merseyside Neonatal Network, in spring 2017. It is important that we reflect the findings of this review in the final version of the business case.
- Once the work on finance and neonatal services is ready, the PCBC will be finalised, and submitted to NHS England for their approval. NHS England has stated that it

accepts the clinical case for change but will require a high level of assurance about the affordability and value of any capital investment.

- If NHS England is assured about the financial component of the proposal, local authorities in Liverpool, Knowsley and Sefton will be asked to approve the decision to go out to public consultation. Public bodies don't usually carry out consultation activity in the pre-election period (known as 'Purdah'), which generally starts around the end of March, and finishes immediately after the May elections. This means there was a very small window for holding public consultations in the early part of the year; as we won't be in a position to start the consultation in January, it would not happen until after the elections. This means that the earliest date a consultation could commence would be June 2016.
- It is important to make clear that no final decision would be taken without first considering the views gathered during a public consultation.
- Members of the public who want to be kept informed can sign up at [www.healthy liverpool.nhs.uk](http://www.healthy liverpool.nhs.uk) or call 0151 296 7537.

**ENDS**

## Appendix 1

**An overview of the four options set out in the PCBC is provided below.**

*Please note: All four options include the creation of a single neonatal intensive care service, which would operate across Liverpool Women's and Alder Hey Children's Hospital. All the options would also mean an upgraded neonatal unit, reducing the infection risks caused by a lack of space in the current unit. Because these improvements are common to all four options they are not included as 'benefits' in each option below.*

***OPTION 1 (referred to in the PCBC as 'D3-N') – Relocate all women's and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital (this is the 'preferred option')***

The new building would be connected to the new Royal by a link bridge (a covered bridge linking the two buildings). This would provide immediate access to services such as colorectal surgery, cardiology, diagnostics and an intensive care unit.

### **Benefits**

- **Safety and patient experience:** The clinical benefits of this option mean that it would meet a higher number of clinical standards, compared to the other three options.
- **Reduced transfers:** Two major problems currently facing Liverpool Women's are the fact that there is no intensive care unit (ICU) for adults, and the fact that patients increasingly need care from specialist doctors who are based at other hospitals. In this option, an adult ICU, and other specialist doctors, would be at the other end of the bridge. This would make services safer, and give patients a better experience. For example, women needing intensive care wouldn't have to be transferred across the city by emergency ambulance. Being co-located with the Royal would also mean faster access to the equipment and services which are used to diagnose patients.

- **More sustainable services:** Putting services on the same site as the Royal would mean there were more opportunities for shared clinical rotas, making the best use of scarce specialist skills. Also, because Liverpool Women's would be part of a bigger concentration of hospitals, with more opportunities and access to research, it would be in a better position to attract the best staff. At the same time, Liverpool Women's patients would be accessing existing adult services, such the intensive care unit (ICU). This is important because these type of services need to be a minimum size and treat a certain number of patients; if they are too small they will struggle to recruit staff and maintain enough expertise. Although two of the other options presented in the PCBC include creating a new ICU, the Cheshire & Mersey Adult Critical Care Network has stated that it would not support this due to concerns around the unit being too small to meet minimum scale requirements and to be able to sufficiently recruit and roster staff.
- **Value for money:** Although this option has the highest capital cost, it offers savings in the long term because it would put care for women and newborn babies on the same site as another adult hospital, which would provide opportunities to share services. Out of the four options, this one is seen to offer the best value over the next 30 years.

### **Disadvantages**

- Some newborn babies would still need to be transferred to Alder Hey Children's Hospital. This means some mums and babies would still be separated.

**Although we believe that the preferred option offers the most benefits for patients we are also presenting three further options to give people a better understanding of the different issues that have been considered during the review process, and why we have arrived at our preferred option.**

***OPTION 2 (referred to in the PCBC as 'D1') - Relocate women's and neonatal services to a new hospital building on the same site as Alder Hey Children's Hospital***

Some services could be integrated into the existing Alder Hey building, although a new building would still be required. A link bridge (a covered bridge linking the two buildings) would connect the two, so patients could be moved between them.

Newborn babies would have access to Alder Hey's existing facilities. Women would be able to use Alder Hey's diagnostic equipment, including CT and MRI scanners.

This option assumes that an adult intensive care unit would be developed on the site.

**Benefits**

- Standards of care for newborn babies would improve.
- Women would have access to scanning equipment not currently available at the Crown Street site.
- Putting all maternity and neonatal services in the same place would remove the need to transfer newborn babies to a different location by ambulance, and reduce the number of times that mums and babies were separated.

**Disadvantages**

- Cheshire & Mersey Adult Critical Care Network has stated that it would not support the creation of the small-scale ICU that this option would require.
- Because Alder Hey is traditionally known for children's services it might be harder to attract specialist staff who work in areas of adult health.
- This option could mean breaking up gynaecology services, as complex gynaecology might relocate to the new Royal Liverpool Hospital site. This split could create staffing problems, and make it harder for these services to be delivered in the future.
- With this option women would still not have access to the full range of specialist supporting services that they need. For example, cardiology, renal and colorectal surgery services.

***OPTION THREE (referred to in the PCBC as 'C1') - Make major improvements to Liverpool Womens' current Crown Street site***

The hospital would have better diagnostic services, a blood bank and an adult intensive care unit. However, as previously stated, the Critical Care Network for Cheshire and Merseyside has stated that it would not support an option that required a small-scale ICU.

An interventional radiology service (ways of treating patients using images from inside of the body to minimise the amount of surgery needed) would be added.

**Benefits**

- Because this option would mean some improvements and additional services for Crown Street, it is likely that patients would receive better care, and more clinical standards would be met, compared to current arrangements.
- Better equipment for diagnosing patients would be available, which should improve outcomes and experience.

**Disadvantages**

- This option would mean safer care, and a better experience, for some patients, but many women and newborn babies would still require transfers to other hospitals for their care, including the most seriously ill.
- Women would still not have access to the full range of specialist supporting services that they need. For example, cardiology, renal and colorectal surgery services.
- Newborns would still need to transfer to Alder Hey for surgery, meaning separation from their mums.
- As with option two, the Cheshire & Mersey Adult Critical Care Network has stated that it would not support the creation of the small-scale ICU that this option would require.
- Liverpool Women's struggles to recruit specialist staff in some areas, and keeping it on a separate site to other hospitals means that it wouldn't have the opportunity to attract staff who might want to work with more patient groups to keep a wider range of skills. For example, diagnostics specialists.
- Creating any new services at Liverpool Women's would mean recruiting additional specialist staff, who are already in short supply.

- This option would mean major building work at a busy hospital. There would be serious practical challenges to making the changes needed while keeping the hospital operating as normal and minimising disruption to patients.

***OPTION FOUR (referred to in the PCBC as 'C2') - Make smaller improvements to the current Crown Street site***

This would involve upgrading the Crown Street site, but not to the same extent. A blood bank and mobile CT scanner would be introduced.

This option would not include a level 3 adult critical care unit, which is one of the main drivers for change.

**Benefits**

- There would be a small improvement in the standard of care for women, with more clinical standards being met.
- Slightly fewer women would need to be transferred to other adult hospitals for specialist tests, as more diagnostic equipment – the CT scanner – would be available at Crown Street.

**Disadvantages**

- This option doesn't address the majority of issues that midwives, nurses and doctors have identified with current services, as set out earlier in this booklet. Women would still need to be transferred to other hospitals if they required intensive care, or support from other specialists who aren't based at Liverpool Women's.
- Even though this option includes upgrading the neonatal unit, newborns would still need to transfer to Alder Hey Children's Hospital for surgery, meaning they would be separated from their mums.

## Appendix 2

### Questions and answers

#### **Why is this information being presented now, before you're ready to start the public consultation?**

Public bodies don't usually carry out consultation activity in the pre-election period (known as 'Purdah'), which generally starts around the end of March, and finishes immediately after the May elections. This means there is a very small window for holding public consultations in the early part of the year. Because we still have work to do on the finance element of the Pre-Consultation Business Case (PCBC), and we need to consider the results of the neonatal review that is due to report in spring 2017, we won't be in a position to start the consultation in January, so it will not now happen until after the elections.

We know that there is a high level of public interest in this issue and we don't want to wait another six months before we make any further announcements, particularly because we are now at the stage where we have potential options for the future, including a preferred option. For this reason, we decided to share the draft business case now, while it is still in draft form, rather than delay. We want to be open and transparent about the process we are following.

#### **Why don't you know how the options will be paid for yet?**

To date, a huge amount of work has taken place to narrow down different options for the future delivery of women's and newborn babies' services. As part of this, we have set out the financial implications for four options, both in terms of initial investment and ongoing costs.

Now that we have arrived at a preferred option, which we believe would offer the most benefits for patient care, we are in a position to start developing more detailed finance plans. A range of different options are already being considered, but we have a duty to make sure that we get maximum value for public money, which means taking the necessary time to decide which approach would be the best one.

#### **Why are you presenting options that wouldn't meet standards, particularly around critical care?**

We are clear that we believe the preferred option offers the most benefits, in terms of improving quality of care, meeting the highest number of national care standards and reducing transfers. The Cheshire and Merseyside Critical Care Network would not support the creation of a new small-scale Intensive Care Unit (ICU), so the preferred option is in effect the only one that would allow us to meet the national care standards around ICU that are currently being missed. However, we want to show people all the things that we have considered when looking at these issues. We know from our discussions with the public that people have concerns about services potentially moving from the current Crown Street site, and it's important to set out why we think this is necessary.

## **Haven't you already made up your mind?**

No decisions have been made about the future of women's and newborn babies' services in Liverpool. There is still more work to do before we are able to go out to public consultation, which will be an opportunity for people to hear more about what is being proposed and share their views. We cannot make a decision without considering the views of the public. The results of this consultation will be used to help develop a final business case, which will need further approval from the NHS and local authorities before any changes to services can take place.

## **Which clinical standards is Liverpool Women's not meeting?**

Hospitals are subject to dozens of standards depending on the services they provide. Specifically in relation to the case for change at Liverpool Women's, the standards which are not being met include:

- Core Standards for Intensive Care Units, published by the Faculty of Intensive Care Medicine:  
<https://ficm.ac.uk/sites/default/files/Core%20Standards%20for%20ICUs%20Ed.1%20%282013%29.pdf>
- Space in the Neonatal Unit - Health Building Note 09-03: Neonatal unit, published by the Department of Health:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147879/HBN\\_09-03\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147879/HBN_09-03_Final.pdf)
- Guidelines for the Provision of Anaesthetic Services (GPAS), published by the Royal College of Anaesthetists: <http://www.rcoa.ac.uk/gpas2016>
- Toolkit for high-quality neonatal services (principle 6), published by the Department of Health: <http://www.bliss.org.uk/toolkit-for-high-quality-neonatal-services>

## **Isn't this just about cutting services?**

No. This review is not considering any cuts to services. This is about making what we have even better, not taking care away.

We do need to make sure that services are delivered in a way which is financially sustainable for the future.

## **If Liverpool Women's moves, what will happen to the Crown Street site?**

It's too soon to be able to answer this, however there are no plans to close the site. If Liverpool Womens' services do move it is expected that Crown Street would continue to deliver NHS care in the future.

**Isn't there a proposal to merge Liverpool Women's with the Royal Liverpool & Broadgreen Hospital and Aintree University Hospital?**

The board of Liverpool Women's have said that in principle they would like to be part of the discussions about organisational merger being held by the Royal Liverpool and Broadgreen University Hospitals and Aintree University Hospital, however, Liverpool Women's will not be involved until this review process has finished.

**Liverpool Women's is a big employer in one of the most deprived areas of the city. How would a move affect local people who work at the Trust?**

Work is ongoing to understand how employment may be affected by the different options for the future. As of 5 August 2016, 4.3% of staff at Liverpool Women's lived in L8, which represents 66 out of 1,525 people. 67% of staff live in Liverpool. The preferred option of moving all services to the new Royal Hospital site is not expected to cause problems for people getting to work. The Royal is well served by public transport and is just over a mile away from Liverpool Womens' current site on Crown Street.

**Has an Equalities Impact Assessment (EIA) been carried out?**

Yes, this is included as an appendix in the draft PCBC which is available to download at [www.healthyliverpool.nhs.uk](http://www.healthyliverpool.nhs.uk).