NHS

HAVE YOUR SAY

Where care and treatment happens at Liverpool University Hospitals

Public Consultation Findings Report

August 2022

Prepared by... ice for NHS Cheshire and Merseyside

Executive Summary

WHAT WE DID AND WHY

Liverpool University Hospitals NHS Foundation Trust (LUHFT) has been exploring how it can improve care by bringing services together. This means looking at how to make the most of specialist skills, resources and equipment, and using different hospital sites in the most effective way, both for patients and staff.

Between 7 June and 2 August 2022, the NHS in Merseyside held an eight-week public consultation about proposed changes to five services provided by LUHFT:

Breast surgery

General surgery (focussing on the abdominal area and intestines, including the gastrointestinal tract, liver, colon, pancreas and other major parts of the endocrine system)

Nephrology (kidneys)

Urology (urinary tract and male genital tract. Includes prostate cancer, bladder, kidney and testicular cancer, and kidney stones)

Vascular (arteries, veins and lymphatic system)

This public consultation utilised a range of different channels and techniques to gain feedback from a wide range of people, and meet their communication needs and preferences. The main method for collecting responses was a questionnaire.

In total, 2,817 people responded to the questionnaire.

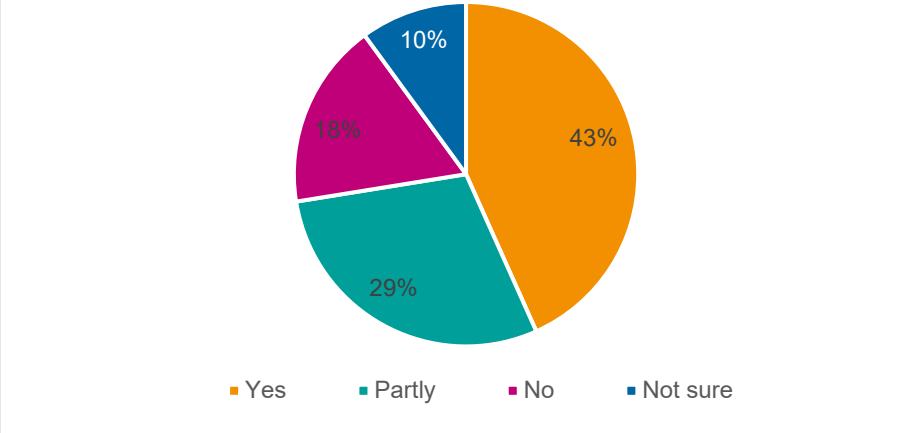
Approximately 3 in 4 people were members of the public, and the remainder were health care professionals. Responses came from across different local areas, and included people of different ages, genders, ethnicities, and religions.

KEY FINDINGS

Overall, approximately 3 in 4 people who responded to the questionnaire fully or partially agreed that the proposed plans for the five services was a good plan.

The findings show that 43% of respondents think the wider plan to better organise services across the three hospitals is a good one. Approximately 1 in 3 (29%) agreed in part, and smaller proportions did not agree or were still unsure.

Responses to the question 'Overall, do you think this is a good plan for improving the care that patients receive?' (n=1,343)



Throughout the consultation, several considerations were raised about the proposed changes across the five service areas:

- Travel, transport, parking and accessibility.
- Maintaining continuity of care and joined up care for patients accessing different services.
- Ensuring adequate staffing provision and training opportunities.
- Whether single sites will be able to cope with the increased demand.
- Whether North West Ambulance Services (NWAS) can cope with the increased demand, as well as the risk and delays involved with transferring patients between hospitals.
- The impact on patient safety and outcomes given the risk involved with transferring patients between hospitals and increasing the demand on single sites.

Please note, many people provided feedback on each of the proposed changes to the five service areas in turn. Individual summaries for each service area are provided in sections 4.5, 5.5, 6.5, 7.5 and 8.5.

Contents

Glossary

Liverpool University Hospitals NHS Foundation Trust	LUHFT
Aintree or Aintree University Hospital	AUH
The Royal, The Royal Liverpool University Hospital, the Royal Liverpool Hospital	RLUH
Broadgreen Hospital	Broadgreen or Broadgreen Hospital
Pre-consultation business case	PCBC
Clinical Commissioning Group	CCG
Integrated Care Board	ICB
Voluntary, community, faith and social enterprise	VCFSE
Equality Impact Assessment	EIA
Liverpool Vascular and Endovascular Service	LiVES
Hepato-pancreatobiliary	HPB
Upper Gastro-Intestinal	Upper GI
Aortic Abdominal Aneurism	AAA
North West Ambulance Service	NWAS
Liverpool Heart and Chest Hospital	LHCH
Did Not Attend	DNA
District General Hospital	DGH
Intensive Therapy Unit	ITU
ST-Segment Elevation Myocardial Infarction (heart attack)	STEMI

1 Introduction

1.1 Background and objectives

Background

Liverpool University Hospitals NHS Foundation Trust (LUHFT) was formed in 2019, following the merger of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The Trust now manages four hospital sites: Aintree University Hospital, Broadgreen Hospital, Liverpool University Dental Hospital, and the Royal Liverpool University Hospital. (Please note, the Dental Hospital is not affected by any of the proposals set out in this report).

The business case for merger explained how bringing single service teams together could improve patient experience and outcomes, create opportunities for people to take part in clinical trials, maximise research and development, and help attract and retain the best staff.

Because they used to be run by separate organisations, the different hospitals duplicate some of the same services – at the point they merged, over 20 clinical services were duplicated.

LUHFT has been reviewing services to explore how it can make the most of specialist skills, resources and equipment, and use its different sites in the most effective way.

Public consultation

Between 7 June and 2 August 2022, the NHS held an eight-week public consultation about proposed changes to five services provided by LUHFT.

The integration proposals set out in the consultation covered the following areas of care:

Breast surgery

General surgery (focussing on the abdominal area and intestines, including the gastrointestinal tract, liver, colon, pancreas and other major parts of the endocrine system)

Nephrology (kidneys)

Urology (urinary tract and male genital tract. Includes prostate cancer, bladder, kidney and testicular cancer, and kidney stones)

Vascular (arteries, veins and lymphatic system)

The full proposals were set out in a pre-consultation business case (PCBC), which was developed following individual options appraisal processes for each service. Although the proposals have separate implications for each service, all involve some change of location for inpatient surgery, and some for outpatient care. The proposals also reflect a move towards each of LUHFT's three main hospital sites – Aintree, Broadgreen, and the Royal Liverpool – having a more defined focus.

The findings set out in this report will be used to inform a final decision-making business case.

The consultation was managed by NHS Liverpool Clinical Commissioning Group (CCG), on behalf of the four North Mersey CCGs: NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG. Following the transfer of CCG responsibilities to Integrated Care Boards (ICBs) on 1 July 2022, responsibility for the process passed to NHS Cheshire and Merseyside.

Please note: A new Royal Liverpool University Hospital – which will replace the existing hospital – is due to open in 2022. When we refer to services being in 'the Royal Liverpool' in the proposals, we mean that they will be in the new hospital.

Objectives

1. Increase understanding among patients, the public and stakeholders about why these proposals are being put forward, both individually, but also as part of a wider strategy for the three LUHFT sites.
2. Share the potential solutions that have been considered in the review, and present the options being put forward for each of the five service areas.
3. Clearly explain the expected impact(s) of the change for patients, both in terms of improvements in quality of care, and practical implications for things such as travel time.
4. Gather feedback on the proposals and views about how the impact for patients and their families/carers would be felt, and whether there is anything else we should consider before making a final decision.
5. Ensure that we specifically seek out responses from people who have used the relevant Liverpool University Hospital's services in the past.
6. Understand whether there are differences in views among specific communities/groups and whether any adjustments/mitigations might be required as a result, in line with equalities duties.
7. Ensure that a range of routes are used to promote the consultation and allow people to share their views, recognising that people have different communication needs and preferences.

2 Method and Sample

2.1 What we did

2.1.1 Methods of engagement

It was important that this public consultation utilised a range of different channels and techniques, both to ensure that the opportunity was promoted to the widest number of people possible, and also to enable feedback to be provided in a way that met individual needs and preferences.

Since the start of the COVID-19 pandemic, the local NHS has carried out a number of pieces of engagement where opportunities for face-to-face contact were minimal, which provided important experience for ensuring an inclusive approach. For example, during Winter 2021/22, NHS Liverpool CCG led a consultation into proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which mainly used remote methods.

Although in-person engagement was possible as part of this consultation, learnings from the stroke consultation were used to maximise reach. For example, by running virtual focus groups for each of the five service areas.

The key engagement methods for this consultation were:

- **Questionnaire:** A set of questions was developed to gather both qualitative and quantitative insights about people's views about the proposals, and where relevant their experience of services. There was a single questionnaire for the whole process, with respondents able to choose which service areas they answered questions on.

  The questionnaire was made available online, with paper copies and alternative languages/formats available on request (by emailing, texting or calling NHS Liverpool CCG). All communications about the consultation encouraged people to complete the questionnaire to maximise the level of feedback received. Most respondents completed the questionnaire online, and 38 paper copies were requested.

- **Phoneline:** NHS Liverpool CCG's communications and engagement team provided a dedicated telephone number for people to call with feedback about the consultation, or to request materials such as printed booklets and alternative formats.

- **Consultation website:** A dedicated website – www.futureLUHFT.nhs.uk – was developed for the consultation, with the intention that this could also be used for engagement around further integration of LUHFT services in the future. The website received a total of 11,264 visits during the consultation period.

- **Contact with existing patients – in person:** A team of approximately ten LUHFT volunteers, supported by two members of staff from the trust, gathered patient views face-to-face at both the Royal Liverpool and Aintree hospitals. Two briefing sessions (one at each site) were held for volunteers ahead of them visiting a mix of ward-based

and outpatient clinics to support people to complete the questionnaire, either on a tablet or on paper. More than 100 people were engaged in this way. It is hoped that learnings from this part of the consultation can be used for future processes.

- **Contact with previous patients – direct mail:** LUHFT wrote to patients who had used the five services during the 12-month period before the launch of the consultation – a total of 13,668 letters were sent. These letters were also used to highlight the virtual focus groups which were held for each service area (see below for more details).
- **Virtual focus groups:** Five online focus groups were arranged, each themed on a different service area. Based on learnings from similar events in the past, these took place during early evening, and included: an introductory presentation by a clinical lead for the service; an opportunity for participants to ask questions; and time for discussion amongst participants. The focus groups were promoted in the letters sent to previous patients, and across websites and social media. Live public sessions for breast surgery, general surgery, urology services and vascular services were undertaken as planned, however the nephrology services session was cancelled as no members of the public chose to take part. At those sessions that went ahead, attendees were presented with the opportunity to participate in a focus group to discuss their views about the proposals, however at the end of breast surgery, general surgery and vascular services, all attendees felt happy with the information they had been provided and felt that they could appropriately feedback through the online questionnaire. For booking and attendance figures please see Table 7 in Appendix A.

2.1.2 Promotion

In addition to the direct patient letters detailed above, a range of routes were used to raise the profile of the consultation and encourage people to take part. These included:

- **Utilising existing channels:** Both LUHFT and the four CCGs promoted the consultation across their websites, social media accounts, and – where relevant – in direct emails to subscriber databases, utilising content and assets from a consultation toolkit.
- **Media promotion:** Two press releases were issued to local media outlets during the course of the consultation.
- **Support groups, Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations and networks:** The consultation toolkit was shared with a range of support groups and networks, including those with a particular disease or condition-focus. (A full list of the patient support groups directly contacted about the consultation can be found in Appendix B). In addition, information was also shared with local Healthwatches, and over 800 local VCFSE organisations. As a result, a wide variety of communities within Liverpool, Sefton and Knowsley were made aware of the consultation, including many vulnerable and marginalised groups.
- **Direct email:** A direct email with information about the consultation was also sent to the CCG's public database of people (over 3,000 contacts) who have previously registered to receive information about local health services and future consultations and engagements.

- **Targeted social media advertising:** In addition to organic social media activity, a programme of targeted social media adverts was rolled out across Facebook, Instagram, and Audience Network (a platform that allows ad creators and publishers to extend advertising reach outside Facebook through third-party apps) targeting people in Knowsley, Liverpool and Sefton. In total, 13 adverts were set up in four cohorts, following recommendations based on project team feedback and questionnaire traffic and patterns in the data, in particular targeting to reach lower-uptake demographics and geographics. The paid social media adverts proved to be successful in encouraging target audiences to explore and complete the consultation questionnaire link, with over 58% of total responses originating from the social media links.

Please note, in order to measure the effectiveness of promotional activity and identify any gaps in responses and/or emerging issues, a series of review points were built into the consultation period. This included an in-depth midpoint review. As a result, a number of actions were put in place, including additional targeting of specific groups, both using social media and via promotion to community networks.

A full list of the audiences that supported the promotion of this public consultation and what communication channels were utilised is in Appendix C. Details of the promotional materials that were produced and deployed are listed in Appendix D.

Owing to the promotional activities listed above, respondents found out about the public consultation in different ways that are shown in Table 1.

Table 1: How respondents found out about the consultation (n=1,374)

Response	Number of responses	%
Social Media (Facebook, Twitter, etc).	803	58%
I (Or the person I care for) received a letter, email or text from Liverpool University Hospitals.	214	16%
A volunteer from the Hospital helped me to complete this questionnaire.	117	9%
I was sent an email from a clinical commissioning group.	83	6%
NHS website (for example, a CCG or hospital trust website).	61	4%
Other including: • NHS Workplace (e.g. staff intranet) / informed by NHS employee • Word of mouth • Voluntary and community sector advert (e.g. Chinese wellbeing charity) • Local newspaper • Healthwatch (Liverpool, Sefton & Knowsley)	49	4%
I do not wish to answer this question	47	3%

2.2 Sample characteristics

A total of 2,817 people provided feedback in the questionnaire. Approximately 3 in 4 respondents were members of the public and 1 in 4 were health care professionals. Out of all professionals who took part, nearly half of all professionals were employed by LUFHT including professionals working at the Royal Liverpool Hospital (23%), Aintree Hospital (18%) and a small number working at Broadgreen Hospital (3%).

Across the sample, nearly half of respondents lived in Liverpool (48%), with smaller proportions living in Sefton (24%), Knowsley (12%) and other areas including Wirral (5%), St Helens (3%), Halton (2%), West Lancashire (2%) and Warrington (1%). A breakdown of how this compares with the number of patients from each area is provided in the individual sections for the five service areas.

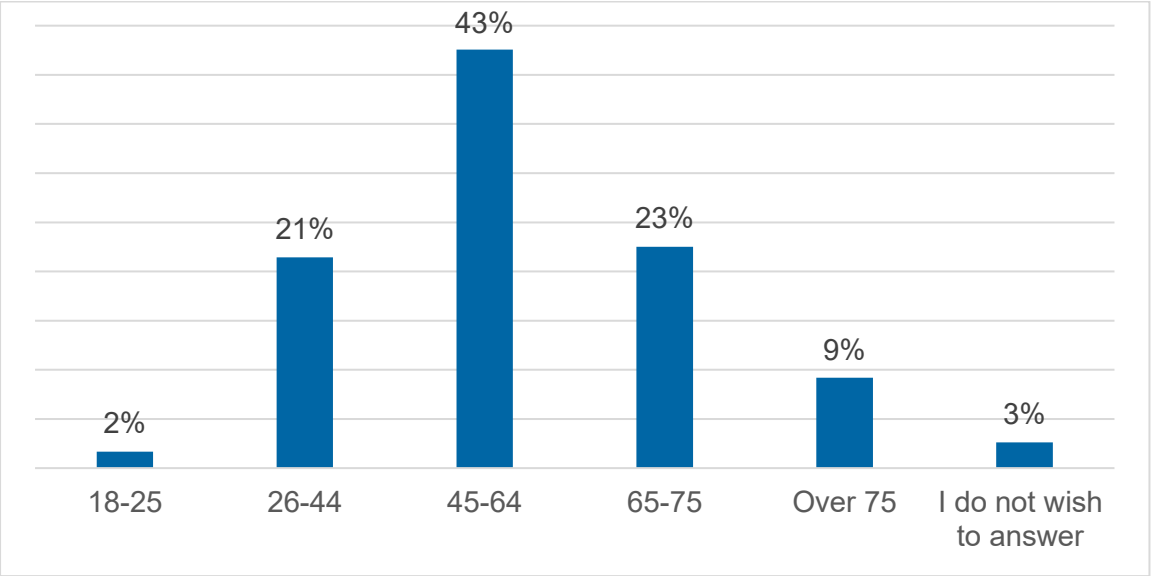
Additional information about respondents' personal characteristics was captured, however, please note not everybody answered these questions.

The sample was 71% female and 22% male (the remaining 7% chose not to state their sex). Out of all females, 2% stated they were pregnant. In terms of how respondents identify their gender, 70% identified as female, 22% as male and a small proportion (1%) identified as transgender or non-binary (the remaining 7% chose not to state their gender). Three respondents (less than 1%) stated that they have undergone, intend to undergo or are currently undergoing a process of gender reassignment[1].

The age breakdown is displayed in Figure 1, which shows that most respondents were aged 45-64 (43%) with smaller proportions of respondents aged 18-25 (2%) and 75+ (9%).

[1] Proportions are based on the number of respondents who answered questions about their sex (n=1,374), gender (n=1,364) and whether they are undergoing, have undergone or intend to undergo a gender reassignment (n=1,354).

Figure 1: Age of respondents who answered this question (n=1,372)



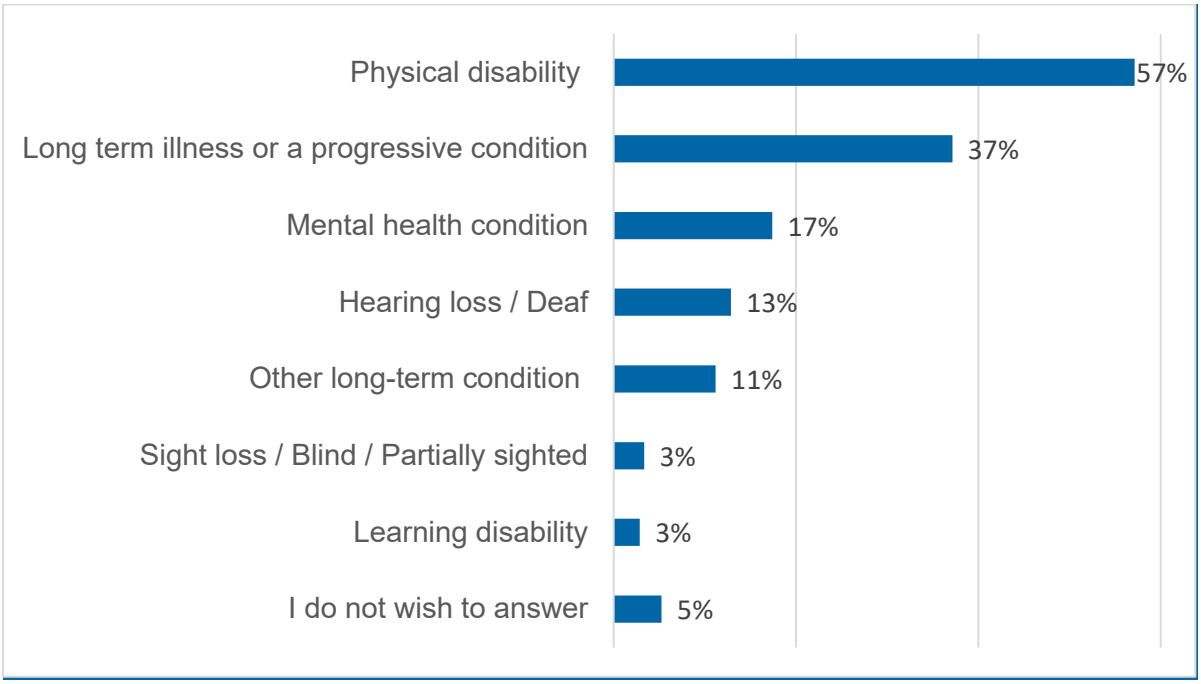
In terms of ethnicity, only 4% of respondents were from a minority ethnic group[2]. Most respondents were White (87%), with smaller proportions stating that they were Asian/Asian British (1%), Black/ Black British (1%) mixed ethnic background (1%) or other ethnic group (1%). The remaining 8% chose not to state their ethnicity.

A mix of religions were represented in the sample[2]. Approximately 2 in 3 respondents were Christian, including Church of England and Roman Catholic. Smaller proportions had no religion (23%), were Jewish (1%), Buddhist (1%), Hindu (1%), Muslim (1%) or had another religion (1%). The remaining 11% chose not to state their religion.

Approximately 1 in 3 respondents had a disability and/or long-term condition. As shown in Figure 2, over half of these respondents had a physical disability (57%) and over 1 in 3 had a long-term illness or progressive condition such as cancer, multiple sclerosis or HIV (37%).

[2] Proportions are based on the number of respondents who stated their ethnicity (n=1,380) and religion (n=1,366)

Figure 2: Disabilities and long-term conditions of some respondents (n=420)



Please note, percentages do not equal 100% because some respondents had more than one disability/long-term condition.

Other long-term conditions citied included: Arthritis, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Crohn's disease, Diabetes, Epilepsy, Fibromyalgia and Long Covid.

2.3 Informed Consent

All respondents were informed that taking part was optional and that all data would be anonymised by removing personally identifiable information. Therefore, no person identifiable details are included in this report.

2.4 Data analysis

Thematic analysis was used for all the data collected, which is a well-documented form of analysis for qualitative data. As a theory-free approach, thematic analysis allows for the flexibility to provide a rich, detailed, and complex synthesis of data that meets a very specific and applied aim relevant to the project objectives (Braun and Clarke, 2006; Kerr, Nixon and Wild, 2010).

The data was analysed using an induction-abduction approach to identifying themes (Kelle, 2005), with themes emerging directly from the data (inductive inference). This enabled the analysis to remain firmly grounded in the data, with respondents identifying areas of importance for them.

A conceptual saturation analysis was conducted to demonstrate when key themes emerged during the consultation period. The conceptual saturation grids (see Appendix E) demonstrate that the 8-week consultation was sufficient in yielding enough responses to fully explore the key themes in depth.

As part of a final business case for the proposals outlined in the public consultation, an equality impact assessment (EIA) will be produced for each of the five service areas where change is being considered. This will look in more detail at the consultation responses from different groups, and in particular those with protected characteristics.

2.5 Limitations

While the final sample included members of the public and professionals across a range of areas, age groups, sex, genders, ethnicities and religions, some limitations have been identified.

Males were underrepresented in the final sample (22%) compared to females (71%). Apart from breast surgery, the proportion of men who gave feedback on each service area was less than the actual proportion of males who currently use those services.

While all age groups were included in the sample, most respondents were aged 45-64 (43%), with much smaller proportions of young adults aged 18-25 (2%) and older people aged 75+ (9%). This was reflective of the samples that gave feedback on each service area (apart from breast, which was broadly representative). Young adults were underrepresented compared to the proportion of young adults who currently use general surgery. Older people aged 75+ were underrepresented compared to the proportion of older people who currently use nephrology, urology and vascular services.

In terms of ethnicity, only 4% of the overall sample was from a minority ethnic group. This suggests that minority ethnic groups were underrepresented in the consultation, however it is important to note that the proportion of ethnic groups was broadly representative when compared to the actual users of all five services.

The breakdown of where respondents live compared to the location of where current users were referred from was broadly representative across all service areas. The only notable difference was for vascular services, which shows that the proportion of respondents from Liverpool was slightly higher than the current users who are referred from this area, and the proportion of respondents from other areas was less than actual users of vascular services that come from outside areas.

3 Findings from the Consultation

Layout of findings

This consultation covered five areas of care. This report is divided into six sections that report the findings for each service area in turn, followed by overall feedback on the wider plan as a whole:

- Breast surgery

- General surgery

- Nephrology services

- Urology services

- Vascular services

- Feedback on the wider plan for Aintree, the Royal Liverpool and Broadgreen

Each section (apart from the last one) presents the proposed changes, the characteristics of respondents who gave feedback on changes to this service area, and the findings.

Please note, an inductive approach was applied to the data analysis and differences are described only where they occur.

4 Breast surgery

4.1 Introduction to the service

Liverpool University Hospitals breast services deal with both benign (non-cancerous) breast problems, and breast cancer – the teams treat more than 750 cancer cases each year. They provide a full range of diagnostic, treatment, and support services, including one-stop diagnostic clinics, breast cancer removal, reconstructive and cosmetic procedures, family history assessment and patient support clinics.

Current service provision

Currently, breast services are delivered from three locations:

- The Royal Liverpool, which provides breast surgery and diagnostic clinics.
- Aintree, which provides diagnostics clinics, and was used to provide breast surgery prior to the COVID-19 pandemic.
- Broadgreen, which provides breast screening for women aged 50 to 70, as part of the National Breast Screening Programme, and surgery (provided temporarily because of measures put in place due to the COVID-19 pandemic).

Reasons for change[3]

Local services face a number of challenges, including:

- Duplication and inefficiency.
- Differences in capacity.
- Shortage of radiology support.
- Radio Pharmacy requirements.
- Workforce issues.
- Differences in patient pathways.

Proposed change

Thus, the proposed change for the future is for all breast surgery and operating theatre activity to take place at the Royal Liverpool, breast screening to remain at Broadgreen and diagnostic clinics to continue to be provided at both the Royal Liverpool and Aintree. However, breast surgery would not return to Aintree in the future.

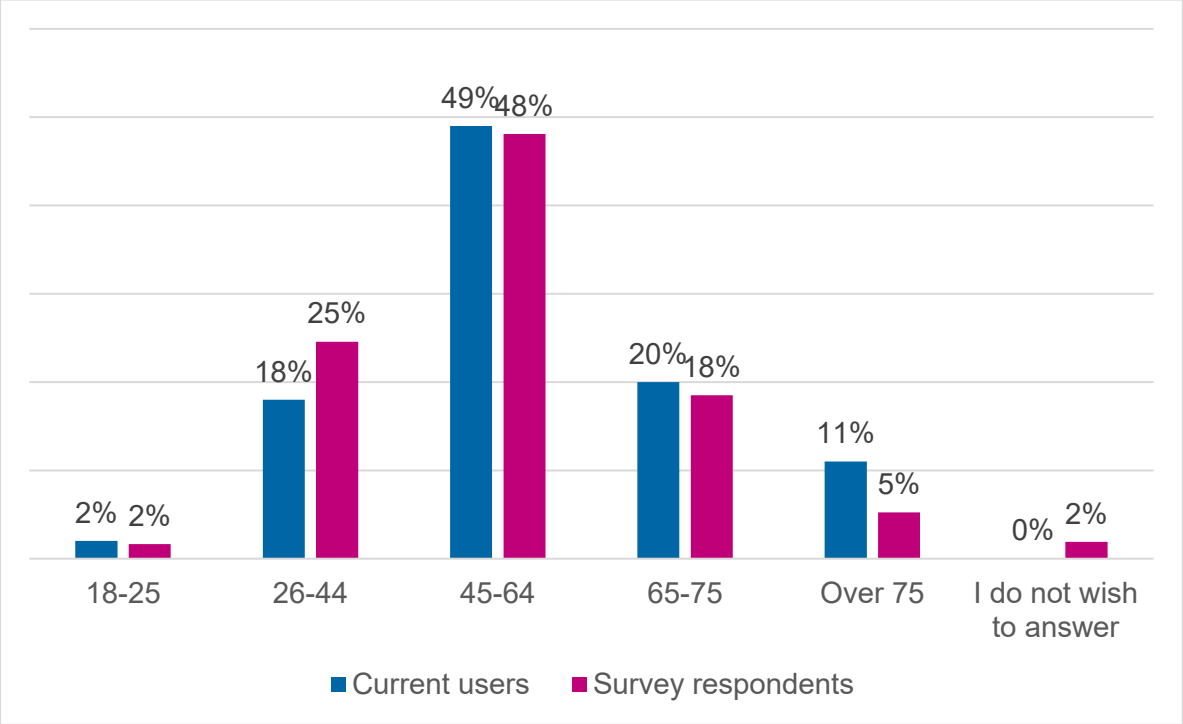
[3] These issues are explained in more detail in the consultation booklet, available at www.futureLUHFT.nhs.uk.

4.2 Sample characteristics

A total of 1,489 individuals responded to questions on this proposed change and provided feedback. Out of those, 45% stated that they or someone close to them had experienced using LUHFT breast services.

The sample of questionnaire respondents for breast surgery was broadly representative across the key demographic characteristics described in section 2.2. A further comparison was undertaken for age, sex, ethnicity, and location which compared the respondents with current users of the service[4], illustrated in the figures below.

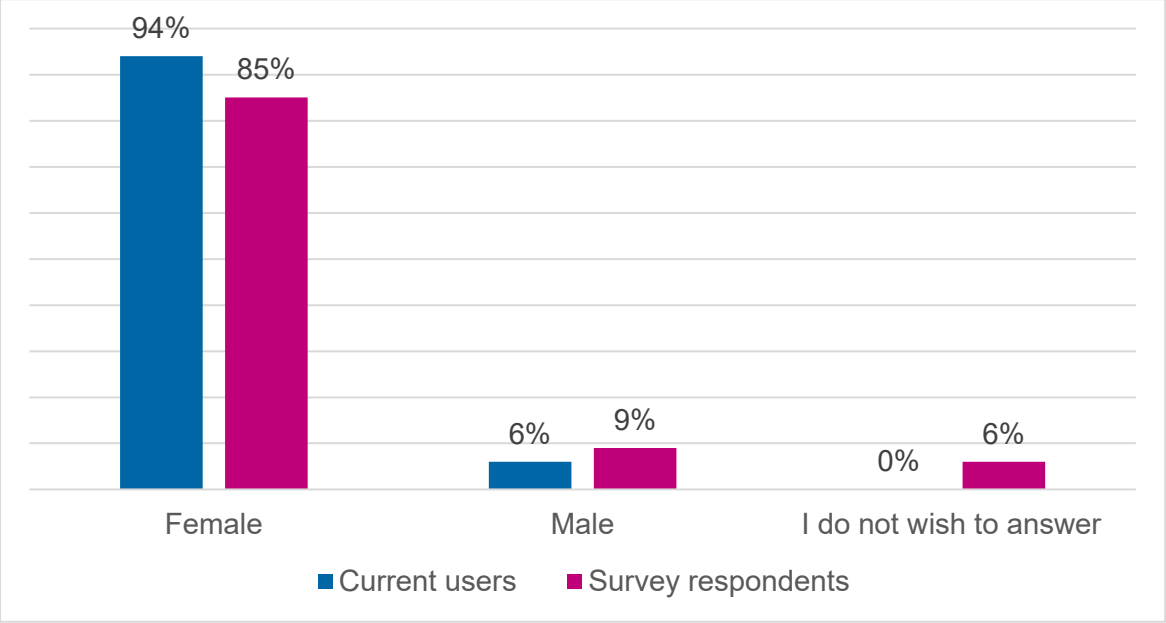
Figure 3: Breakdown of age of current users (n=1,648) vs questionnaire respondents who answered this question (n=838)



As indicated in Figure 3, the sample is broadly representative of the current users of breast services, with half of respondents being aged between 45 and 64.

[4] Statistics represent a snapshot of 'current users' (patients who used the services) in the year 2019-20.

Figure 4: Breakdown of sex of current users (n=1,648) vs questionnaire respondents who answered this question (n=837)



The majority of the sample who provided feedback on breast surgery were females (85%) which is slightly lower than the proportion of current female users of breast services (94%).

Regarding ethnicity, Figure 5 shows that most respondents were White (89%) which is slightly higher than the proportion of current users who are White (86%). Only 5% of the sample were from a minority ethnic group.

Figure 5: Breakdown of ethnicity of current users (n=1 648) vs questionnaire respondents who answered this question (n=841)

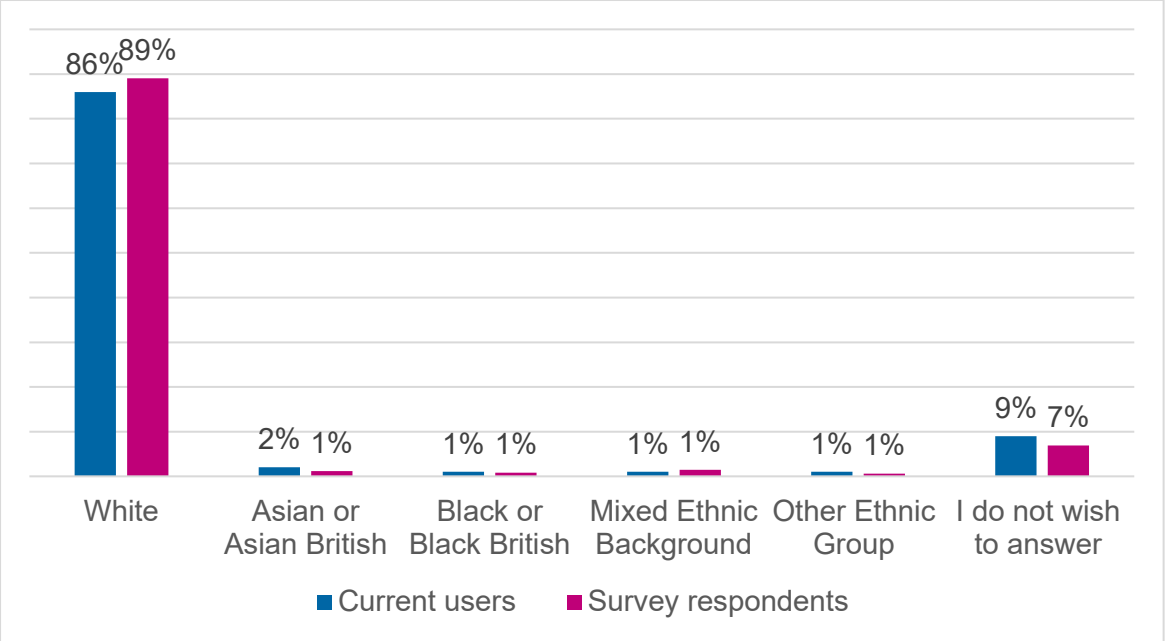


Figure 6: Breakdown of location of current users (n=1 648) vs questionnaire respondents who answered this question (n=1,489)

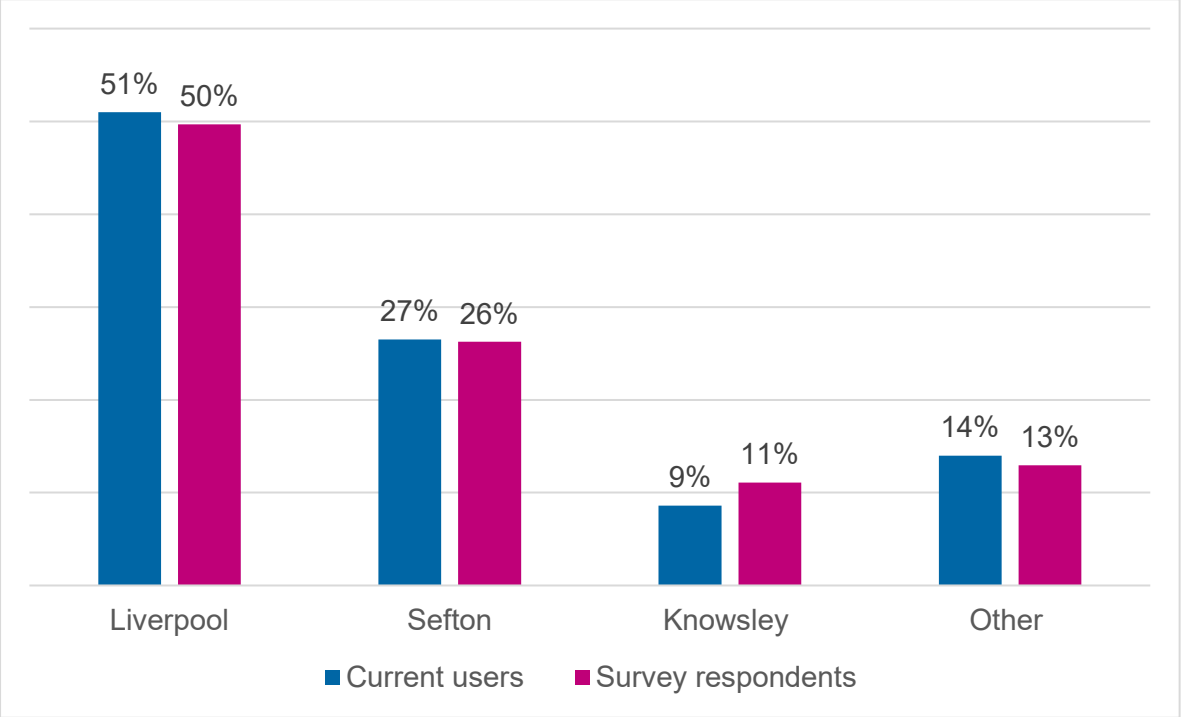


Figure 6 shows the breakdown of where questionnaire respondents live compared to the location of where current users were referred from. The sample is broadly representative of current users by area. Questionnaire respondents from other areas (n=193) included Wirral (n=79), St Helens (n=32) and West Lancashire (n=29).

4.3 Key findings

4.3.1 Initial feedback on the proposed changes

Respondents were presented with information explaining the proposed change and were asked what they think about it. A breakdown of their responses is shown in Table 2 below, with approximately 2 in 3 respondents (65%) agreeing that 'this is a good plan' and just over half (51%) reporting that they would be happy with it as it is. A further 27% didn't believe it was a good plan and went on to discuss several considerations that should be thought about.

Table 2: Breakdown of responses to question 'Which of the following options most closely reflects how you feel about this plan?'

Response option	% of responses (N= 1,227)
1. I think this is a good plan and I would be happy with it as it is.	51%
2. I think this is a good plan and I have some ideas about how it can be better...	3%
3. I think this is a good plan, but you need to think about the following things...	11%
4. I don't think this is a good plan because you haven't thought about...	17%
5. I don't think this is a good plan. I have a different plan which I believe would be better...	5%
6. I don't think this is a good plan, but I'm not sure what would be a better plan.	5%
7. I'm not sure.	8%

Several questions were then asked to explore any concerns and/or considerations regarding the proposed plan as well as alternative options.

4.3.2 Concerns and considerations regarding the proposed change

Travel, transport, and parking

The main theme which emerged was around travel and transport. This concern was mainly raised by respondents from the south of Liverpool, including people who lived near Broadgreen, followed by respondents from Sefton and Knowsley. These respondents reported that the Royal Liverpool is too far for patients to access, and for friends and family to visit them. Specifically, they were concerned about the amount of time it would take them to travel to the Royal Liverpool and the increased cost.

Some concerns were also raised in regard to public transport to the Royal Liverpool, with respondents saying that there are no buses or trains that stop directly outside the hospital, which would make it difficult for elderly people and people with disabilities to access.

Furthermore, some of those who are able to drive, reported that parking at the Royal Liverpool is *'always full'*, *'very expensive'* and *'there are not many parking bays for people with disabilities'*. Taking all of these concerns into consideration, respondents commented that worrying about travelling further to access treatment – or going on long journeys using public transport – would be an additional worry when they were already going through a very stressful time, and dealing with a cancer diagnosis.

'You should not move Breast care to the Liverpool Royal as you will have patients now say I am not travelling into Liverpool. Sefton patients will try and go to a nearer hospital for surgery. As a breast patient in the past I would not travel to Liverpool due to cost & time. We need to keep the surgery in Aintree hospital, or patients just will not go and seek out help if they find a lump or need a mammogram.' – (Respondent, Sefton).

Capacity of the Royal Liverpool

'Will the Royal Liverpool be able to cope with undertaking all surgery?' was another key theme which emerged in weeks 3-4 of the consultation. Some respondents were concerned about the capacity of the Royal Liverpool to undertake the same number of surgeries which are currently undertaken across two sites. Furthermore, respondents were worried about whether there would be sufficient bed and theatre availability for the additional patients that would be treated at the Royal Liverpool, and whether this change would have a negative impact on the waiting times.

4.3.3 Alternative options

Respondents were informed that a number of alternative options had been considered by the NHS which were:

- Do nothing.
- All breast surgery moves to Aintree.
- Cancer surgery takes place at the new Royal and non-cancer at Aintree.
- Move all breast services to Aintree.
- Move all breast services to the Royal Liverpool.

Respondents who didn't think the proposed plan was a good plan or who were not sure, were given the opportunity to feedback on alternative options. Respondents discussed several alternatives, including some of those noted above, and wider suggestions.

Keep it as it is

A lot of respondents who felt that an alternative plan should be considered reported that services should not be changed, and they would like breast surgery to continue to be delivered from Aintree and/or Broadgreen, which was illustrated by comments such as *'keep it as it is'* and *'why fix something that's not broken?'*. Respondents who mainly expressed a desire for services to remain as they were, came mostly from Sefton and Liverpool, with postcodes near Aintree and Broadgreen. This links with some of the reasons respondents provided as to why they would like service not to be changed, which mainly related to travel and transport, wanting to access care locally rather than having to travel further, and providing patients with a choice as to where they can go. Additionally, some respondents reported that surgery should remain at Broadgreen because their *'care and services are exemplary'* and they had a really positive experience there.

'Only having the option of surgery at The Royal Liverpool would mean losing that personal care the Aintree Team offer. The Day Case Unit was fantastic and kept anxiety levels really low.' - (Respondent, Liverpool).

Deliver all breast services from a single site

A mix of respondents who felt that an alternative plan should be considered, including health care professionals, suggested that all three breast services – breast screening, diagnostic clinics, and breast surgery – should be delivered from a single site. There was also a mix of responses as to which site it should be with the majority stating that this should be Aintree, with the remainder either not expressing a preference or choosing the Royal Liverpool. The reasons for this included improved continuity of care for patients by only having appointments at one site, and reducing confusion from having to travel to and navigate different hospitals. One medical professional also stated that different hospitals use different systems, thus, to keep patients safe, pre-operative assessments should happen at the same site as the operation, and in relation to the proposed change this should be the Royal Liverpool. Nevertheless, there was an agreement from this group of respondents that having

all breast services on one site would result in a smoother, less stressful, and more pleasant journey for patients.

Further analysis by segmentation was undertaken to understand more about who those respondents are, in terms of demographic information. It was noted that respondents who stated that they would prefer all breast services to move to Aintree, mainly lived in Sefton and Liverpool, near Aintree and Broadgreen. Whereas those individuals who preferred all breast services to move to the Royal Liverpool, were from a mix of locations in Liverpool and the Wirral.

'It's traumatic to be going through the stages of screening to diagnosis, surgery then treatment. To go from one hospital to another to have these appointments and meeting all these different professionals is very overwhelming. All while taking on board what's going on in your body. Oh and travelling around to get to the appointments.'- (Professional, Knowsley).

Offer breast screening and diagnostic clinics at multiple sites

A handful of respondents also suggested that breast screening and diagnostic clinics should be delivered across multiple sites, with a couple of respondents specifically asking for breast screening to be offered at the Royal Liverpool and Broadgreen. The main reason for this was accessibility and providing services close to where patients live.

4.4 Experience of breast care

Respondents who had experience of breast services at LUHFT, or personally knew somebody who had (n=673), were given the opportunity to provide qualitative feedback on their experience.

4.4.1 Postive experiences of breast services

Approximately 2 in 3 respondents (63%) reported having a positive experience of breast services at LUHFT. Many reported that they had received 'good' and 'prompt' service, which was attributed to receiving expert care and treatment from friendly, caring and professional staff. It was felt that they were able to provide patients with person-centred care, explaining all information thoroughly and ensuring patients had a good understanding of their condition and all aspects of care. Patients felt comfortable to ask questions and communicate with medical professionals which contributed to their positive experience.

'Receiving appointments quickly', having a *'prompt diagnosis'* and *'prompt treatment'* were other key reasons why patients had a positive experience of the breast services at LUHFT, and were said to have contributed to excellent patient outcomes.

4.4.2 Negative experiences of breast services

The remaining respondents (37%) who provided feedback on this question reported having a negative experience of the breast services at LUHFT. Some of the reasons included long waiting times in relation to referrals, receiving results and appointments for diagnostic tests, and treatment. Furthermore, a lack of resources such as equipment and staff, also impacted the waiting times and contributed to the negative experience some respondents had.

'To be told you have cancer and then have you wait a month is very damaging to the patient - they need to get it out for peace of mind. My mum [was] waiting to the maximum guideline date.' – (Respondent, Knowsley).

A few respondents reported that they had had a negative experience at the Royal Liverpool and would not want to receive care there again due to *'uncaring staff'* and *'drunks and drug users hurling abuse, being aggressive and confrontational'*, which made patients feel unsafe. It's important to note that some respondents might have been reflecting on their experience of the Royal Liverpool in general, rather than their experience of using breast services only. Nevertheless, other respondents also mentioned receiving poor treatment from staff when accessing the breast services, without specifying the name of the hospital, suggesting some were lacking compassion for patients and were not physically considerate of them.

The final theme which emerged from responses in relation to a negative experience was about receiving inadequate aftercare. This theme encompassed experiences such as receiving incorrect aftercare information, medical professionals not answering patients' queries, and not contacting patients to provide them with follow-up information about their appointment, care, treatment or diagnosis.

4.5 Summary

The proposed change for the future is for breast screening and diagnostic clinics to remain where they are, but for all breast surgery to be delivered from the Royal Liverpool only.

- Approximately 2 in 3 respondents (64%) 'think this is a good plan' and just under half (47%) would be happy with it as it is.

- Respondents raised concerns around travel, transport, and parking at the Royal Liverpool, reporting that if the change went ahead, they would have to travel much further to access treatment, which would cost them a lot more in terms of time and money. Parking was also reported to be always full, very expensive and lacking appropriate bays for people with disabilities.

- *'Will the Royal Liverpool be able to cope with undertaking all surgery?'* was the second concern raised by respondents and they were worried about whether there would be enough bed and theatre availability at the Royal Liverpool, as well as whether that would impact waiting times.

Alternative options which respondents suggested included:

- Keeping the services as they are and doing nothing, with reasons provided relating to travel and transport, keeping services local to people, and being satisfied with the surgery at Aintree and Broadgreen.

- Delivering all services from a single site, with majority preferring Aintree, some the Royal Liverpool and others not stating a specific site. The main reasons why respondents suggested this option were continuity of care for patients, reducing stress and confusion for patients associated with having to navigate different hospital for different aspects of their care, and making it a more positive experience.

- Offering breast screening and diagnostic clinics from multiple sites. The main reason reported was for easier accessibility. It should be noted that the proposal is for diagnostic clinics to continue at both the Royal Liverpool and Aintree, and for national screening programme appointments to continue at Broadgreen.

5 General surgery

5.1 Introduction to the service

General surgery focuses on the abdominal area and intestines, including the gastrointestinal tract (part of the digestive system), liver, colon, pancreas and other major parts of the endocrine (hormonal) system of the body. It is split into the following areas:

- Colorectal surgery, which focuses on the lower gastrointestinal tract such as the colon and rectum, including operations for colon and rectal cancer, inflammatory bowel disease, anal cancer, prolapses, haemorrhoids and intestinal polyps, as well as bowel screening services.

- Upper gastrointestinal ('upper GI') surgery, which is performed on the oesophagus and stomach and includes addressing issues such as oesophago-gastric (gullet and stomach) cancers, reflux, hiatus hernia, Barrett's oesophagus and ulcer disease.

- Hepato-pancreatobiliary ('HPB') surgery, where hepatobiliary surgery focuses on the liver, and pancreatobiliary surgery focuses on the pancreas, bile duct and gallbladder.

Emergency general surgery can include conditions such as:

- Acute diverticulitis - when a bulge or pocket in the bowel lining becomes inflamed or infected.
- Appendicitis - painful swelling of the appendix.
- Cholecystitis - inflammation of the gallbladder.
- Pancreatitis - inflammation of the pancreas.
- Incision and drainage of abscesses.

These conditions are generally as a result of trauma to internal organs.

Current service provision

Currently, general surgery happens at Aintree and the Royal Liverpool, which both provide planned (elective) and emergency care. Broadgreen provides planned care only.

Reasons for change[5]

Under current arrangements, care is split into two different models – one at Aintree Hospital and one at the Royal Liverpool Hospital. This is inefficient, and means that patients get a different experience, depending on which hospital they are treated at.

Outcomes for patients are not the same at both sites, and at the moment neither site is able to meet best practice guidelines for care across all areas of general surgery (known as 'sub-specialties').

Some of the specific challenges for each sub-specialty include:

Colorectal surgery:

- Rising demand.
- The volume of patients having planned surgery at both Aintree and the Royal is lower than national average.
- Not all surgeons are trained in techniques which can improve care.
- Emergency cover requirements can take surgeons away from planned work.
- Not all procedures are available at both hospitals. Transfers can create delays and impact on patient experience.

Upper GI surgery:

- Better outcomes are linked to higher volumes of patients, but patients are currently split across two locations.
- A smaller unit doesn't create same opportunities for innovation and research.
- Difficulties finding and retaining staff.
- Differences in quality of care between sites.

HPB surgery:

- Liver and pancreas surgery happening at two sites means the workforce is split.
- The split in services – and differences in the way that patients are managed – means it can be difficult for other hospitals to refer patients for care.

Emergency general surgery:

- Difficulties meeting some national standards/recommendations.
- Surgeons at the Royal Liverpool Hospital are performing both elective and emergency operations, which isn't in line with best practice.
- Some operations happen as inpatient procedures when they could be day cases.

[5] These issues are explained in more detail in the consultation booklet, available at www.futureLUHFT.nhs.uk.

Proposed change

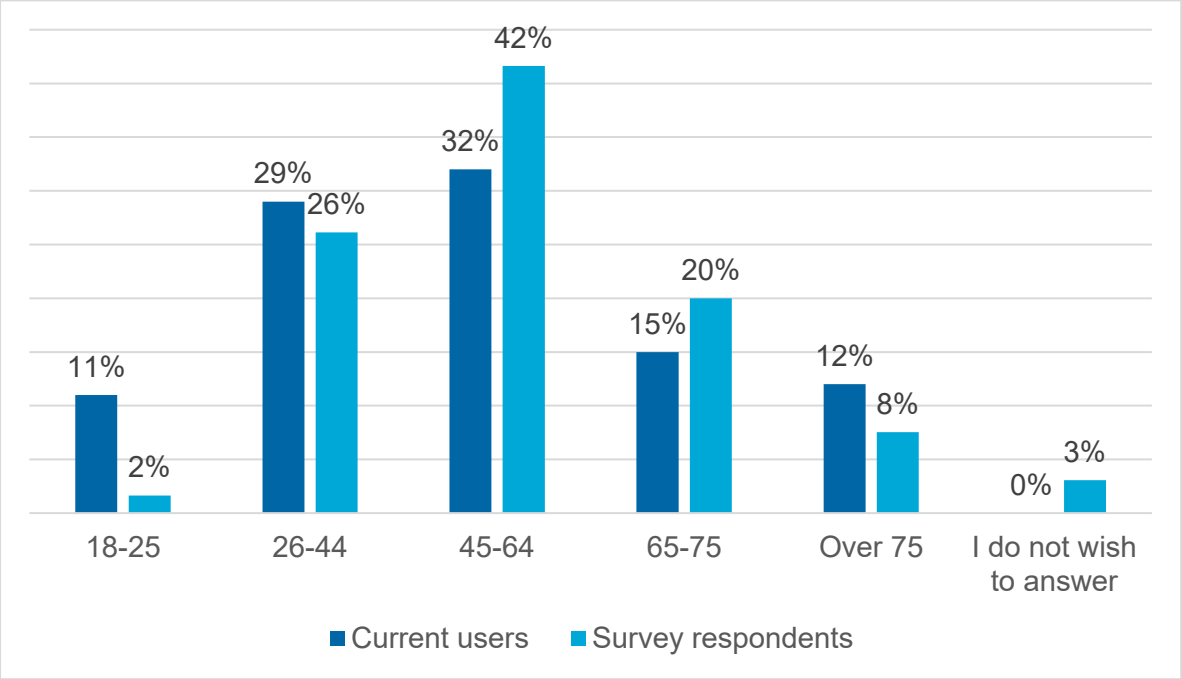
Aintree would focus on emergency general surgery and ambulances would take patients who require emergency surgery straight to Aintree. The Royal Liverpool, would specialise in planned care, including complex benign (non-cancer) and cancer cases (such as upper GI, HPB and colorectal cancer). General surgical emergency cover would still be provided at the Royal Liverpool for occasional patients who might need emergency surgery but are not well enough to be transferred. However, planned (elective) care would no longer take place at Broadgreen.

5.2 Sample characteristics

A total of 1,231 individuals responded to questions on this proposed change and provided feedback. Out of those, 44% stated that they or someone close to them had experience of using LUHFT general surgery services.

To understand the demographic profile of respondents who provided feedback on general surgery, further comparison was undertaken for age, sex, ethnicity, and location which compared the respondents with current users of the service[6], illustrated in the figures below.

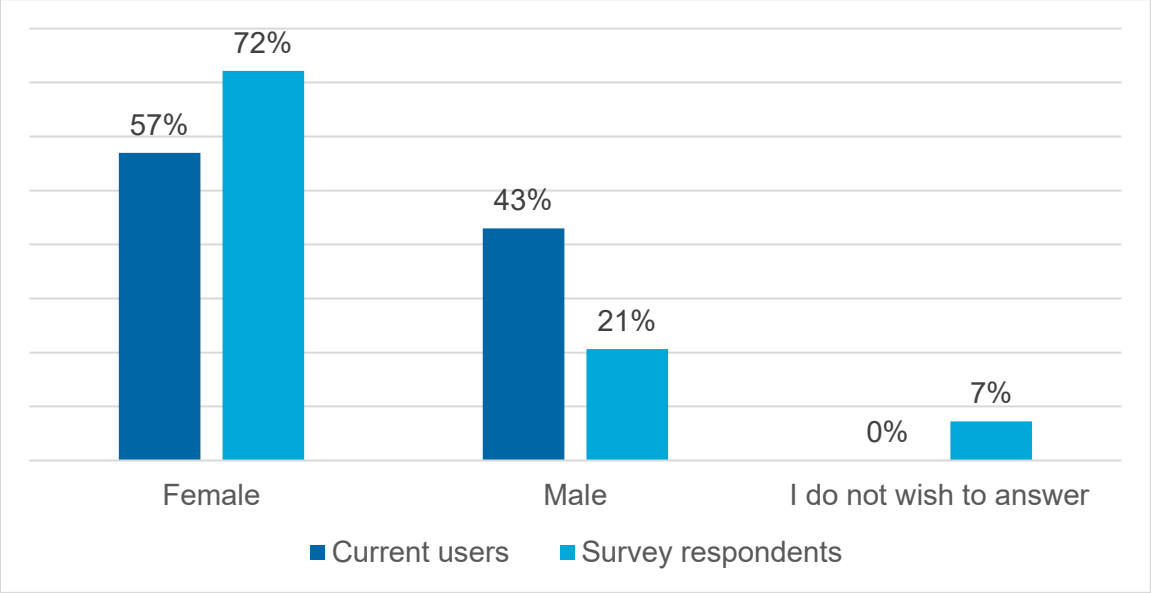
Figure 7: Breakdown of age of current users (n=10,795) vs questionnaire respondents who answered this question (n=915)



As indicated in Figure 7, all age groups were represented in the sample, however there was low representation of young adults aged 18 – 25 (2%) compared to the proportion of current users in this age bracket (11%). Most respondents were aged 45-64 (42%) which is higher than the proportion of current users this age (32%)

[6] Statistics represent a snapshot of 'current users' (patients who used the services) in the year 2019-20.

Figure 8: Breakdown of sex of current users (n=10,795) vs questionnaire respondents who answered this question (n=912)



Approximately 1 in 5 respondents were male (21%), which is lower than the current male users (43%). Females were overrepresented in the sample (72%) compared to current female users (57%) and a small number preferred not to state their sex.

Regarding ethnicity, Figure 9 shows that most respondents were White (87%) which is slightly lower than the proportion of current users who are White (90%). Only 5% of the sample were from a minority ethnic group.

Figure 9: Breakdown of ethnicity of current users (n=10 795) vs questionnaire respondents who answered this question (n=917)

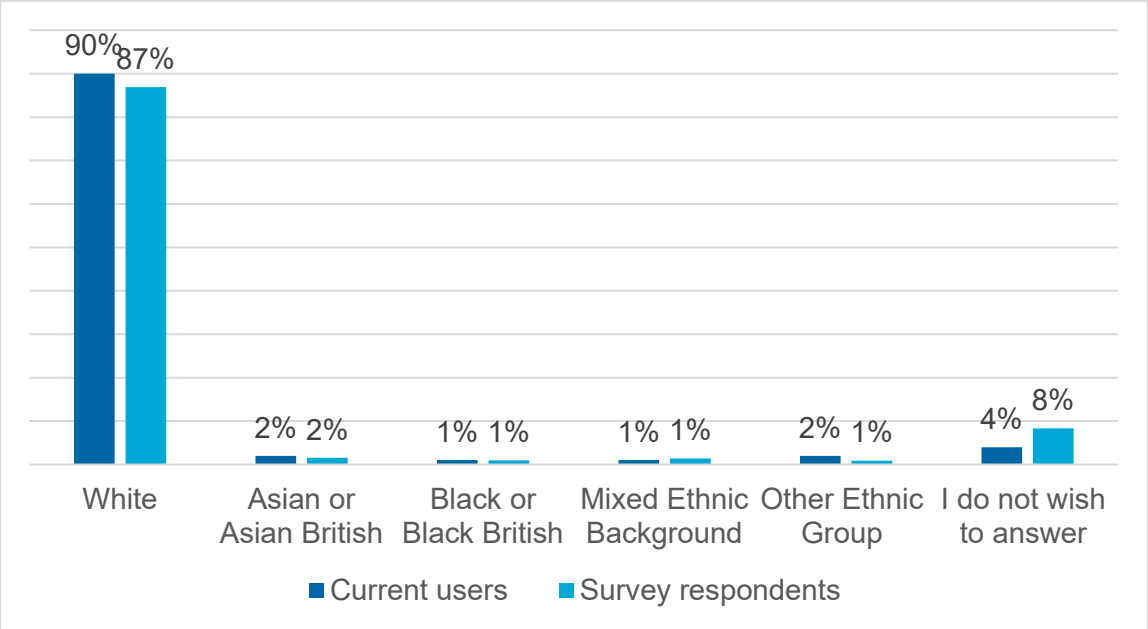


Figure 10: Breakdown of location of current users (n=10,795) vs questionnaire respondents who answered this question (n=1231)

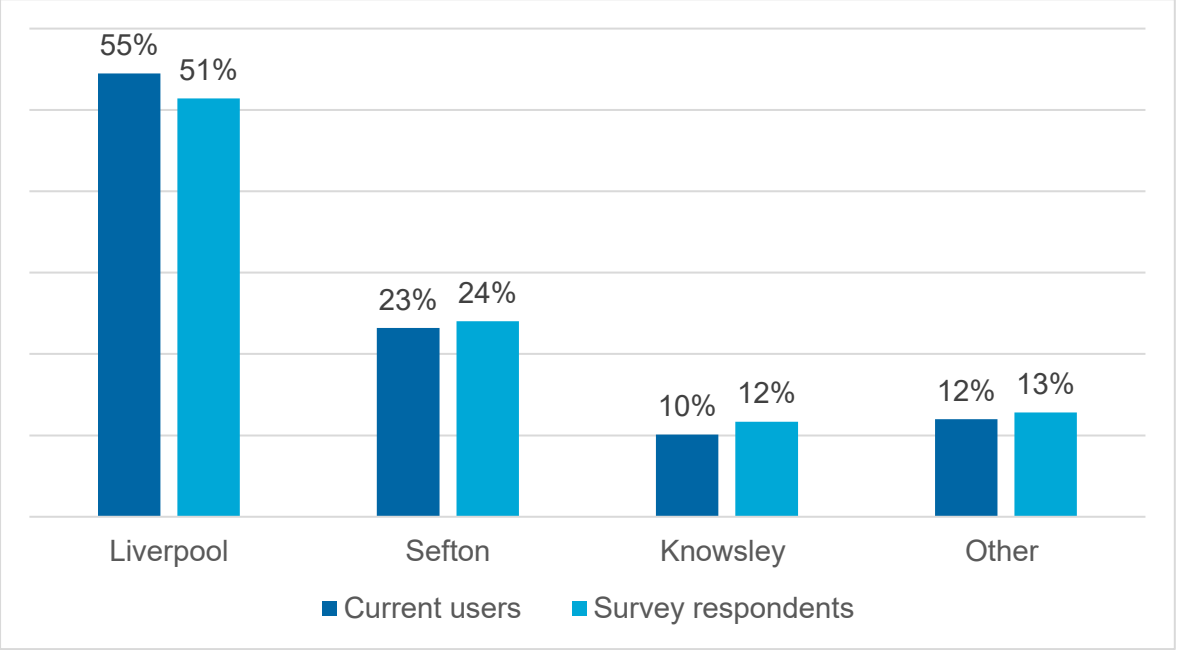


Figure 10 shows the breakdown of where questionnaire respondents live compared to the location of where current users were referred from. The sample is broadly representative of current users by area. Questionnaire respondents from other areas (n=158) included Wirral (n=54), Halton (n=45) and St Helens (n=32).

5.3 Key findings

5.3.1 Intial feedback on proposed changes

Respondents were presented with information explaining the proposed change and were asked what they think about it. A breakdown of their responses is shown in Table 3 below, with over half (59%) agreeing that 'this is a good plan', most of which (45%) said they would be happy with it as is. Approximately 1 in 3 respondents (31%) did not think 'this is a good plan' and went on to report several considerations that are discussed in this section.

Table 3: Breakdown of responses to question 'Which of the following options most closely reflects how you feel about this plan?'

Response option	% of responses (N= 1115)
1. I think this is a good plan and I would be happy with it as it is.	45%
2. I think this is a good plan and I have some ideas about how it can be better...	2%
3. I think this is a good plan, but you need to think about the following things...	12%
4. I don't think this is a good plan because you haven't thought about...	20%
5. I don't think this is a good plan. I have a different plan which I believe would be better...	5%
6. I don't think this is a good plan, but I'm not sure what would be a better plan.	6%
7. I'm not sure.	10%

Several questions were then asked to explore any concerns and/or considerations regarding the proposed plan as well as alternative options.

5.3.2 Concerns and considerations regarding the proposed change

Travel, transport, and parking

The main theme which emerged for this service area was around travel and transport. Respondents mainly living in Sefton and Liverpool (with postcodes predominantly near Aintree Hospital) raised a lot of the same concerns about the travel and transport to the Royal Liverpool as the ones described in section 4.3.2 of breast surgery. These included lack of direct buses and trains to the Royal Liverpool, which would mainly impact people who do not drive and people with physical disabilities, making it difficult for them to attend appointments. Also, the increased distance patients and their family and friends would have to travel, and the negative impact this would have on them in terms of longer travel time and increased cost, and the lack of affordable parking available. Furthermore, respondents expressed concerns about patients who are currently unwell and in a lot of pain having to travel further, which would add to their discomfort and pain.

'Transport services from my area can be very time consuming 45 mins at least to get to the Royal Liverpool hospital, no direct bus service, no direct train service for the elderly or people with no one close to them to drive them this distance reduces visiting. This will be detrimental in some cases.' – (Respondent, Sefton).

Respondents, mainly from the south of Liverpool, described Aintree as *'not easily accessible'* and were concerned about travelling to Aintree for general surgery emergencies. They were worried about the potential impact this might have on them, especially for those individuals for who the Royal Liverpool is closer and would have to bypass it to reach Aintree.

Transferring patients from the Royal Liverpool to Aintree in emergencies

Another key theme which emerged from the data was around the transfer of patients in an emergency from the Royal Liverpool to Aintree. Respondents, including health care professionals, recognised that some patients would continue to present at the emergency department of the Royal Liverpool with surgical complaints for a range of reasons. They also commented that it may be difficult for ambulance staff to determine where a patient needs to be transferred to, and that they might take them to the wrong hospital, creating delays which can potentially impact the patient's safety.

Thus, if a patient presented at the emergency department in the Royal Liverpool and was too unwell to be transferred, respondents wondered whether the *'surgical cover at the Royal Liverpool would be adequate?'* – would there be enough bed availability and experienced staff at the Royal Liverpool to treat such patients, particularly when the Royal Liverpool is in a central location to deal with emergencies from both sides of the city, and to accept cases from the city centre.

If however, patients had to be transferred from the Royal Liverpool to Aintree, some respondents, including professionals were concerned whether *'an already stretched ambulance service would be able to cope with the added pressure?'*. Respondents noted that there were already long waiting times for ambulances, and this would only increase

them. They also questioned whether the transfer and potential delays associated with it would *'impact patient outcomes'* for time sensitive emergencies.

'Gen Surgery is such a wide-ranging speciality where diagnoses are often not clear until examination and investigations have taken place… It is not reasonable to ask the Paramedics to distinguish between an appendicitis and a renal colic or an obstructive cholecystitis (which is managed by medicine). This means that despite the best efforts of NWAS a significant number of acute surgical patients will continue to be seen at RLH (not counting the self-presenters). This means a) we will have no access to specialist surgical assessment at RLH (see the current provision of Orthopaedic cover) and b) patients will need to be transferred to Aintree by an already overstretched ambulance service.' – (Health and care professional, Wirral).

Health care professionals expressed further concerns regarding the current capacity of the Aintree emergency department, and whether it would be able to cope with the transfer of general surgery and the additional cases the change would bring, as the department is already *'overwhelmed'* with trauma cases and does not have *'enough surgical staff to open theatres'*. Some respondents noted that this posed a risk to patient safety, if Aintree is not adequately resourced to deal with the increase in demand.

Some health care professionals compared the current plan to the reorganisation of orthopaedic services which took place in 2019, and stated that *'lessons haven't been learnt from the move of orthopaedics'.* They were worried about the delays in transfers from the emergency department at the Royal Liverpool to the one in Aintree, and the impact this would have on patient health and safety. Additionally, they were worried about lack of resources and delays caused by *'frequent list changes'* and *'outpatients DNAs'* which are currently happening in the orthopaedic service.

'Significant difference in A&E performance between the 2 sites will worsen as more acute cases go to Aintree. The lack of transparency with performance data e.g. Orthopaedic Cases awaiting surgery/ Outpatients DNAs- Common knowledge amongst staff but public are unaware.' – (Health care professional, Sefton).

Staff provision and de-skilling of current staff

Concerns about staff provision were reported by some respondents. They commented that by moving general surgery emergency cases to Aintree, additional staff will be required to provide key services, such as out of hours theatre and anaesthetic services, and more doctors and nurses will be needed to treat and look after the increased number of patients expected. In addition, respondents questioned whether there would be sufficient numbers of specialist staff at the Royal Liverpool to manage emergency cases which cannot be transferred to Aintree, and ensure patients receive the comparable standards of high-quality care. Respondents were worried that moving emergency general surgery out of the Royal Liverpool will negatively impact staff and trainees, and potentially *'de-skill'* them. As only the most serious emergencies which cannot be transferred will be treated at the Royal Liverpool,

respondents expressed concerns that the *'sickest patients'* would be operated on by surgical trainees with a lack of experience, thus putting patients' health at risk.

'[I don't think this is a good plan because you haven't thought about…] The on-site surgical cover that would be needed to support an ED at RLUH. The out of hours anaesthetic cover that would be needed to provide double the amount of services at Aintree plus the on-site cover that would still be needed to support an emergency service at the Royal.' – (Health care professional, Liverpool).

Waiting times for planned surgery and care

A few respondents were also concerned about the impact the proposed change could have on waiting times for planned surgery and care, which are already very long, and respondents stressed that disruption to waiting times should be minimised if the change was to go ahead.

'Would this put too much pressure on Aintree hospital. Would it impact the surgery waiting list times even more than what it is now?' – (Respondent, Sefton).

5.3.3 Alternative options

Respondents were informed that a number of alternative options had been considered by the NHS, which were:

- Do nothing.
- Implement the current Aintree model for emergency general surgery across both hospitals (Aintree and the Royal Liverpool).
- Implement the current Royal Liverpool model for emergency general surgery across both hospitals (Aintree and the Royal Liverpool).

Respondents who didn't think the proposed plan was a good plan, or who were not sure, were given the opportunity to provide feedback on alternative options. Respondents discussed several alternatives, including some of those noted above, and wider suggestions.

Keep it as it is

The most popular alternative option discussed by respondents was 'keep it as it is'. Respondents expressed a desire for planned and emergency surgery to continue to be delivered from both Aintree and the Royal Liverpool. This was to ensure people are not discriminated against based on where they live, and everyone can access care locally. Respondents stressed the importance of having access to emergency surgery close to home, to optimise patients' outcomes and were concerned that '*these proposals will kill people'* due to the distance some patients would have to travel, which links with the first theme of travel and transport discussed in section 5.3.2.

'Bring RLUH up to date on par with Aintree, again travel times are crucial by insisting on only one hospital taking emergency surgery it's again causing rationing by post code. If I lived in South Liverpool and was stabbed high probability, I would have bled out by the time I reached Aintree.' – (Respondent, Liverpool).

Furthermore, respondents mainly living in Liverpool with postcodes near Broadgreen and Aintree, wanted planned care to continue to happen at Broadgreen because *'it is easily accessible',* as it is just off the motorway and has better parking than Aintree and the Royal Liverpool. Furthermore, as Broadgreen does not have an emergency department, respondents commented that this would reduce the chance of cancellations and delays, and overall, they were satisfied with the care they had received there previously, thus did not want to change hospitals.

Respondents mainly living in Sefton and Liverpool near Aintree, also wanted planned care to remain at Aintree due to its location for older individuals who live locally and cannot travel far to be able to access easily, and also for easier accessibility via public transport for those who cannot drive.

Move all planned and emergency general surgery to Aintree

A few respondents also suggested that all general surgery services are moved to Aintree. The main reason for this option was because these respondents had recently received care there and were very satisfied with it, thus wanting the service to remain and expand providing everything.

Implement Aintree model

Reported by a couple of respondents, with one of them suggesting *'With all theatres being co-located in the new Royal, a flexible approach to theatre working could solve some issues of theatre access.'*

Utilise other hospitals

Some respondents noted that Liverpool Heart and Chest Hospital should be involved and utilised in changes to where general surgery happens. Respondents went on to say that information about changes to emergency surgery and the impact on Liverpool Heart and Chest services should be clearly communicated.

5.4 Experience of general surgery

Respondents who had experience of general surgery at LUHFT, or personally knew somebody who had (n=543), were given the opportunity to provide qualitative feedback on their experience.

5.4.1 Positive experiences of general surgery

Approximately 2 in 5 respondents (40%) reported having a positive experience of general surgery services at LUHFT. Many reported receiving a 'good' or 'excellent' service, which was attributed to receiving care and treatment from staff who were friendly, caring and efficient. They felt staff were able to provide patients with effective treatment, even though resources and staffing levels did not seem sufficient. A small number also stated that they received treatment in a timely manner.

'It is a fantastic service, and the staff work very hard even though they were very understaffed' – (Respondent, St Helens).

'My brother had Oesophageal surgery. LUHFT saved his life with its excellent service' – (Respondent, Liverpool).

5.4.2 Negative experiences of general surgey

Approximately half of respondents (49%) who provided feedback on this question reported having a negative experience of general surgery at LUHFT. A key reason for their poor experience of the services was long waiting times in relation to receiving results/diagnosis, and having treatment and aftercare. Furthermore, insufficient staffing/resourcing and perceived lack of care from staff was cited.

'Aintree's service could be improved by using the recruitment model of Clatterbridge Cancer center to ensure you have the right staff and volunteers who know their business, are dedicated, knowledgeable and who have an exemplar attitude to patients and are aware of kindness and the importance of human dignity.' – (Respondent, Sefton).

It's important to note that some respondents may have been reflecting on their experience of the Royal in general, rather than their experience of using general surgery only. Nevertheless, other respondents also mentioned receiving poor treatment from staff when accessing general surgery, without specifying the name of the hospital, as well as feeling they were discharged too early after surgery, without appropriate aftercare information or advice.

5.5 Summary

The proposed change for the future is for Aintree to focus on emergency general surgery, with ambulances taking patients who require emergency surgery straight there. The Royal Liverpool would specialise in planned care, including complex benign (non-cancer) and cancer cases (such as elective upper GI, HPB and colorectal surgery), and Broadgreen would no longer offer planned care for general surgery.

- Over half of respondents (59%) 'think this is a good plan' and 1 in 3 (31%) do not.

- Respondents raised concerns around travel, transport and parking at both the Royal Liverpool and Aintree. More specifically, they were concerned about travelling further to the Royal Liverpool to access planned care, and the associated cost in terms of time and money. Respondents living close to the Royal Liverpool were also concerned about travelling further to Aintree in emergencies, and the impact this might have on them.

- In an emergency, if a patient presents at the Royal Liverpool, respondents including health and care professionals were concerned whether there would be adequate surgical cover to treat them if they were too unwell to be transferred.

- Additionally, if this patient had to be transferred to Aintree, they questioned whether that would increase pressures on the ambulance service and increase waiting times, potentially negatively impacting the patient's outcomes.

- Another theme which emerged was around staff provision at Aintree, and whether there would be enough theatre and anaesthetic staff to be able to support the increased demand at the emergency department. Respondents were also worried about staff at the Royal Liverpool becoming de-skilled, due to a lack of experience of treating emergency cases.

Alternative options which respondents suggested included:

- Keeping services as they are. This included continuing to provide emergency general surgery from both Aintree and the Royal Liverpool, to allow equal and fast access to help for local people from both the south and north of Liverpool.

- People living near Broadgreen wanted planned care to continue to happen at Broadgreen due to its location, easier accessibility and the fact that it doesn't have an emergency department, which they felt would reduce cancellations and delays.

- People living in Sefton and Liverpool near Aintree Hospital, wanted planned care to continue at Aintree due to easier accessibility.

- A few respondents wanted all general surgery services to move to Aintree, mainly because they were satisfied with the care they had received there.

6 Nephrology Services

6.1 Introduction to the service

Nephrology services focus on caring for people with kidney problems and treating the diseases that can cause them. The service is sometimes referred to using the term ‘renal’, which relates to kidney care.

The nephrology service based at LUHFT serves a population of about two million people throughout Merseyside, as well as parts of Cheshire, Lancashire and North Wales.

Current service provision

- Nephrology is currently provided at both Aintree and the Royal Liverpool.
- Weekly ‘satellite’ clinics for dialysis (a treatment that removes harmful waste products and excess fluids from the blood when the kidneys stop working properly) are provided at Broadgreen, St Helens, Warrington, Halton, Aintree, Waterloo and Southport hospitals.

Reasons for change[7]

Some of the challenges facing the service are:

- Rising demand.
- Inequitable access for dialysis and transplants.
- Variation in research and clinical trials.
- Failure to meet national standards.

Proposed change

The proposed solution is to create a single Merseyside and Cheshire Regional Renal Service, based at the Royal Liverpool. The service would be purpose-built, to provide both planned and emergency renal care. This means that Aintree would no longer have any inpatient renal beds, but would still have a renal consultant presence and retain the ability to provide dialysis for patients at the hospital with renal failure. The satellite clinics for dialysis would continue to operate as they do now.

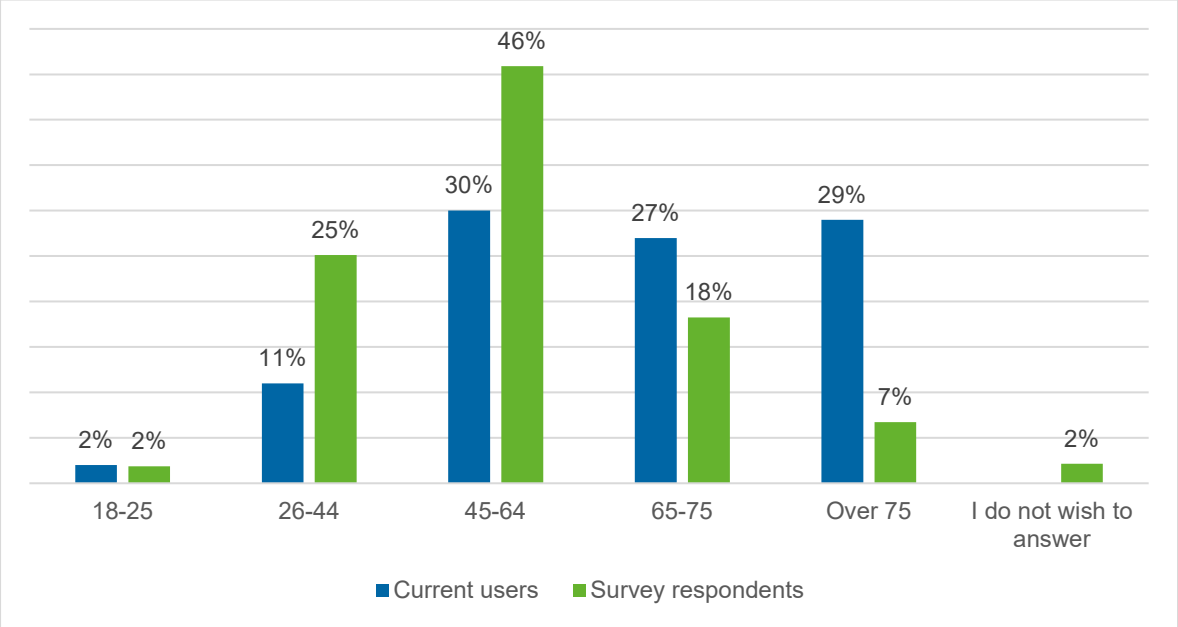
[7] These issues are explained in more detail in the consultation booklet, available at www.futureLUHFT.nhs.uk.

6.2 Sample characteristics

A total of 873 individuals responded to questions on this proposed change and provided feedback. Out of those, 41% stated that they or someone close to them had experience of using LUHFT nephrology services.

To understand the demographic profile of respondents who provided feedback on nephrology services, further comparison was undertaken for age, sex, ethnicity, and location, which compared the respondents with current users of the service[8], illustrated in the figures below.

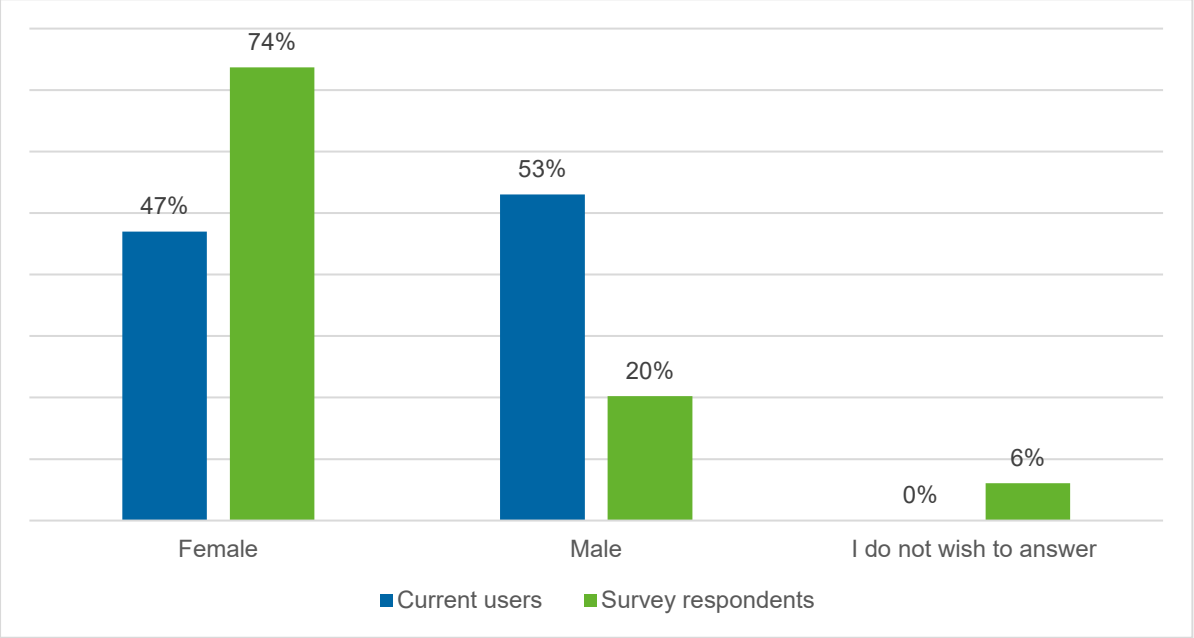
Figure 11: Breakdown of age of current users (n=3,470) vs questionnaire respondents who answered this question (n=745)



As shown in Figure 11, older adults aged 65+ were underrepresented and people aged 26-64 were overrepresented when compared to actual patients.

[8] Statistics represent a snapshot of 'current users' (patients who used the services) in the year 2019-20. Please note, this is based on day, elective and emergency cases. Regular cases have been excluded as this refers to dialysis patients who won't be affected by the change.

Figure 12: Breakdown of sex of current users (n=3,470) vs questionnaire respondents who answered this question (n=741)



Approximately 3 in 4 respondents were females (74%) which is higher than the proportion of current female users of nephrology services (47%). Men were underrepresented in the sample.

Regarding ethnicity, Figure 13 shows that most respondents were White (88%) which is slightly lower than the proportion of current users who are White (92%). Only 4% of the sample were from a minority ethnic group.

Figure 13: Breakdown of ethnicity of current users (n=3,470) vs questionnaire respondents who answered this question (n=746)

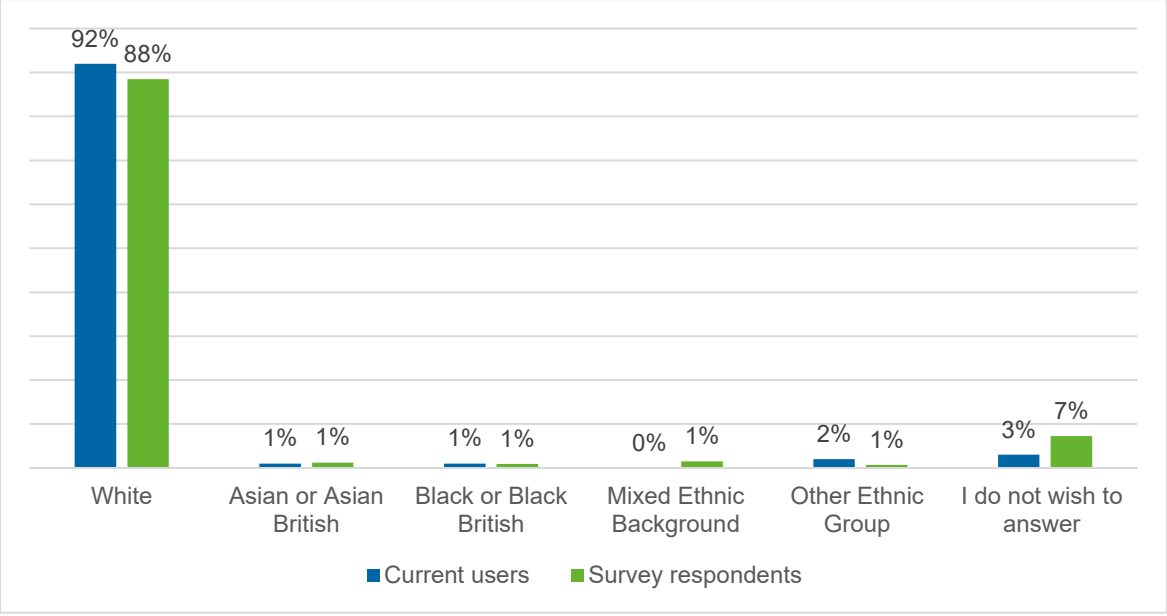


Figure 14: Breakdown of location of current users (n=3,470) vs questionnaire respondents who answered this question (n=873)

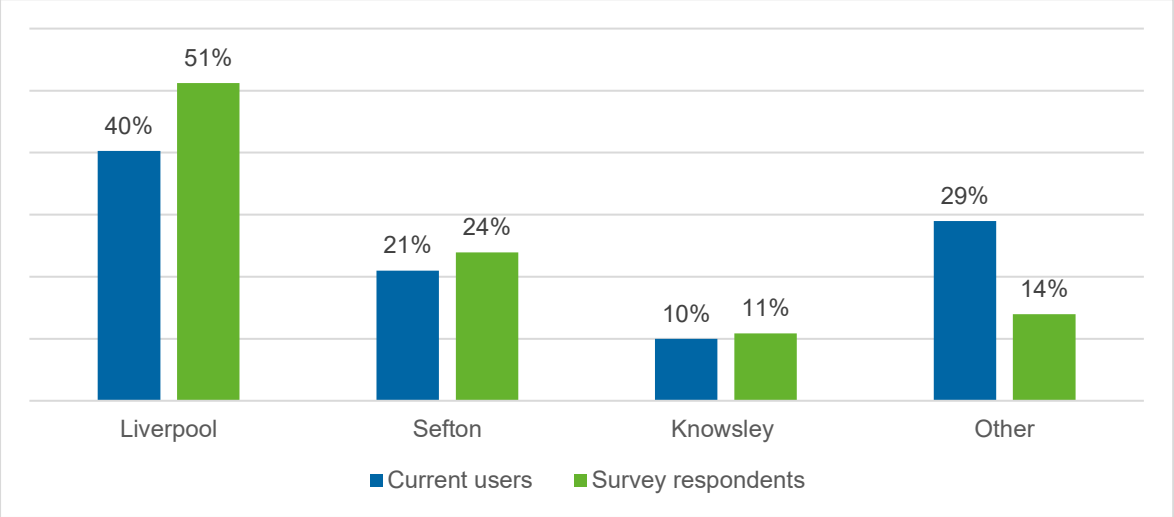


Figure 14 shows the breakdown of where survey respondents live compared to the location of where current users were referred from. The sample is broadly representative of current users by area, with a slight underrepresentation of people from outside areas. Representation from other areas (n=122), included St Helens (n=24), Wirral (n=34), West Lancashire (n=20) and Halton (n=20).

6.3 Key findings

6.3.1 Initial feedback on the proposed changes

Respondents were presented with information explaining the proposed change and were asked what they think about it. A breakdown of their responses is shown in Table 4, with approximately 3 in 4 respondents (76%) agreeing that 'this is a good plan' and 2 in 3 respondents (63%) reporting that they would be happy with it as it is. A much smaller proportion (17%) didn't think it was a good plan.

Table 4: Breakdown of responses to question 'Which of the following options most closely reflects how you feel about this plan?'

Response option	% of responses (N= 845)
1. I think this is a good plan and I would be happy with it as it is.	63%
2. I think this is a good plan and I have some ideas about how it can be better...	2%
3. I think this is a good plan, but you need to think about the following things...	11%
4. I don't think this is a good plan because you haven't thought about...	11%
5. I don't think this is a good plan. I have a different plan which I believe would be better...	2%
6. I don't think this is a good plan, but I'm not sure what would be a better plan.	4%
7. I'm not sure.	7%

Several questions were then asked to explore any concerns and/or considerations regarding the proposed plan as well as alternative options.

6.3.2 Concerns and considerations regarding the proposed change

Travel, transport and parking

Similar to the key theme in section 4.3.2 in breast surgery and section 5.3.2 in general surgery, '**travel, transport and parking**' was the most salient theme which emerged for nephrology services. Respondents predominantly from Sefton, Liverpool (who live close to Broadgreen and Aintree hospitals) and Knowsley, reported that if the proposed change went ahead their travel time to appointments would increase, along with the cost. Some felt that people who cannot drive will either have to pay an *'astronomical taxi fare',* or use multiple forms of public transport to get to the Royal Liverpool, which would make it very difficult for some patients to attend appointments and access care. As previously discussed, respondents also noted that parking at the Royal Liverpool is very limited and expensive too.

Thus, some respondents suggested that the transport links to the Royal Liverpool need to be improved, with a select few suggesting that a dedicated bus service was put in place between Aintree, Broadgreen and the Royal Liverpool to help patients, their families and staff to access the hospitals more easily and at reduced rates.

'Liaising with Merseytravel and providing a bus service between the Royal, Broadgreen and Aintree for staff and patients might help with transport between hospitals for appointments, visiting and working shifts.' – (Health care professional, Liverpool).

Capacity of the Royal Liverpool

'Will the Royal Liverpool be able to cope with demand?' The same question was posed by respondents in section 4.3.2 in breast surgery. Similar to the concerns discussed there, respondents questioned whether the Royal Liverpool had enough capacity to be able to deliver both inpatient and emergency nephrology services for even more patients than before. Respondents were worried about bed availability and waiting times at the Royal Liverpool, reporting that *'demand for in-patient renal beds at the Royal Liverpool has always outstripped supply and is likely to further increase'*. A couple of respondents were also concerned about how the Royal would be able to admit and provide a bed for all new patients (including the ones which would have previously been treated at Aintree), considering the perceived capacity of the 'new' hospital as being smaller than the 'old' one.

'Please think about bed space in the New Royal. Sometimes patients are sitting on the clinics for almost 3-4 hours waiting for a bed space or rather patients going through A&E in order to find a bed at some point thereby causing congestion in the emergency department. This will become worse in the New Royal.' – (Health care professional, Liverpool).

Continuity of care at Aintree

Another salient theme which emerged from the data was about whether there would be *'sufficient nephrology cover at Aintree'*. Respondents were worried about what would happen to patients who were admitted to Aintree with a different medical problem and required expertise in multiple specialities alongside renal care and support. Would they have to be transferred back and forth between the Royal Liverpool and Aintree, which would cause them to receive very disjoined care and delays; or would there be renal cover at Aintree for them. If there was renal cover at Aintree, respondents further asked the following questions:

- 'How easy would it be to access specialist renal advice?'
- 'How will emergency dialysis provision be maintained at Aintree?'
- 'If this is via critical care, is there sufficient capacity?'
- 'Is this going to have an unmanageable burden on the Aintree ITU for inpatient Renal Replacement Therapy until transfer can be arranged?'

A couple of respondents also wondered what would happen to patients who become unwell at satellite clinics, especially the one in Aintree, and whether they would be treated there or if they would have to be transferred to the Royal Liverpool.

'I'm a medical trainee who worked at LUHFT for foundation and now works at a DGH without inpatient renal services and IT DOESN'T WORK. For example, when a patient is admitted for a problem but also requires routine dialysis, I spend hours on the phone arguing with ITU to dialyse them, but they are also under immense pressure.' – (Health care professional, Liverpool).

It is important to note that although a large proportion of respondents were concerned about whether there would be renal cover at Aintree, as part of the proposed change Aintree *'would still have a renal consultant presence and retain the ability to provide dialysis for patients at the hospital with renal failure'*. Thus, this concern has already been considered but may need to be better communicated to the public to aid understanding.

Impact on medical trainees

A few respondents also raised the issue of not being able to train as many trainees as a result of the proposed change, and that by removing nephrology services from Aintree, trainees will have fewer opportunities to develop their skills and knowledge in the field.

6.3.3 Alternative options

Respondents were informed that a number of alternative options had been considered by the NHS which were:

- Do nothing.
- All nephrology services to move to Aintree.

Respondents who didn't think the proposed plan was a good plan or who were not sure, were given the opportunity to feedback on alternative options. Respondents discussed several alternatives, including some of those noted above, and wider suggestions.

Keep it as it is

The most popular alternative option suggested by respondents who were from mainly Sefton and Liverpool (living near Aintree and Broadgreen hospitals), was to keep the services as they currently are and to *'continue to provide inpatient care at Aintree'*. A lot of the same reasons as discussed in other sections (4.3.3 and 5.3.3) were reported, such as maintaining services at both hospitals (the Royal Liverpool and Aintree) to offer treatment and care to patients that is accessible, close to their homes and enables friends and family to visit more easily. Offering emergency renal care at both hospitals was also cited as important. By offering nephrology services at both hospitals, respondents felt patients would also have a choice in where they access treatment and support. Furthermore, respondents added that a *'trauma centre should be able to provide all specialties'* and that moving the service out of Aintree would be disruptive to patients who are familiar and satisfied with receiving care at Aintree.

'Do nothing, if it isn't broken don't fix it.' – (Respondent, Sefton).

6.4 Experience of nephrology services

Respondents who had experience of nephrology services at LUHFT, or personally knew somebody who had (n=349), were given the opportunity to provide qualitative feedback on their experience.

6.4.1 Postive experiences of nephrology services

Approximately 2 in 3 respondents (62%) reported having a positive experience of nephrology services at LUHFT. Many respondents reported that they had received 'excellent' service, which was attributed to receiving care and treatment from staff who are friendly, caring and very knowledgeable, particularly for patients who received ongoing treatment. They were able to provide patients with person-centred care, keeping patients informed of their treatment process, including appointments, phone calls and scans that needed to be carried out. In addition to this, staff efficiently addressed wider queries patients had about their care, such as diet and nutrition.

'I have been using it for 10 years and the service from all staff across the board are second to none. All the doctors know me and my situation which makes it so much better. The nurses, doctors, cleaners, catering staff are all amazing.' – (Respondent, St Helens).

6.4.2 Negative expereinces of nephrology services

The remaining respondents (38%) who provided feedback on this question reported having a negative experience of nephrology services at LUHFT. Some of the reasons for their poor experience of the service included poor care from staff, as well as a lack of resources and facilities. Furthermore, some respondents said nephrology care is disjointed, which affected the quality of care they received.

'Services at the Royal are very inward thinking, if a patient and many do have diabetes too the 2 services don't work together to give holistic care opportunities missed for joined up care.' – (Respondent, Sefton).

A few respondents specified that their poor experience was at the Royal Liverpool, stating that the hospital seemed 'too busy to deliver effective care'. A few respondents reported that they did not receive adequate follow-up from the nephrology service at the Royal. It's important to note that some respondents may have been reflecting on their experience of the Royal Liverpool in general, rather than their experience of using nephrology services only.

6.5 Summary

The proposed solution is to create a single Merseyside and Cheshire Regional Renal Service, based at the Royal Liverpool. The service would be purpose-built, to provide both planned and emergency renal care. This means that Aintree would no longer have any inpatient renal beds, but it would still have a renal consultant presence and retain the ability to provide dialysis for patients at the hospital with renal failure. The satellite clinics for dialysis would continue to operate as they do now.

- Approximately 3 in 4 respondents (76%) agreed that 'this is a good plan'. A much smaller proportion (17%) didn't think it was a good plan.

- The main theme was travel, transport and parking at the Royal Liverpool, which is consistent with the feedback received for the other service areas. Respondents reported having to travel further, with limited and expensive parking at the Royal Liverpool, and limited and expensive public transport.

- Respondents wanted a dedicated bus service between the three hospitals at reduced fares for patients, their families and professionals.

- Some questioned whether the Royal Liverpool would be able to cope with the increased demand the change would bring, in terms of more patients, increased demand for beds and waiting times.

- Respondents also asked whether there will be renal cover at Aintree for patients who are already admitted to Aintree for another medical problem but require renal support. It is worth noting that as stipulated in the consultation booklet, there will be renal cover at Aintree for such patients.

Alternative options which respondents suggested included:

- Keep the services as they are and continue to provide inpatient renal care at Aintree, to allow equal access to patients from across Liverpool and the surrounding areas.

7 Urology Services

7.1 Introduction to the service

Urology services provide care for conditions that affect the urinary tract and male genital tract. This includes treatment for prostate, bladder, kidney and testicular cancer, and some very common but debilitating conditions such as kidney stones, lower urinary tract symptoms, and urinary sepsis.

Current service provision

Liverpool's urology inpatient care (any treatment requiring an overnight stay in hospital) is currently delivered across two separate units – one based at the Royal Liverpool, and one at Aintree. Outpatient clinics for the service are provided at both Broadgreen and Aintree.

Reasons for change[9]

Issues experienced by urology services include:

- Rising demand.
- Patient waiting times.
- Future sustainability.
- Variations in care.
- Workforce issues.
- Duplication of resources.

Proposed change

All inpatient care would take place at a single unit based at the new Royal Liverpool. Outpatient services and day case procedures would continue to take place at both the Royal Liverpool and Aintree, but would no longer take place at Broadgreen.

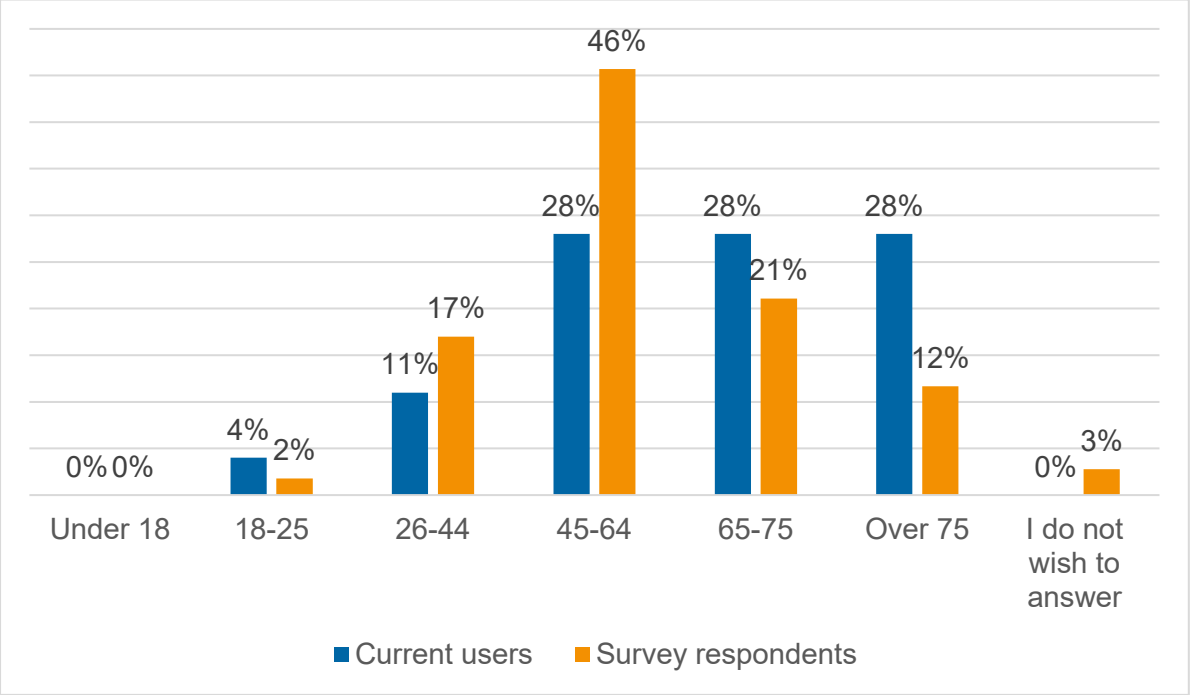
[9] These issues are explained in more detail in the consultation booklet, available at www.futureLUHFT.nhs.uk.

7.2 Sample characteristics

A total of 897 individuals responded to questions on this proposed change and provided feedback. Out of those, approximately 1 in 2 (48%) stated that they or someone close to them had experience of using LUHFT urology services.

To understand the demographic profile of respondents who provided feedback on urology services, further comparison was undertaken for age, sex, ethnicity, and location which compared the questionnaire respondents with current users[10] of the service, illustrated in the figures below.

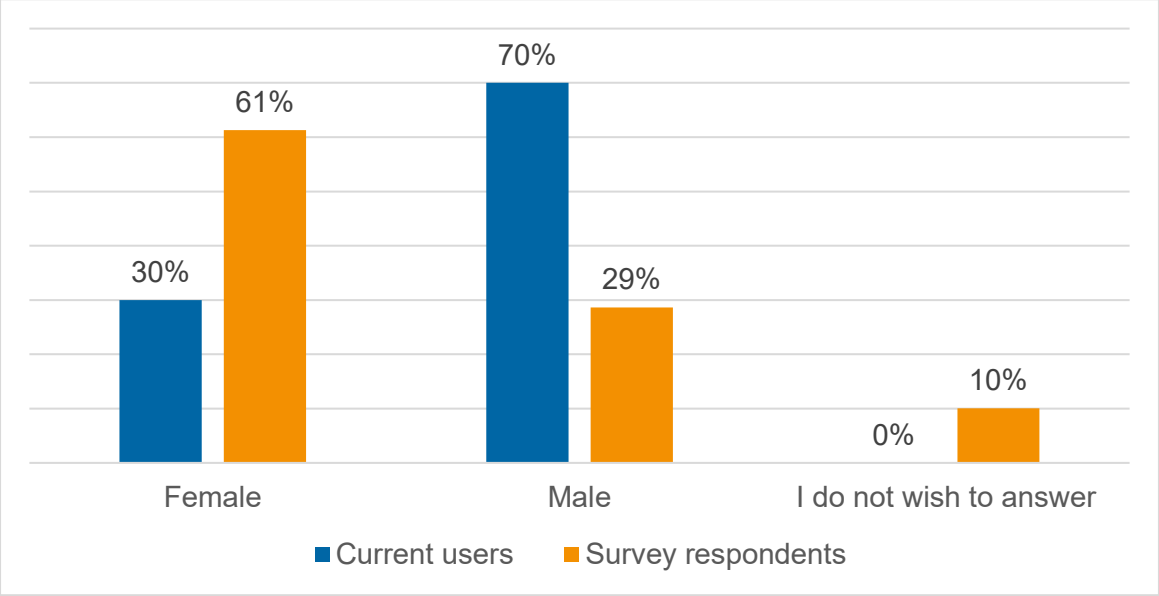
Figure 15: Breakdown of age of current users (n=12,974) vs questionnaire respondents who answered this question (n=394)



As shown in Figure 15, all age groups were represented in the feedback. The oldest and youngest age groups were underrepresented and nearly half of respondents were aged 45-64 (46%) which is higher than the proportion of current users in this age bracket (28%).

[10] Statistics represent a snapshot of 'current users' (patients who used the services) in the year 2019-20.

Figure 16: Breakdown of sex of current users (n=12 974) vs questionnaire respondents who answered this question (n=398)



Approximately 2 in 3 respondents were female, which is higher than the proportion of current female users (approximately 1 in 3 urology patients are female). Males were underrepresented in the sample when compared to the proportion of males who currently use urology services.

Regarding ethnicity, Figure 17 shows that most respondents were White (89%) which is slightly lower than the proportion of current users who are White (93%). Only 3% of the sample were from a minority ethnic group and 9% preferred not to state their ethnicity.

Figure 17: Breakdown of ethnicity of current users (n=12,974) vs questionnaire respondents who answered this question (n=400)

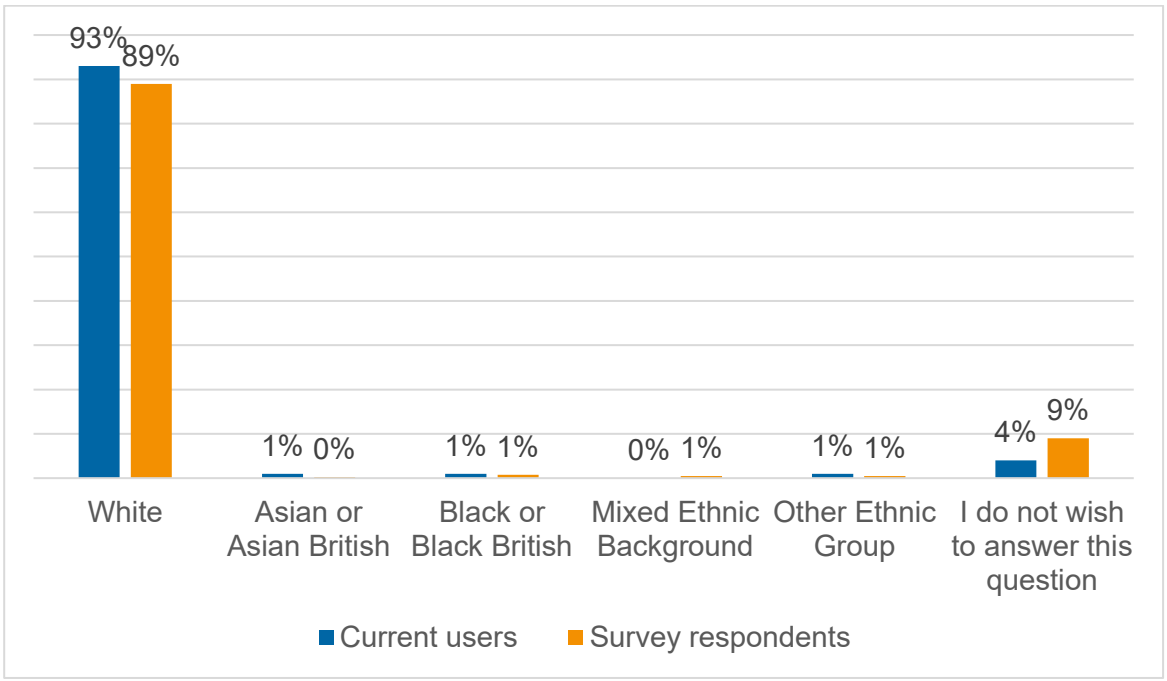


Figure 18: Breakdown of location of current users (n=12,974) vs questionnaire respondents who answered this question (n=434)

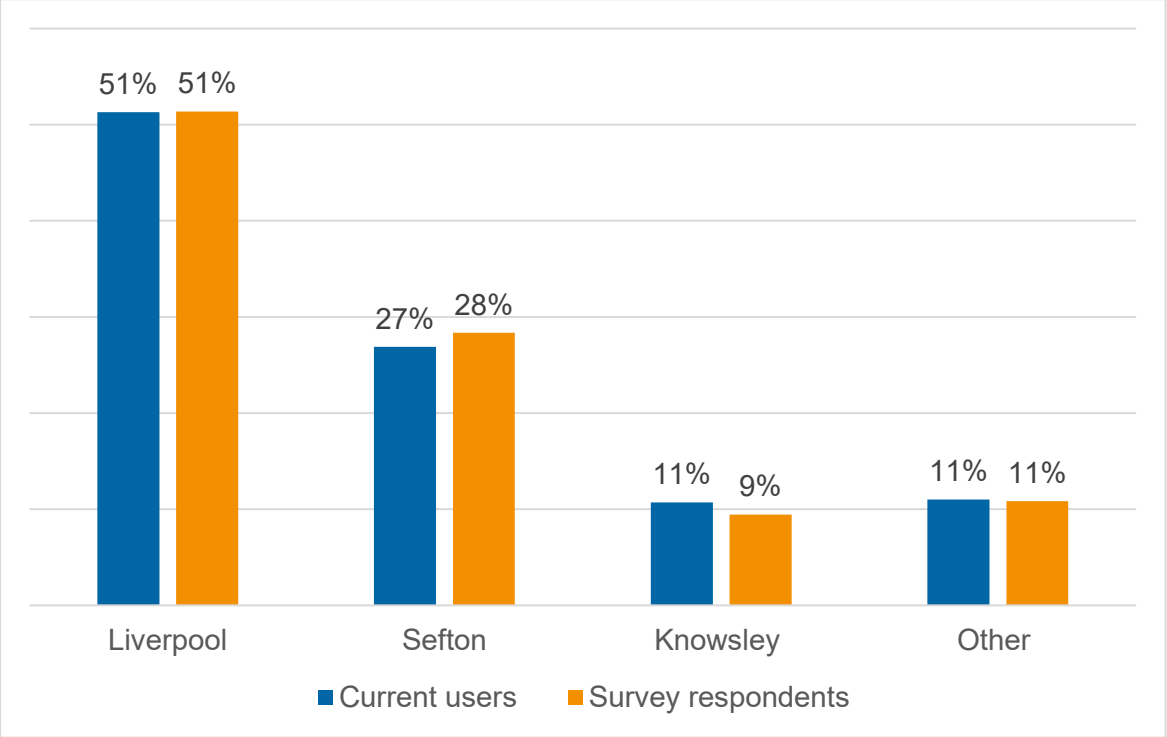


Figure 18 shows the breakdown of where questionnaire respondents live compared to the location of where current users were referred from. The sample is broadly representative of current users by area. Questionnaire respondents from other areas (n=47) included Wirral (n=11), St Helens (n=10) and West Lancashire (n=8).

7.3 Key Findings

7.3.1 Initial feedback on the proposed changes

Respondents were presented with information explaining the proposed change and were asked what they think about it. A breakdown of their responses is shown in Table 5 below, with over 2 in 3 respondents (69%) agreeing that 'this is a good plan', and over half (56%) reporting that they would be happy with it as it is. Approximately 1 in 4 respondents (25%) did not think it was a good plan.

Table 5: Breakdown of responses to question 'Which of the following options most closely reflects how you feel about this plan?'

Response option	% of responses (N=857)
1. I think this is a good plan and I would be happy with it as it is.	56%
2. I think this is a good plan and I have some ideas about how it can be better...	2%
3. I think this is a good plan, but you need to think about the following things...	11%
4. I don't think this is a good plan because you haven't thought about...	15%
5. I don't think this is a good plan. I have a different plan which I believe would be better...	6%
6. I don't think this is a good plan, but I'm not sure what would be a better plan.	4%
7. I'm not sure.	8%

Several questions were then asked to explore any concerns and/or considerations regarding the proposed plan as well as alternative options.

7.3.2 Concerns and considerations regarding the proposed change

Travel, transport and parking

As discussed in the report so far, '**travel, transport and parking**' continues to be the most prominent theme for each service area, including urology. Respondents from Sefton and across Liverpool were concerned about having to travel further to the Royal Liverpool to access inpatient care for urology. They were especially worried about the increased time this journey would take them, and reported that this would further add to the stress they were already experiencing dealing with their diagnoses. Lack of reliable and direct public transport was also mentioned by some respondents, who would have to take *'2 or 3 bus rides'* to get to the Royal Liverpool. Respondents were also concerned about *'some [bus] routes being changed to hourly frequency'* and how that would impact their access to healthcare.

Interestingly, some respondents from the south of Liverpool also mentioned that they are concerned about travelling further to Aintree as well.

'Travel, parking, longer time out of work, further away from home if you needed to be an in-patient. Feel as this is a cost exercise and not thinking about the "patient".' – (Health care professional, Knowsley).

The comments about parking at the Royal Liverpool are consistent with what respondents have reported in the other service areas – that it is expensive, limited and lacks bays for patients with disabilities.

'Parking is a real issue at the Royal Liverpool. This can prove expensive when visiting. Whenever I have used the drop off area at the front the security team have allowed people to park their cars meaning there is a significant jam as people try to collect patients.' – (Respondent, Liverpool).

Transfer of patients from Aintree to the Royal Liverpool

Similar to the theme discussed in sections 5.3.2 and 6.3.2 questions were raised about what would happen if a patient presents at Aintree emergency department with a urological emergency or is admitted to Aintree for multiple medical problems including urological concerns. Respondents raised questions about whether there will be urological cover at Aintree for such patients, or whether they will have to be transferred to the Royal Liverpool. If they will be treated at Aintree, *'who will look after them?'* If they have to be transferred, respondents enquired how patients would be transferred from Aintree to the Royal Liverpool in a safe, timely and efficient manner without further increasing the pressure and demand on the ambulance service.

'Essential that there is an adequate service for urological emergencies occurring in patients with other problems ALREADY admitted to Aintree. In view of the severity of bed availability will urological emergencies realistically be transferred to the Royal directly from Aintree AED OR will there be huge pressure to admit to an inappropriate bed at Aintree with delayed access to the Royal specialist service?' – (Health care professional, Sefton).

Capacity of the Royal Liverpool

A small proportion of respondents were concerned about the capacity of the Royal Liverpool to provide care and treatment for even more urology patients than before, and they were worried about the potential impact on bed availability and waiting times. Additionally, respondents were concerned about the Royal Liverpool's capacity to house another major service area and whether it had the space to do that, alongside the other proposed changes.

'Urology is a huge service, and I feel this needs to be looked into. Can we provide adequate beds, do we have the capacity for the amount of urology operations scheduled for just one site.' – (Health care professional, Liverpool).

Impact on medical trainees

Similar to the concerns raised about changes to nephrology services, a few respondents also raised the issue of trainees based at Aintree having fewer opportunities to develop their skills and knowledge of more complex cases that are likely to require inpatient care.

7.3.3 Alternative options

Respondents were informed that a number of alternative options had been considered by the NHS which were:

- Do nothing.
- Deliver all inpatient care at the new Royal, and outpatient care at Broadgreen and Aintree.
- Deliver planned inpatient care at the new Royal, emergency care at Aintree, and outpatient care at Broadgreen and Aintree.
- Deliver all inpatient care at Aintree, and outpatient care at both Aintree and Broadgreen.
- Deliver all inpatient care at the new Royal, and develop a new urology centre for outpatients at Broadgreen.
- Deliver all inpatient and outpatient care at the new Royal Liverpool Hospital.

Respondents who didn't think the proposed plan was a good plan or who were not sure, were given the opportunity to feedback on alternative options. Respondents discussed several alternatives, including some of those noted above, and wider suggestions.

Keep outpatient services at Broadgreen

Respondents from Liverpool, many of whom lived near Broadgreen, suggested that outpatient services should continue to operate there. Several reasons were provided as to why, including easier access to the hospital compared to the Royal Liverpool and Aintree, and better parking too. Respondents added that the *'urology centre is excellent'* at Broadgreen, with fantastic staff. Respondents were generally satisfied with the care they had received there, and they described the hospital environment as *'calmer'* compared to others. A few respondents further added that they would not want to be treated as an outpatient at any other hospital and stressed the importance of not removing *'a purpose build urology unit'* from Broadgreen.

'Broadgreen is so less stressful. It is easy to get to and the clinic is excellent. Waiting times are less than the Royal and it's a much nicer environment. Travelling to town or Aintree is so much more hassle especially for people with bladder problems.' – (Respondent, Knowsley).

A handful of respondents further stated that all urology services, including inpatient, outpatient and emergency services, should be moved to Broadgreen. It is important to note that all respondents who suggested this, apart from one, lived near Broadgreen.

Keep it as it is

A lot of respondents suggested that services should be kept as they currently are, which is consistent with responses in other service areas. Respondents, mainly living in Sefton and a mix of areas across Liverpool, stated that patients' choice to access care and treatment close to home should not be removed. Thus, services should remain at both Aintree and the Royal to serve both sides of the city, and to allow patients to select which hospital they would like to be treated at.

Other suggestions

Please note the suggestions listed below were made by a very small number of respondents and they did not provide explanations for their recommendations.

- All urology services should be moved to Aintree.
- All inpatient care should be delivered at Aintree, and outpatient care should be delivered at both Aintree and Broadgreen.
- Keep all services on one site. Please note, no site was specified.

7.4 Experience of Urology Services

Respondents who had experience of urology services at LUHFT, or personally knew somebody who had (n=427), were given the opportunity to provide qualitative feedback on their experience of urology services.

7.4.1 Positive experience of urology services

Over half of respondents (54%) reported having a positive experience of the urology services at LUHFT. Many reported that they had received a 'great' and 'consistent' service, which was attributed to receiving care and treatment from staff who were caring, knowledgeable and worked well in pressured situations. They were able to provide patients with excellent care, with multiple respondents saying staff were kind, thoughtful and helped to facilitate a 'stress-free' environment. Staff were perceived to be responsive to patients, with urology nurses being praised for their ability to offer help, support or advice in a timely manner.

'Dad was diagnosed with bladder cancer in 2020 and has been solely seen at Aintree Hospital for all inpatient and outpatient care. Very efficient, kept well informed of appointments and treatment. Always able to call urology nurses for help, advice as well as concerns over Dad's treatment, care, appointments, etc.' – (Respondent, Liverpool).

7.4.2 Negative experience of urology services

Under half of respondents (47%) who provided feedback on this question reported having a negative experience of the urology service at LUHFT. Most of the negative feedback related to receiving slow treatment, results, and limited/infrequent appointments with the service. Furthermore, respondents said that the quality of facilities and wards were poor, and multiple respondents said that Aintree would benefit from an upgrade of its facilities.

'I have a close relative who unfortunately suffered a stroke during lockdown. The stroke has damaged his urinary tract but getting support has been very hard long waiting lists, cancelled appointments. I think things need to improve but I'm not sure how.' – (Respondent, Sefton).

A few respondents reported that they did not receive adequate follow-up from the urology service and frequently had to 'chase up' appointments which should have been routinely booked. In addition, some respondents said the appointment booking process had been confusing, disjointed and inefficient.

7.5 Summary

The proposed change for the future is for all inpatient care to take place at a single unit based at the Royal Liverpool. Outpatient services and day case procedures would continue to take place at both the Royal Liverpool and Aintree, but would no longer take place at Broadgreen.

- Approximately 2 in 3 respondents (69%) 'think this is a good plan' and over half (56%) would be happy with it as it is.

- The main concern raised by respondents was around travel, transport and parking once again. However, some respondents who provided feedback on urology services were also concerned about travel and transport to Aintree and not just the Royal Liverpool as we have seen in other service areas so far.

- Respondents expressed concern about what would happen to patients who are admitted to Aintree but require urology care, and how the transfer of patients would be arranged in a safe and timely manner.

- A small proportion of respondents also questioned whether the Royal Liverpool had enough capacity to not only support an increased number of urology patients, but also to house another large service area among the others which are being proposed to move there.

Alternative options which respondents suggested included:

- Respondents from Liverpool who lived near Broadgreen suggested that the outpatient department there should remain due to easy access and great service provision.

- Respondents from Sefton and multiple locations across Liverpool wanted services to be kept as they are, and not changed to provide care and treatment locally to patients.

8 Vascular Services

8.1 Introduction to the service

Liverpool Vascular and Endovascular Service (LiVES) provides both emergency care and planned treatment to patients with blood vessel disorders (diseases of the arteries, veins and lymphatics). The service cares for patients from across Merseyside, as well as a growing number of patients requiring this specialist care from elsewhere in the north of England, the Isle of Man and North Wales.

Current service provision

The LiVES service works as a single team, but based across several different local hospital sites. The main site for the service is the Royal Liverpool. This is where all emergency referrals into the service are sent, and all inpatient care (treatment that requires an overnight stay in hospital) is provided. Meanwhile, routine outpatient appointments and day cases are delivered from four smaller satellite sites based at Aintree, Whiston Hospital, Southport Hospital and Liverpool Heart and Chest Hospital.

Reasons for change[11]

Current challenges for vascular services include:

- Lack of theatre and bed space.
- Staff shortages for interventional radiology.
- Transferring patients between hospital sites can be complex and time-consuming, and can cause delays to care.

Proposed change

Move all emergency and inpatient vascular care from the Royal Liverpool to Aintree. Under these plans, there would be no changes made to any of the current outpatient clinics for this service, which would continue to be offered at Whiston Hospital, Southport Hospital, and Liverpool Heart and Chest Hospital, as well as on the Aintree site. In addition, if the change went ahead, the Royal Liverpool would start to offer some outpatient appointments too.

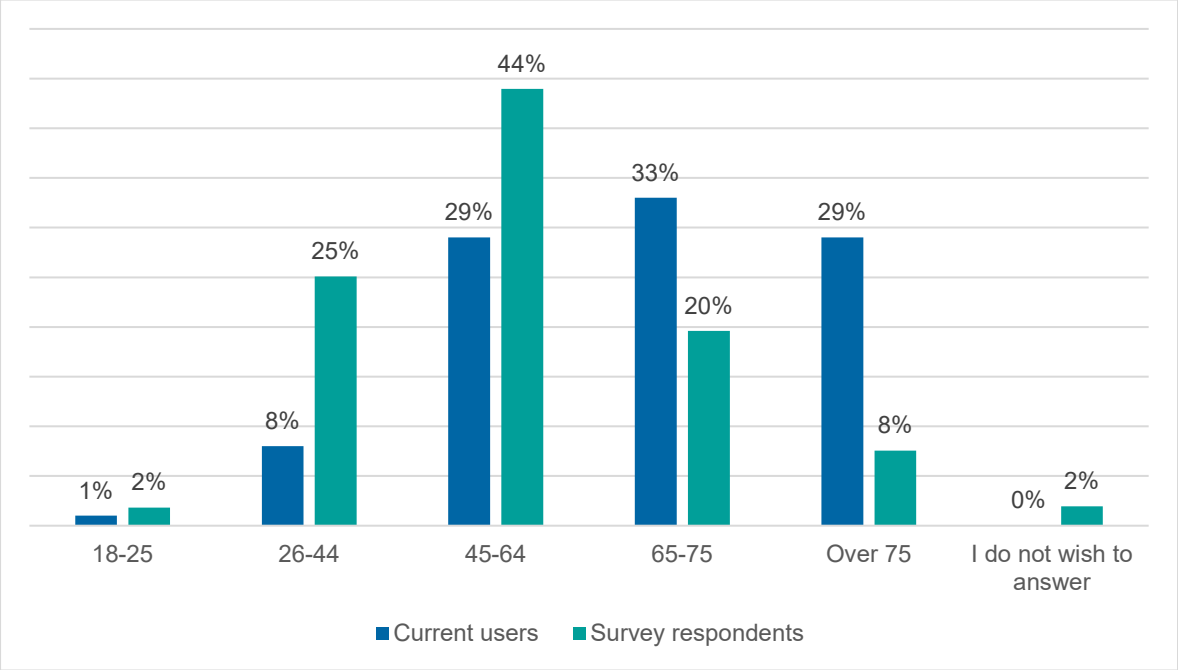
[11] These issues are explained in more detail in the consultation booklet, available at www.futureLUHFT.nhs.uk.

8.2 Sample characteristics

A total of 783 individuals responded to questions on this proposed change and provided feedback. Out of those, approximately 1 in 3 (34%) stated that they or someone close to them had experience of using LUHFT vascular services.

To understand the demographic profile of respondents who provided feedback on vascular services, further comparison was undertaken for age, sex, ethnicity, and location which compared the questionnaire respondents with current users of the service[12], illustrated in the figures below.

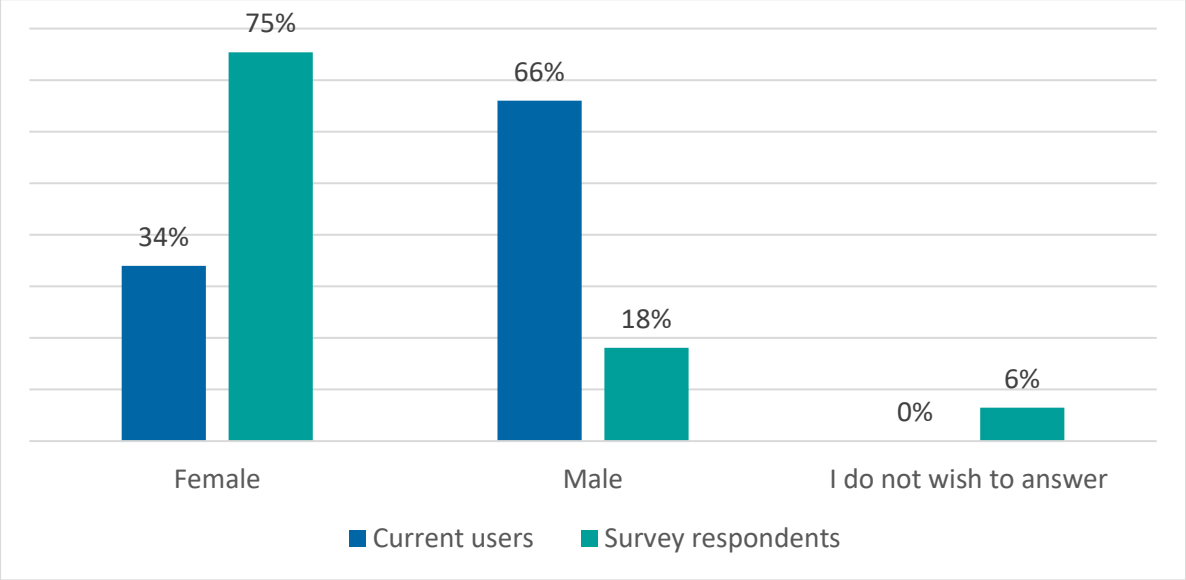
Figure 19: Breakdown of age of current users (n=1,457) vs questionnaire respondents who answered this question (n=714)



As shown in Figure 19, most respondents were aged 45-64 (44%), followed by those aged 26-44 (25%) and aged 65-75 (20%). Those aged 65+ were underrepresented in the sample compared to patients (28% and 62% respectively).

[12] Statistics represent a snapshot of 'current users' (patients who used the services) in the year 2019-20.

Figure 20: Breakdown of sex of current users (n=1,457) vs questionnaire respondents who answered this question (n=712)



Approximately 3 in 4 respondents were female (75%) which was much higher than the proportion of female patients (34%). Males were underrepresented in the sample when compared to actual patients.

Regarding ethnicity, Figure 21 shows that most respondents were White (87%) which is slightly lower than the actual patients (90%). Minority ethnic groups were well represented in the sample (6%) when compared to actual patients (3%).

Figure 21: Breakdown of ethnicity of current users (n=1457) vs questionnaire respondents who answered this question (n=716)

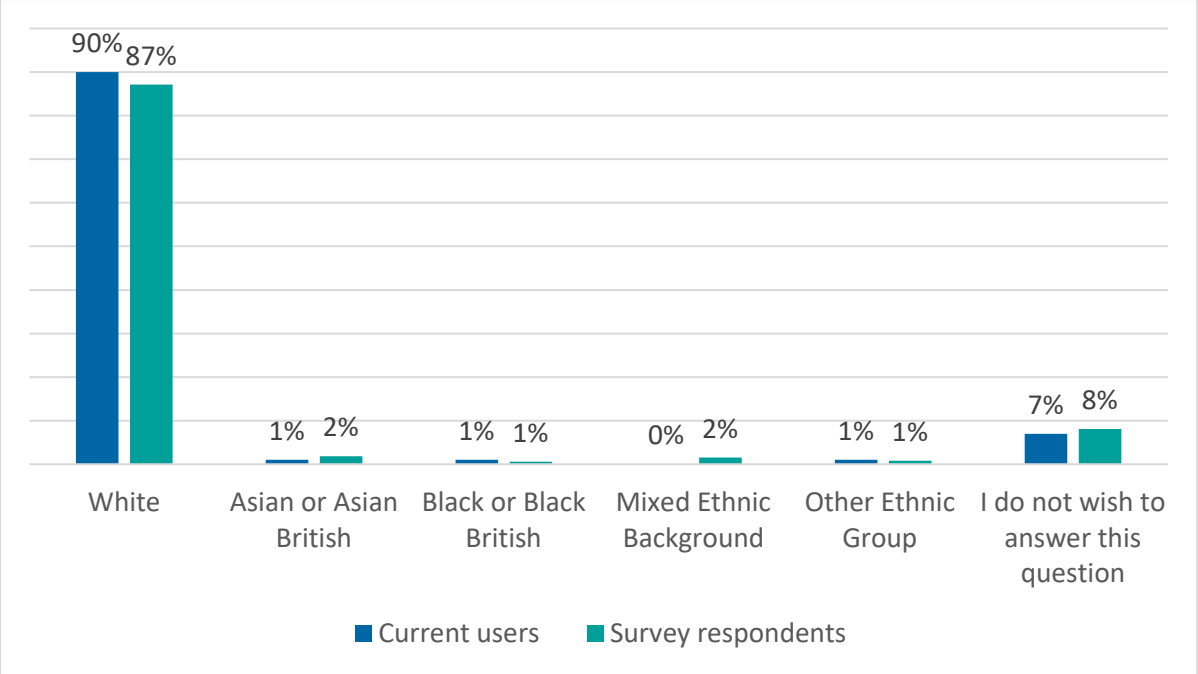


Figure 22: Breakdown of location of current users (n=1,457) vs questionnaire respondents who answered this question (n=783)

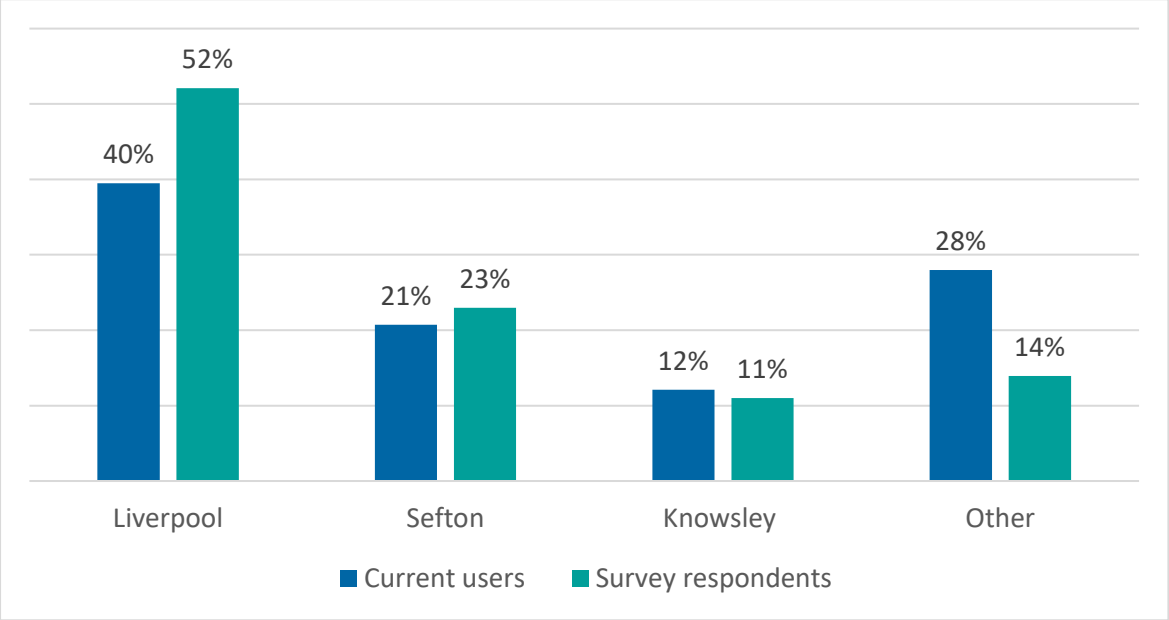


Figure 22 shows the breakdown of where questionnaire respondents live compared to the location of where current users were referred from. The proportion of respondents from Liverpool (52%) was higher than the current users who are referred from this area (40%). Respondents from other areas were slightly underrepresented (14%) compared to patients (28%).

8.3 Key findings

8.3.1 Initial feedback on the proposed changes

Respondents were presented with information explaining the proposed change and were asked what they think about it. A breakdown of their responses is shown in Table 6 below, with 2 in 3 respondents (66%) agreeing that 'this is a good plan' and over half (55%) reporting that they would be happy with it as it is. Approximately 1 in 4 (24%) didn't think it was a good plan, and discussed several issues that they felt should be considered.

Table 6: Breakdown of responses to question 'Which of the following options most closely reflects how you feel about this plan?'

Response option	% of responses (N=765)
1. I think this is a good plan and I would be happy with it as it is.	55%
2. I think this is a good plan and I have some ideas about how it can be better...	1%
3. I think this is a good plan, but you need to think about the following things...	10%
4. I don't think this is a good plan because you haven't thought about...	14%
5. I don't think this is a good plan. I have a different plan which I believe would be better...	4%
6. I don't think this is a good plan, but I'm not sure what would be a better plan.	7%
7. I'm not sure.	9%

Several questions were then asked to explore any concerns and/or considerations regarding the proposed plan as well as alternative options.

8.3.2 Concerns and considerations regarding the proposed change

Travel, transport and parking

As discussed in all previous service areas, '**travel, transport and parking**' continues to be the most common concern reported by respondents. In regard to vascular services, respondents were worried about having to travel further to Aintree to access treatment and attend appointments, and the extra time and money this would cost them. Interestingly, this concern was raised by respondents from a mix of locations across the south of Liverpool, Sefton and Knowsley too.

'Once again, a lack of accessibility to Aintree! The more services that can be centralised in the city the better, the vast majority of public transport terminates in the city, otherwise it's a mix of buses and trains to even reach Aintree station- for myself, that would be a bus, two

trains and presumably a taxi to the hospital, which is a daunting prospect.' – (Respondent, Liverpool).

Once again, some respondents called for public transport links to be improved, with more direct buses provided to the different hospitals at subsidised rates.

Transfer of patients in emergencies

Some respondents were concerned about the time it would take for patients who are closer to the Royal Liverpool to be transferred to Aintree in emergency situations. Several scenarios were explored by respondents. For example, in a scenario where a patient presents at the emergency department in the Royal with a vascular emergency, respondents were concerned that with the *'current ambulance crisis'* there could be delays in their transfer and access to treatment, which might negatively impact patient outcomes. Additionally, for time sensitive emergencies such as a ruptured aortic abdominal aneurism (AAA), respondents wondered whether it could be detrimental for patients to be transferred to Aintree if they are closer to the Royal Liverpool. Respondents from the south of Liverpool and surrounding areas such as Wirral, Southport, St Helens and North Wales felt they would be disadvantaged by this change, as the longer time taken for ambulances to transport them to Aintree could impact on their safety, resulting in *'poor outcomes/amputations/palliation of patients'*.

'What would happen to extremely unwell patients (such as patients with ruptures/leaking AAA) who require transfer for emergency surgery. This will presumably be a category 2 transfer (like a STEMI) which, with current ambulance pressures, frequently take over an hour… You are likely to have a lot of deaths take place in the Royal pending transfer, en route to Aintree, and in Aintree ED.' – (Health care professional, Liverpool).

Staffing problems

A lot of health care professionals reported that there was a lack of specialist and experienced staff at Aintree to provide vascular care and treatment. Additionally, they reported that staff from the Royal Liverpool are unwilling to move to Aintree and they were concerned that a lot of expertise will be lost in the move. This caused respondents to be worried about how Aintree will be able to provide high standards of care and treatment without staff with the appropriate skills and experience necessary.

Furthermore, concerns were expressed regarding the potential increase in demand and pressure on current theatre staff, especially for emergencies, who are already stretched.

'Majority of current vascular trained ward staff cannot work in Aintree, so new vascular ward at Aintree will be staffed by who? If new starters are brought in, newly qualified or experienced. They will not be vascular trained, and patients will be put at risk.' – (Health care professional, Liverpool).

A few respondents were also concerned about the impact on current staff who are unable to relocate to Aintree – who they were worried would be left without a job – along with trainees

at the Royal Liverpool, who would have limited exposure to vascular emergencies and might be left with gaps in their experience.

Maintaining joined up care

Many respondents noted that patients with multiple long-term conditions might need to access care from different services/departments (e.g. vascular and diabetes services), which might be more difficult if they are based in different hospitals. Respondents went on to say that consideration must be given to how care across services/departments can remain joined up in light of the proposed changes.

'Many people need to access more than one department and that's going to be so much harder if they are in totally different hospitals' – (Respondent, Liverpool).

8.3.3 Alternative options

Respondents were informed that a number of alternative options had been considered by the NHS which were:

- Do nothing.
- Develop the Northern Aortic Centre at Liverpool Heart and Chest Hospital.

Respondents who did not think the proposed plan was a good plan or who were not sure, were given the opportunity to feedback on alternative options. Respondents discussed several alternatives, including some of those noted above, and wider suggestions.

Keep it as it is

'**Keep it as it is**' was the most salient alternative option discussed by respondents who wanted vascular inpatient and emergency services to remain at the Royal Liverpool. Some of the reasons they provided for choosing this option included: keeping vascular services in a central location that is easily accessible for all from Liverpool and the surrounding areas; the Royal Liverpool having more specialist staff to deal with complex emergency cases such as aneurysms; and being on the same site as other services like nephrology, due to some patients being at high risk of renal replacement.

Additionally, respondents urged that more resources should be put into improving current services where they are, rather than moving them to different sites, pointing out that vascular services have already been moved a lot.

'The new Royal Liverpool hospital has been built and planned to deliver vascular services with expensive x-ray equipment already commissioned. Vascular services across Cheshire and Merseyside have been reconfigured over the last 20 years in a way that is not patient friendly and is a postcode lottery for the sickest patients.' – (Health care professional, Halton).

Develop the Northern Aortic Centre at Liverpool Heart and Chest Hospital

The second most popular suggestion was for the Northern Aortic Centre at Liverpool Heart and Chest Hospital to be developed and all vascular services, including inpatient and emergency, to be moved there. Most respondents did not provide a reason why they thought this was a better alternative. However, a few respondents stated that the Liverpool Heart and Chest Hospital is *'outstanding'*, has a more *'central location for the area'* and their *'specialisms can be maximised'*.

'The work with Liverpool heart and chest is really important. The current messages are confusing for the public. There is great confidence in LHCH - that relationship and joint services should be maximised.' – (Health care professional, Sefton).

A small number of respondents said vascular services should be available at all hospitals across the area, including the Royal Liverpool, Aintree and Liverpool Heart and Chest hospitals. It is important to note that as part of the proposed change, 'there would be no

changes made to any of the current outpatient clinics' offered at these hospitals. It may be necessary to improve communication about this to aid understanding among the public.

8.4 Experience of Vascular Services

Respondents who had experience of vascular services at LUHFT, or personally knew somebody who had (n=268), were given the opportunity to provide qualitative feedback on their experience of vascular services.

8.4.1 Positive experience of vascular services

Nearly 3 in 4 respondents (72%) reported having a positive experience of vascular services at LUHFT. Respondents reported that they had received 'very good' services at both Broadgreen and Royal Liverpool hospitals, which was attributed to receiving care and treatment from staff who are friendly and helpful. Staff were able to provide patients with an efficient service, with patients frequently saying staff were caring towards them and genuinely cared about them. Receiving 'excellent care and aftercare' or 'timely care', were additional reasons as to why patients reported having a positive experience of the vascular service at LUHFT.

'My husband had lower limb vascular surgery a month. His care and aftercare were excellent.' – (Respondent, Liverpool).

8.4.2 Negative experience of vascular services

Approximately 1 in 3 respondents (37%) who provided feedback on this question reported having a negative experience of vascular services at LUHFT. Some of the reasons for their poor experience of the services included long waiting times in relation to treatment and operations. Furthermore, appointments were said to be too infrequent and vascular medical professionals were perceived as not willing to listen to patients' concerns.

'My husband has vascular disease in his legs waited over 2 years for operation, hasn't even had an appointment to see the vascular doctor, services are appalling.' – (Respondent, Liverpool).

8.5 Summary

The proposed change for the future is to move all emergency and inpatient vascular care from the Royal Liverpool to Aintree. Under these plans, there would be no changes made to any of the current outpatient clinics for this service, which would continue to be offered at Whiston Hospital, Southport Hospital, and Liverpool Heart and Chest Hospital, as well as on the Aintree site. In addition, if the change went ahead, the Royal Liverpool would start to offer some outpatient appointments too.

- 2 in 3 respondents (66%) 'think this is a good plan' and over half (56%) would be happy with it as it is. Approximately 1 in 4 (24%) didn't think it was a good plan.

- The main concern expressed by respondents was about travel and transport to Aintree. This was reported by a mix of people from Sefton, and from a range of locations in Liverpool and Knowsley, who were worried about the increased distance, travel time and associated cost of both driving to Aintree and using public transport.

- The second key concern raised by respondents was about the transfer of patients in emergency situations. Questions were raised about whether the proposed change would disadvantage people from the south of Liverpool and surrounding areas, and put their life at risk by having to travel further to Aintree.

- Health care professionals were worried about staff provision for vascular services if they moved to Aintree. They were concerned about the impact on patient care if specialist and experienced staff from the Royal Liverpool were unwilling to relocate. Additionally, there were concerns about the impact on staff who cannot relocate and could be left without a job.

Alternative options which respondents suggested included:

- Keep it as it is continued to be the most popular alternative option discussed by respondents, who wanted inpatient and emergency vascular services to remain at the Royal Liverpool.

- Some respondents also suggested developing the Northern Aortic Centre at Liverpool Heart and Chest Hospital.

9 The wider plan for Aintree, the Royal Liverpool and Broadgreen Hospitals

9.1 Introduction to wider plan

This public consultation sets out proposals for five separate clinical services. However, these proposals are also part of a wider plan to better organise services across the three hospital sites at Aintree, the Royal Liverpool, and Broadgreen.

For **Aintree**, this would mean focusing more on urgent and emergency care. It is already the Major Trauma Centre for Cheshire and Merseyside, and located alongside trauma-related neurology services delivered by The Walton Centre (which is also on the Aintree campus). Aintree brings together professionals highly skilled in caring for people who need this type of care.

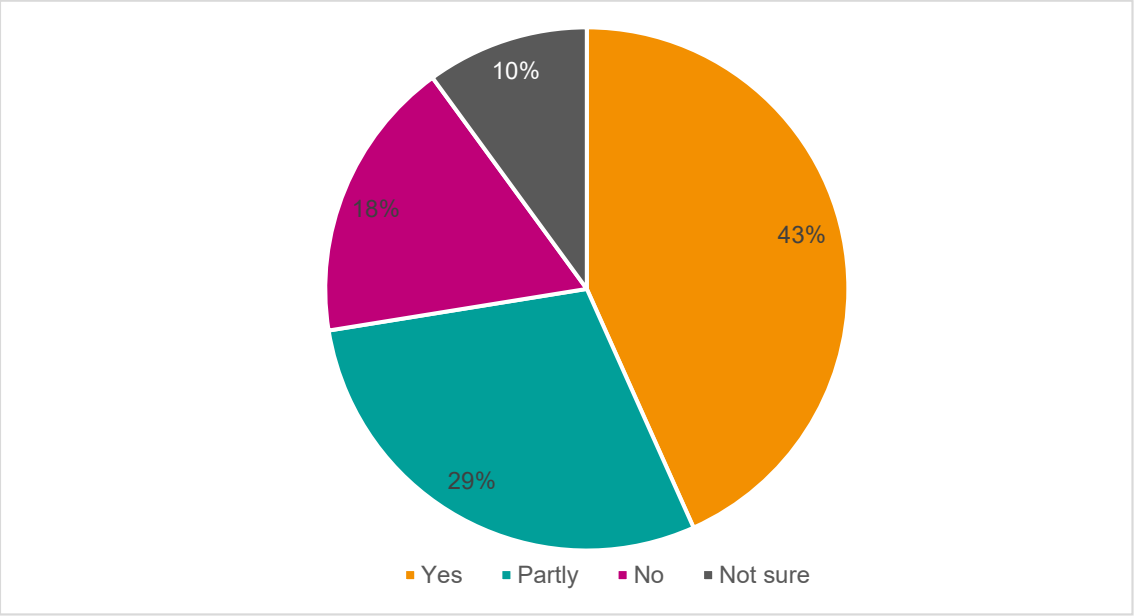
Meanwhile, the new **Royal Liverpool**, co-located with the new Clatterbridge Cancer Centre in Liverpool city centre, would mainly focus on complex planned (also known as elective) care, including cancer care.

Alongside this, **Broadgreen** would mainly provide rehabilitation, as well as planned orthopaedics care.

9.2 Key findings

Respondents were asked to provide their feedback and state whether they think the wider plan for the three hospitals is a good plan for improving the care that patients receive. As shown in Figure 23, out of all those who answered (n=1,343), most thought it was a good plan (43%), followed by those who thought it was a good plan in some respects but not all (29%). The remaining respondents (28%) did not think it is a good plan or were still unsure.

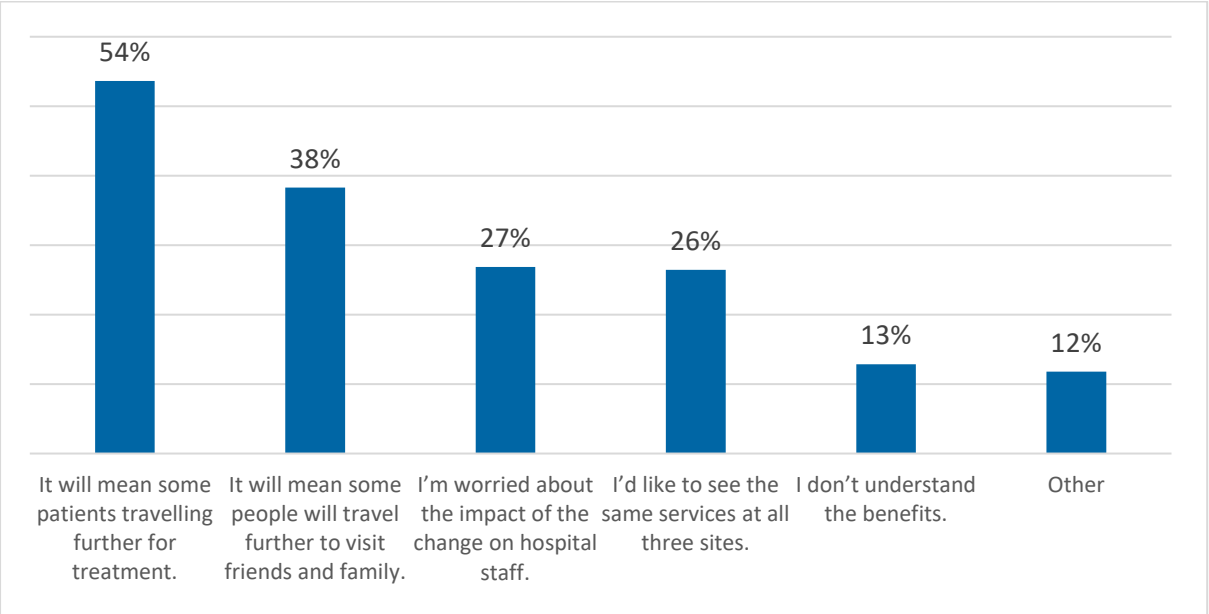
Figure 23: Responses to the question 'Overall, do you think this is a good plan?'[13]



In response to the final question about the plan as a whole, respondents reiterated several considerations. As shown in Figure 24, many respondents cited further travel for treatment and further travel to visit friends and family (54% and 38% respectively) as a concern, followed by smaller proportions who were worried about the impact on staff (27%), who wanted to see the same services across sites (26%) and who didn't understand the benefits of the proposed changes (13%).

[13] Please note, percentages do not equal 100% because some respondents cited more than one consideration in response to this question.

Figure 24: Final considerations about the plans as a whole (n=1,343)



Approximately 1 in 10 respondents cited other considerations, including concerns about:

- How services will remain joined up across the three sites, and maintaining continuity of care for patients across different services (e.g. between renal and diabetes).
- Reducing services at Broadgreen and Aintree that provide excellent care, and lack of clarity about how these sites will continue to be utilised/resourced adequately.
- Ensuring adequate staffing and training to resource the changes to services, especially given the risk of losing staff who are required to work at a different site.
- Whether the ambulance services can cope, and the risk and delays involved with transferring patients between hospitals.
- The impact on patient safety and outcomes given the risk involved with transferring patients and increasing the demand on one hospital.
- Travel, transport, parking and accessibility.
- Utilising other hospitals (including Liverpool Women's and Liverpool Heart and Chest hospitals) to help reduce demand and provide specialist care.
- Deepening health inequalities. It was reported by two professionals that the orthopaedic model disadvantaged people in the inner city of Liverpool, and raised concerns about it happening again. Others posed the question 'how will lessons be learnt from Orthopaedics?'

- Whether the ‘decision has already been made’ and that this consultation is a ‘tick box exercise’.

10 Closing remarks

This public consultation involved 2,817 people who have provided feedback via a questionnaire on the proposed changes to five services provided by Liverpool University Hospitals NHS Foundation Trust (LUHFT).

It has helped to increase understanding among patients, the public and stakeholders about why these proposals are being put forward, and has given people the opportunity to share their views on how these changes would impact patients and their families and carers. Importantly, the findings laid out in this report highlight several considerations and concerns that can inform final decision-making.

11 Appendices

11.1 Appendix A

Table 7: Breakdown of booking and attendance figures for live public sessions

Breast Surgery – 28th June 2022	
Registered to attend	13 people
Attended	6 people
General Surgery – 29th June 2022	
Registered to attend	10 people
Attended	1 person
Nephrology – 23rd June 2022	
Registered to attend	5 people
Attended	0 people
Urology – 20th June 2022	
Registered to attend	13 people
Attended	7 people
Vascular – 22nd June 2022	
Registered to attend	9 people
Attended	4 people

11.2 Appendix B

Table 8: List of local patient support groups that were directly contacted about the consultation:

Support Groups
Cheshire & Merseyside Kidney information network (CaMKIN) Facebook group
Renal Cancer LUHFT support group
Prostate Cancer LUHFT support group
Bladder cancer LUHFT support group
Testicular cancer LUHFT support group
Orchid (Testicular cancer)
Prostate Cancer UK
Keeping abreast (Breast Cancer support group)
KIN (The kidney information network)

11.3 Appendix C

Table 9: List of audiences and channels used for the public consultation

Audience	Channel/method of communication/engagement
Internal	
Governing bodies at Knowsley, Liverpool, Southport & Formby, and South Sefton Clinical Commissioning Groups (CCGs)	Press release shared ahead of consultation launch.
Joint Committee of the Cheshire & Merseyside CCGs	Case for change paper shared during meeting in January 2022. Committee received consultation plan at its late April 2022 meeting.
Cheshire & Merseyside Integrated Care System (ICS) Oversight Board	Board briefed on consultation at meeting on 10/03/2022. Press release shared ahead of consultation launch.
Trust boards for Liverpool University Hospitals NHS Foundation Trust, Southport & Ormskirk Hospital NHS Trust, and The Walton Centre NHS Foundation Trust.	LUHFT communications team to share stakeholder briefing note ahead of consultation plan being published with OSC papers and at the launch of the consultation.
GP practice staff	CCGs shared information on their channels for communicating with GPs and practice staff (intranets, email bulletins, etc).
LUHFT staff working in five related services	LUHFT internal communications activity (note: staff engagement was subject to a separate plan, overseen by LUHFT).
Wider trust workforce	LUHFT to brief staff using internal communications channels.
CCG staff (Knowsley, Liverpool, Southport & Formby, and South Sefton)	Each CCG briefed staff using their existing internal communications channels.

NHS England/Improvement (NHSE/I)	Updates provided through the NHSE/I assurance process. Draft consultation plan (this document) and draft materials shared with NHSE/I regional communications colleagues.
External	
People who have previously used LUHFT breast, general surgery, nephrology, urology or vascular services	Letters sent to patients who had used one of five services in previous 12 months.
Current LUHFT breast, general surgery, nephrology, urology or vascular patients	Materials used in patient waiting areas and on display screens in public areas.
Wider LUHFT patients and stakeholders	Information about consultation shared on trust website and social media channels.
General public	Information (using copy from toolkit) shared on CCG/Trust websites, social media channels, and in email newsletters/briefings. CCGs encouraged their member GP practices to share information using websites, newsletters, and with patient participation groups. Information sharing through other local networks and organisations, including Healthwatch and VCSEs. A full-page advert was taken out in All Together Now magazine. Two press releases were issued to local/regional media (one at launch and one at consultation mid-way point).
Local authority scrutiny	The consultation plan was presented to a joint Overview and Scrutiny Committee (OSC) for Knowsley, Liverpool, and Sefton on 22 March 2022.
Local authority executive teams and councillors	Press release shared ahead of consultation.
MPs	Press release shared ahead of consultation.
Local voluntary, community and social enterprises (VCSEs)	Information and toolkit shared.

Local Healthwatch organisations	Joint briefing meeting for Healthwatch organised by LUHFT. Healthwatch organisations were asked to share materials from consultation toolkit using their channels.
The media	Press releases issued at start of consultation, and also towards the end of the process.

11.4 Appendix D

Table 10: List of public consultation materials created and used

Item	Details
Consultation website	A dedicated website was created for the consultation – www.futureLUHFT.nhs.uk – which contained information about the proposals and linked to the online questionnaire.
Main consultation booklet – available for download from websites or as a printable document (could also be requested in paper copy – or an alternative language/format – by telephone) This contained full details of the overall strategic direction, as well as full details of the proposals for each service area.	Much of the content from the booklet was available on the consultation website (www.futureLUHFT.nhs.uk), however for maximum accessibility it was also compiled into a document which could either be printed at home, or requested.
Easy Read booklet	Information was set out in an Easy Read format, available at www.futureLUHFT.nhs.uk (or printed on request).
BSL (British Sign Language) video	Information was provided in a BSL video.
Letter to previous patients	Sent to previous patients by LUHFT, encouraging people to take part in the consultation and highlighting the virtual focus groups.
Talking-head video clips with clinicians	Short videos with key clinical spokespeople were shared on the consultation website and via social media.
Short slideshow overview video	High-impact content running through key issues, which was used online, and in public areas/waiting rooms (including GP practice waiting rooms, where applicable).
Web-banners/graphics promoting consultation	Graphics promoting the consultation and directing to www.futureLUHFT.nhs.uk were produced for CCG websites.

Item	Details
Communications toolkit – pulling together web/newsletter copy, images, social media content, etc – to help partner organisations promote the consultation.	Partner organisations – including local NHS Trusts, other public sector organisations such as local authorities and housing associations, and VCFSE organisations – were asked to help support the consultation by sharing information on their internal and external communications channels.
Presentations for use at events/meetings	Individual PowerPoint presentations covering the key points of the consultation, and proposals for each of the five services, were produced for virtual focus groups.
Display materials	Pop-up display stands were produced for use at LUHFT sites, to promote the consultation and encourage people to take part.

11.5 Appendix E

A conceptual saturation grid is used to demonstrate that the topics explored have been covered in-depth, by having sufficient cases to explore themes fully with additional data collection unable to add value. This demonstrates that the sample size was appropriate to answer the research/ consultation questions (Morse, 1995; Guest et al. 2006).

As shown in Table 11 below, the different key themes are presented in rows on the left and a marker is placed in the column that represents the first time a theme was discussed (i.e. when the theme emerged). Only a small number of markers appear in the columns of weeks 3-4 and 5-6 and none appear in weeks 7-8. This suggests that the sample size was sufficient to reach the point of conceptual saturation, demonstrating that undertaking the public consultation for longer would potentially not add value.

Table 11: Conceptual saturation grid for breast surgery

	Time frame (weeks)			
Key themes	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Travel, transport and parking.	●			
Can the Royal Liverpool cope with undertaking all surgery?	●			
Keep it as it is.	●			
Deliver all breast services from a single site.	●			
Move all breast services to Aintree.	●			
Move all breast services to Royal.	●			
Offer breast screening and diagnostic clinics at multiple sites.		●		
Unpleasant experience at the Royal Liverpool.		●		

Table 12: Conceptual saturation grid for general surgery

	Time frame (weeks)			
Key themes	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Travel, transport and parking.	●			
Transferring patients from the Royal to Aintree in an emergency.	●			
Can Aintree cope as a single emergency care unit?		●		
Emergency surgical patients will still present at the Royal… Will the surgical cover at the Royal be adequate?	●			
Concerns about delays in transfer and impact on patient safety	●			
Deskilling staff	●			
Concerns around waiting times for planned surgery and care which are already very long.	●			
Keep it as it is.	●			
Planned care to continue to happen at Broadgreen	●			
Planned care to continue at Aintree	●			
Utilise other hospitals (e.g. Liverpool Heart and Chest)			●	

Table 13: Conceptual saturation grid for nephrology services

	Time frame (weeks)			
Key themes	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Travel, transport and parking.	●			
Transferring patients - What happens if a patients arrives at Aintree and needs specialist renal care?	●			
Continuity of care at Aintree	●			
Can the Royal cope with the demand for inpatient renal beds?		●		
Impact on medical trainees		●		
Keep it as it is.	●			

Table 14: Conceptual saturation grid urology services

	Time frame (weeks)			
Key themes	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Travel, transport and parking.	●			
Transferring patients who arrive at Aintree A&E with a urological emergency	●			
Can the Royal cope as a single unit?		●		
Impact on medical trainees			●	
Keep outpatient services at Broadgreen		●		
Keep it as it is		●		

Table 15: Conceptual saturation grid vascular services

	Time frame (weeks)			
Key themes	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Travel, transport and parking.	●			
Transferring patients between sites, especially in emergencies	●			
Impact on staffing		●		
Maintaining joined up care			●	
Keep it as it is	●			
Develop the Northern Aortic Centre at Liverpool Heart and Chest Hospital	●			

HAVE YOUR SAY

Where care and treatment happens at Liverpool University Hospitals

Public Consultation Findings Report

August 2022

Prepared by... ice for NHS Cheshire and Merseyside