1. Summary of findings
1. Summary of findings

Leeds Teaching Hospitals NHS Trust is planning to build two new hospitals at the Leeds General Infirmary (LGI) in Leeds city centre. The plans - called Hospitals for the Future - centre around developing modern, responsive health facilities for adults at the LGI, and for children and young people at Leeds Children’s Hospital. Work will start to prepare the site later this year and building work will begin in 2022.

As part of the project, and following an initial engagement with families, LTHT, NHS Leeds Clinical Commissioning Group (CCG) and NHS England Specialised Commissioning developed two different options for maternity and neonatal services and antenatal services.

Between 13 January and 5 April 2020, NHS Leeds Clinical Commissioning Group (CCG), NHS England Specialised Commissioning and Leeds Teaching Hospitals NHS Trust, consulted with people in Leeds on these two options:

**Option 1**
Centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at the LGI, and have all hospital antenatal services at the LGI. Maternity services in the community will not change. Our ambition is to increase the number of antenatal appointments available in the community.

**Option 2**
Centralise all maternity and neonatal services, including a new, larger midwifery-led unit at LGI, but have some hospital antenatal services at St James's as well as at the LGI site. Maternity services in the community will not change. Our ambition is to increase the number of antenatal appointments available in the community.

The results show a majority of people – 58% – prefer option 1 with antenatal hospital appointments to be offered only at the LGI, and 42% prefer option 2 and want them to continue at St James’s and the LGI. People who had given birth at the LGI or whose most recent antenatal appointment was there, as well as healthcare professionals, were more likely to prefer that antenatal services are provided only at the LGI. People who had given birth at St James’s, or who had used the St James’s neonatal service, as well as voluntary sector professionals, were more likely to prefer that services are continued at St James’s.

People who took part in the consultation prioritised safety and quality over choice and as the consultation document highlighted that centralising maternity services would improve these aspects; this is likely to underpin their preference to centralise antenatal services at the LGI. Parking was rated as least important, although the comments respondents made indicated that the plans for the new hospital need to ensure sufficient parking.

The following report presents the findings from the consultation.
2. Background information
2. Background information

Leeds Teaching Hospitals NHS Trust is planning to build two new hospitals at the Leeds General Infirmary (LGI) in Leeds city centre. The proposals - called Hospitals for the Future - centre around developing modern, responsive health facilities for adults at the LGI, and for children and young people at Leeds Children’s Hospital. The proposals include building a new 650 space car park. All in-patient maternity and neonatal services will be delivered from the new hospital and antenatal services will be delivered from either LGI, or LGI and St James’s - subject to consultation.

a) Current service

Women currently receive most of their antenatal care in the community from midwives based at local GP surgeries and children’s centres. Some antenatal appointments, such as scans and appointments with obstetricians, take place in both hospitals. Women can give birth at Leeds General Infirmary, St James’s Hospital or at home but those women who are identified as high-risk pregnancies are usually advised to give birth at the LGI due to the additional facilities and neonatal care. The two hospitals are two miles apart. Both hospitals have neonatal units which look after babies born early, too small, or with a medical condition that needs specialist treatment, although the unit at St James’s is only for babies who need a small amount of additional support or need to be stabilised before being moved to the LGI. Around 180 babies a year are transferred between the two hospitals after they are born, which is stressful for families and puts additional pressure on other services. In addition, the national shortage of neonatologists and neonatal nurses makes providing two neonatal units challenging and not sustainable in the future.
b) The reason for the proposed change

There are a number of reasons for the proposed changes as outlined below.

**Develop a larger midwifery-led service:**
being able to reconfigure maternity services would enable the Trust to support women to have a larger midwifery-led service for low-risk pregnancies and births whilst continuing to provide the right level of obstetric and neonatal care when it is needed.

**Reducing inter-hospital transfers of neonatal babies:** this will improve patient safety and experience. In some instances, where a baby born at St James’s Hospital requires a higher level of neonatal care than expected, they are transferred urgently to the Leeds General Infirmary, resulting in mothers and babies being separated soon after birth. A centralised service means that women will receive their care alongside their baby, which will support a lot of important milestones in baby’s first few days of life including breastfeeding and bonding.

**Staffing challenges across two sites:** a further problem of the current provision is that the staffing challenges involved in running two obstetric units and two neonatal units on different sides of the city mean that women and/or babies are sometimes transferred between these sites, based on demand, so that they do not give birth in their chosen hospital. Having centralised services will allow for more predictable and flexible service provision, meeting the needs of families.

**Greater efficiency:** the ability to provide a consultant on delivery suites 24/7, removing the need for staff to travel between sites, and more efficient use of the hospital estate. In addition, there will be a new larger midwifery-led unit and better facilities for women choosing to deliver the babies by elective Caesarean section.

The LGI is considered to be the best location for the centralised service because Leeds Children’s Hospital, which houses the neonatal service and which need to be co-located alongside maternity, is located at the LGI and will be part of the brand new hospital building.

The changes to in-patient hospital services aim to provide improved facilities for parents, both before and after birth, greater choice for women over how they give birth, and enable more efficient use of resources as the services will no longer be operating across two different sites. It will mean that staff shortages will also be alleviated in both maternity and neonatal services.
c) The options

While maternity and neonatal services need to be centralised, there are two options for antenatal care. In both options community maternity services, which provide 75% of appointments, will not change. The remaining 25% take place in hospital where women access care from doctors, specialist midwives, other health professionals and have ultrasound scans and are available. Most women only have two hospital antenatal appointments. The two options for these appointments are summarised below.

• Option 1 is to centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at the LGI, and have all hospital antenatal services at the LGI.
  • This option is more efficient in terms of staff and equipment.
  • It is safer for women and their babies attending antenatal appointments who are becoming unwell, as inpatient care is at the same site.
  • It benefits women who have a hospital birth because they will be familiar with the hospital from their antenatal appointments.
  • It is less convenient for women who live nearer to St James’s as they will need to travel two miles further to the LGI.
  • It may be less convenient for women and families who drive to their antenatal appointments, as currently parking is reported as being more difficult at the LGI.

• Option 2 is to centralise all maternity and neonatal services, including a new, larger midwifery-led unit at LGI, but have some hospital antenatal services at St James’s as well as at the LGI site.
  • This option is less efficient as staff and equipment are required at two different sites.
  • It is less safe for women and their babies attending antenatal appointments who are becoming unwell, as they will need to be transferred to the LGI.
  • It means that women who have a hospital birth but attend antenatal appointments at St James’s will be less familiar with the LGI site.
  • It is more convenient for women and families who live near to St James’s.
  • It may be more convenient for women and families who drive to their antenatal appointments, as parking is currently reported as being better at St James’s.

In order to inform their decision about hospital-based antenatal services, NHS Leeds CCG, NHS England and Improvement (Specialised Commissioning) and LTHT ran a consultation with people in Leeds. This report presents the findings from the consultation.
3. How did we consult with people?
3. How did we consult with people?

A comprehensive consultation communications plan was developed to involve as many people as possible. This was supported by a quality and equality impact assessment (QEIA) to ensure that the diversity of Leeds was represented. The QEIA identified that we needed a particular focus on the communities in postcodes close to St James’s Hospital.

The consultation ran from 13 January to 5 April 2020 and to ensure the consultation was accessible to all different communities in Leeds we used different methods and mechanisms.

- We produced a survey available in hard copy or online; this was also produced in EasyRead and available in alternative formats on request.
- We produced a video to outline the changes and ways people can get involved.
- We produced an animation to provide information for those with hearing impairment or learning difficulty.
- We held four public drop-in events around the city
- We carried out targeted work with women and families from the BAME community, in particular Black African and Pakistani communities
- We carried out 10 focus groups with communities identified in our QEIA

The consultation was promoted using a range of mechanisms:

- local press, including TV and radio interviews
- NHS websites in Leeds
- social media campaign including paid-for advertising
- public and voluntary community networks
- Patient Participation Groups

Three visits to antenatal clinics and one street survey scheduled for the final fortnight of the consultation did not take place because of the coronavirus pandemic. However the consultation continued online. The target of 1500 responses was met.

Full details about the consultation methods can be found at appendix A
4. Who completed the online consultation?
4. Who completed the online consultation?

The NHS aimed to receive 1500 replies and 1550 people completed the survey. Most had recent maternity experience, as they or their partner were currently pregnant (19%) or had given birth within the previous five years (45%). A quarter (26%) were responding as members of the public. A further 10% were responding as healthcare professionals, 7% as voluntary organisation representatives and 3% in another capacity, most commonly that they fitted into more than one of these groups. This is summarised in Figure 1.

Of those who had given birth (778 people), roughly equal numbers had given birth at the LGI (47%) and St James’s (49%) and the remaining 4% had given birth at home. Nearly a quarter (27%) had used the neonatal service, with 155 using the LGI service, 190 using the St James’s service, and 86 using both.

Of those who provided demographic details.
- 88% were female
- 20% were pregnant
- 13% had given birth within the previous 26 weeks
- 9% were age 16-25, 44% 26-35, 26% 36-45, 10% 46-55, 11% 56+
- 84% were White, 8% Asian or Asian British, 5% mixed or multiple ethnic groups, and 3% Black, African, Caribbean or Black British.
- 56% were a parent or carer of a child under 5
- 60% were married, 18% co-habiting and 13% single
- 75% were employed, 13% unemployed or on benefits, 6% retired
- 7% were carers
- 8% had a disability
- 40% had no religion, 43% were Christian, and 17% had another belief or religion, most commonly Islam
- 92% were straight/heterosexual, and 8% bisexual, same sex, other, or preferred not to say
People were based across Leeds, as shown in Figure 2. Activities to ensure people who live in areas surrounding St James’s Hospital and East Leeds were successful: there is a strong response from these areas, so people who could potentially be most inconvenienced by removing antenatal services from St James’s have shared their views.

**Figure 2: The number of people in each postcode area.**
5. What did people tell us?
5. What did people tell us?

The results are reported in five sections, based on the questions asked in the consultation. First, we report which option people prefer and the factors that predict those preferences. The second section reports on which aspects of care people report as being more important. Section three reports on how people travel to hospital for an antenatal appointment. Section four reports any additional views people had on maternity and neonatal services in Leeds. Finally, the results from the focus groups are summarised in section five.

While this report focuses on preference for the location of hospital-based antenatal services, many of the comments that people left were in praise of the service, both at the LGI and at St James’s and people are very appreciative of the care they received as well as having suggestions for improvements.

5.1 Which option did people prefer?

There was a preference for Option 1, i.e. all hospital antenatal services located at the LGI:

- 58% preferred Option 1.
- 42% preferred Option 2.

*If it is more beneficial to have everyone under the same roof, equipment costs lower, and quality of care improved then it is common sense.*

Option 1  
58%

Centralise all maternity and neonatal services, including a new, larger midwifery-led unit, at the LGI, and have all hospital antenatal services at the LGI. Maternity services in the community will not change. Our ambition is to increase the number of antenatal appointments available in the community.

Option 2  
42%

Centralise all maternity and neonatal services, including a new, larger midwifery-led unit at LGI, but have some hospital antenatal services at St James’s as well as at the LGI site. Maternity services in the community will not change. Our ambition is to increase the number of antenatal appointments available in the community.

“Having had three children, one at LGI and the other two at St James, I cannot really fault the service in its current state and I value both: there needs to be a recognition of the wonderful staff over both sites”

“I had fantastic experiences at both LGI and St James for antenatal services and when I had both of my babies. The staff at both sites and in all services (including the community) are exceptional!”
We explored a range of variables that may influence preference for whether antenatal services are retained at St James’s hospital. There was a statistically significant interaction\(^1\) between preference and where people had given birth, which hospital antenatal service they had used, and which neonatal service.

- Those who had given birth at the LGI were significantly more likely to prefer Option 1.
- Those whose most recent antenatal appointment was at the LGI were significantly more likely to prefer Option 1.
- Those who had used the St James’s neonatal unit were more likely to prefer Option 2.

There was also a statistically significant difference in preferences based on people’s role:

- People who were currently expecting a baby were evenly split between Option 1 (50%) and Option 2 (50%)
- More people who have given birth in the past five years preferred Option 1 (65%)
- The general public were fairly evenly split between Option 1 (52%) and Option 2 (48%)
- More healthcare professionals preferred Option 1 (66%)
- More voluntary sector professionals preferred Option 2 (62%)

This is shown in Figure 3.

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\(^1\) The statistical test used was Chi squared with all probability values of \(p<0.001\).
5.2 Which aspects of care are most important?

People were asked to rank five different aspects of hospital-based maternity and antenatal care: safety; choice; NHS efficiency; quality; and parking. These were the key issues identified from previous engagement work. The results are shown in Figure 4. Safety is the most important factor to most people, followed by quality, then efficiency, choice, and lastly parking. However, several people noted in the survey that while parking cannot be prioritised over quality and safety, it nevertheless has a major impact on their experience of care.

**Figure 4: The range of rankings for each factor.**

While parking was ranked lowest, it is a major concern for many people who took part in the consultation, as highlighted in the quote below.

“I don’t think it’s fair to include practical issues such as parking in a ranking with other aspects of care such as safety and quality as … no-one will rank parking over safety the safety of their child. However parking and access to the LGI is a major issue and was the reason I chose SJUH for my second pregnancy. I do think this should be seriously considered as part of the wider plans”

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2. We used a Mann Whitney U test to identify differences in the distribution of ratings, with p<0.005.
5.3 Travelling to hospital

People who had attended a hospital antenatal appointment were asked how they travelled. More had attended an appointment at St James’s (307) than the LGI (209). People most commonly drove and parked their own car (60%), caught a bus (11%), were driven in somebody else’s car (9%), or a friend or family member (6%), or walked (5%). There were no statistically significant differences between the LGI and St James’s in how people arrived.

People who had given birth within the past five years were asked how they travelled to the hospital. Approximately equal numbers had given birth at the LGI (142) and St James’s (144). People most commonly drove and parked their own car (39%), were driven in somebody else’s car (24%), were dropped off by a friend or family member (21%) or by a taxi (12%). Relatively few people arrived by ambulance (2%), caught a bus (1%) or walked (1%). There were no statistically significant differences between the LGI and St James’s in how people arrived.

5.4 What did people tell us about maternity and neonatal services in Leeds?

People were invited to give additional comments about maternity and neonatal services. Some of the comments related to the provision of antenatal services at St James’s and others were broader and covered a range of topics about where maternity services are provided. These comments are extremely valuable as they have been supplied to the CCG and LTHT so that they can be used for planning future services and to support the review of the Leeds Maternity Strategy 2015-2020.

Many of the comments were about how having maternity services on a single site is safer as it means that there are always expert staff on hand. People noted that a single site means that there is no need to transfer hospitals should there be a complication. Many also described how there will be more consistent care, and that best practice will be shared more easily than when the service is split between two hospitals. Some suggested that there will be fewer problems with staff shortages if the service is located on a single site, and this will make the service safer. A few noted that while the city centre location will make travel more difficult for some, safety is much more important. Other comments were about a service operating from a single site being more efficient.

“Option 1 will provide a safer service, as women can be transferred quickly from antenatal services to delivery suite if necessary”

“I feel that having all staff and services at the LGI is much safer for mums and babies and would make much better use of available staff”

“Having all specialisms for maternal and neonatal care means more joined up service provision, consistent oversight without stress of transfer between sites, one seamless provision with all experts on site”
Despite appreciating how a centralised service will improve safety and efficiency, many comments highlighted the concern that the new service will have sufficient parking. Many people gave accounts of their anxiety surrounding parking when they visit the LGI. Some highlighted the high cost of parking in the city centre if they cannot access a hospital car parking space. Others noted that they dislike driving into Leeds city centre, or that they are worried about congestion in the city centre and about how the traffic might mean that they miss appointments.

“I understand that it is more efficient to centralise maternity services but the parking is truly terrible. Antenatal checks often run late (2 hours for one of mine) and the parking fees are huge. Going in and out to top up parking whilst heavily pregnant is terrible. Your staff are amazing, your access less so”

Several people noted that with its city centre location, the LGI is easier to access by public transport. However, others highlighted that there are few buses that stop outside the LGI so that it is more difficult for people who have a disability or those who find walking difficult, and that this includes people who are heavily pregnant. Some were concerned that people who currently walk to antenatal appointments at St James’s will face additional cost and inconvenience, and some of these people may be on a low income.

Another category of comments was about the need for women to be able to choose where to attend, although these comments were more often about where they want to give birth rather than the location of their hospital antenatal appointments.

“I think it is important to give individuals a choice of where they attend their antenatal appointments - many women work throughout the pregnancy and may need to attend appointments during working hours. If they had a choice this may make their visits more efficient and would have to take less time off work if they did not have to travel as far”

While people gave positive and negative feedback about both hospitals, some people noted that they feel that staff in St James’s have a better understanding of the needs of women from ethnic minorities.

Some people expressed concerns that the centralised service would be too big and see too many people, resulting in long waits in clinics, a more stressful environment, and less personalised care.

“I feel that if all antenatal appointments were in one place it would be extremely busy and may impact on waiting times and appointments”

The results show that Option 1 receives the most support, although there will be a need to reassure people that:

- the challenges of parking have been addressed
- bus routes have been reviewed to ensure that sufficient buses stop near the LGI
- the access needs of disadvantaged groups have been considered
- understanding of the needs of ethnic minority women will be embedded in the new unit
- most antenatal appointments will remain in the community
- antenatal clinics will not feel overcrowded, rushed or short staffed

“I do feel that we are very lucky to have this service in Leeds and I will always be grateful to everyone there. Both sites have such caring and talented staff who are amazing at their jobs”

An equality analysis of the survey responses was undertaken and is shown in Appendix 2.
5.6 What did people in focus groups tell us?

In all the focus groups participants discussed maternity services broadly, the planned changes, and their preference for whether antenatal services are provided solely at the LGI, or at both the LGI and St. James’s. As in the survey, participants held mixed views, with some preferring the simplicity of antenatal services provided in just one location, and others preferring to maintain services at both sites. The main points were made that support centralising services are that:

- increasing NHS efficiency is important.
- it’s safer if all the specialist staff are on a single site.
- continuity of care is important, and this might be easier if all staff are on a single site.
- a brand new facility might provide better care.
- if it’s not possible to give birth at St James’s then there is no point providing antenatal services there, as people would get used to attending St James’s and would be unfamiliar with the LGI.

However, many participants discussed how antenatal, maternity and neonatal services should all be available at St James’s. This was due to:

- concerns about parking
- concerns about causing financial hardship for people living near to St James’s who will no longer be able to walk to their appointments
- concerns that there will be insufficient capacity for everybody across Leeds to attend for maternity services at a single site.
6. Conclusions
6. Conclusions

1. The consultation provided several different ways that people could share their views about the plan to centralise maternity and neonatal services at the LGI and the options for hospital-based antenatal services in Leeds.

2. Particular efforts were made to hear the views of people who might be more affected by discontinuing antenatal appointments at St James’s.

3. Overall, there is a majority in favour of centralising antenatal hospital appointments at the LGI. People who have recently given birth or attended antenatal services at the LGI, and healthcare professionals were more likely to support this option.

4. However, people need reassuring that:
   - sufficient parking will be available
   - there will be buses that stop close to the LGI
   - the access needs of disadvantaged groups have been considered
   - the staff in the new unit will understand the needs of ethnic minority women
   - most antenatal appointments will remain in the community
   - antenatal clinics will not feel overcrowded and can continue to deliver personalised care.
7. What will we do with this report?
7. What will we do with this report?

This report and accompanying paper will be shared with members of the Scrutiny Board (Adults, Health and Active Lifestyles) for consideration at its meetings in May and June 2020. The Scrutiny Board is made up of local councillors and has responsibility to strengthen the voice of local people, ensuring that their needs and experiences are considered by the people who commission and deliver health services. The Scrutiny Board’s response will be informed by patient and public opinion outlined in this report.

The CCG’s Governing Body will receive a briefing paper, report and the Scrutiny Board’s response at a meeting to be held before the end of July 2020. Commissioners will make recommendations to the Governing Body based on patient and public opinion and any recommendations offered by the Scrutiny Board. NHS England (Specialised Commissioning) will attend this meeting to be part of the discussion and final decision making.

The CCG will write to NHS England to formally confirm the Governing Body’s final decision.

This report and next steps will be published on the CCG’s website as well as shared with those who asked to be kept informed of progress.
Appendix 1
who did we work with on the consultation?
Appendix 1: who did we work with on the consultation?

We were keen to enable as many and diverse a group of people as possible to share their views about the proposals for maternity services, and aimed to gather feedback from:

- Women and families expecting a baby
- Woman and families who have given birth in the last five years
- The general public,
- NHS staff
- The voluntary sector
- Wider stakeholders

The consultation was built on a wide range of existing feedback about maternity services, including a large engagement in 2018 about antenatal services. Given the extent of feedback already available we aimed to achieve responses from around 1500 people.

Videos were produced to explain the proposed change in a summary animation video and video going into more detail on the changes.

A formal consultation document was produced online and in paper format, including an easier to read version. Posters and postcards were circulated, and these were also produced in Romanian, Tigrinian and Arabic versions to promote the consultation to those communities that maternity services identified as the languages where interpreters were most frequently requested. The documents could also have been made available in other formats on request, although there were none.

The Consultant in Fetal Medicine and Obstetrics and Clinical Director, and the Head of Maternity Services were interviewed on two local radio shows, press releases issued to local media resulting in news items on BBC Look North and BBC Radio Leeds. There was also an extensive social media programme which included paid for adverts.

We worked with many different groups and organisations to raise awareness of the formal engagement and to encourage people to share their views, shown in Table 1.
Table 1: Organisations that were contacted to promote the consultation:

<table>
<thead>
<tr>
<th>Paper documents distributed to:</th>
<th>The electronic survey link was distributed to:</th>
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<tbody>
<tr>
<td>134 GP practices (including branch practices)</td>
<td>Andy’s Man Club</td>
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<td></td>
<td>Healthwatch Leeds</td>
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<td>Leeds Involving People</td>
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<td>179 pharmacies</td>
<td>North Leeds Mumbler</td>
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<td>Forum Central</td>
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<td>2000 surveys distributed by Voluntary Action Leeds</td>
<td>Behind Closed Doors</td>
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<td>Best Start Peer Support Programme</td>
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<td>Black Health Initiative</td>
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<td>CCG Network members</td>
<td>Doulas Leeds</td>
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<td>Early Start Counselling – North Point</td>
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<td>Embrace</td>
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<td>NHS partners: Leeds and York Partnership NHS Foundation Trust, Leeds</td>
<td>Leeds City Council, including Family</td>
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<td>Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS</td>
<td>Information Service</td>
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<td>Trust</td>
<td>Forward Leeds</td>
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<td>Getaway Girls</td>
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<td>13 Health centres and clinics</td>
<td>Haamla Service</td>
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<td></td>
<td>Hamara Centre</td>
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<td></td>
<td>Health for All</td>
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<tr>
<td>66 Children’s centres</td>
<td>Health Visitors Teams</td>
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<td></td>
<td>Home Start</td>
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<td>Leeds Baby Bank</td>
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<td>70 Children’s nurseries</td>
<td>Leeds Dads</td>
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<td>Leeds GATE</td>
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<td>Leeds Society for Deaf and Blind People</td>
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<td>Old Fire Station</td>
<td>Leeds Uni Romanian Society</td>
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<td>Leeds Women’s Aid</td>
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<td>Looked After Children</td>
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<td>69 Maternity shops and soft play centres</td>
<td>Maternity Voices Partnership</td>
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<td>Migrant Access Project</td>
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<td>Mumbler Groups</td>
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<td>172 CCG Network members</td>
<td>Mumsnet</td>
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<td>Shantona Women’s Centre</td>
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<td>St. Anne’s community services</td>
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<td>Still Birth and Neonatal Death Society (SANDS)</td>
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<td>Trans Leeds</td>
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<td>Twins and Multiple Births Association (TAMBA)</td>
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<td>Women’s Counselling and Therapy Service</td>
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<td>Women’s Health matters</td>
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<td>Women’s Lives Leeds</td>
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<td>Youthwatch</td>
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<td>St. Chad’s C of E School and Staff Network</td>
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Information, including links to the online consultation, was sent to the following organisations:

- All ward councillors
- Schools in Leeds
- CCG Volunteers
- Leeds Citizens
- CCG Volunteer newsletter
- Doing Good Leeds newsletter
- Email to all communication leads in the city
- Staff bulletin and primary care bulletin
- Social media and internal newsletter at LTHT
- Leeds Equality Hub network
- NHS Leeds CCG staff bulletin
- Leeds City Council Equality Hub
- Workplace Facebook
- MPs
- Parent, Carer and Family Voice newsletter
- Various breastfeeding clubs
- NHS Leeds CCG Network
- PPG Network
- NHS partners networks (LCH, LTHT, LYPFT)
- Perinatal service at LYPFT
- Teenage pregnancy and parenting team
- Parish/Town councils
- Teenage pregnancy team at LTHT
- Clinical Expert Group at LTHT
- LTHT Boards (LMS, Maternity Strategy)
- South Leeds Life
- Clinical Service Units and Women’s services at LTHT
- Integrated Care System communications

**Shops and Indoor Play Centres**

To reach as many people as possible, the CCG made contact with a number of businesses and indoor play centres to promote the consultation and encourage staff and customers to get involved.

**Shops**
- Seraphine - LS1
- JoJo Maman Bebe - LS29
- Disney Store – LS11
- The Entertainer -Trinity Centre, LS11, LS15
- The Little Hen Toy Company – LS13
- Dorothy Perkins – LS1, LS11, LS14
- LEGO Store - Trinity Centre
- Marks and Spencer - LS1
- Smyths Toys – LS10
- Joules - LS2
- Armadillo Toys - LS7
- Argos, LS1, L11
- Petite Flea Ltd - LS17
- Next
- Monsoon Children – LS1

**Indoor Play Centres**
- Little Bees Play and Party – LS14
- Jungle Kids – LS12 3BL
- Jackabooos Ltd – LS28
- Monster Kidz – LS11, LS13
- Sensory Space Leeds
- Cottonbudz Ltd – LS13
- Munchkins Soft Play – LS27
- Jigsaw Gyms – LS28
- Kids Club House – LS18
- David Lloyd Kids – LS6
- Kidzone Play Centre – LS25
- Monkey Maze – LS25
Drop-ins

The CCG conducted a number of drop-in sessions. These provided an opportunity for people to find out more about the consultation, ask questions, speak with maternity professionals and complete a survey. A member of LTHT’s maternity ‘play team’ was also in attendance so parents could take part. We ran four of these focus groups through the period of the consultation. Details can be found below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 11 February 2020</td>
<td>1pm – 5pm</td>
<td>Hamara Centre, LS11</td>
<td>2</td>
</tr>
<tr>
<td>Wednesday 19 February 2020</td>
<td>1pm – 5pm</td>
<td>Old Fire Station, LS9</td>
<td>15</td>
</tr>
<tr>
<td>Tuesday 3 March 2020</td>
<td>9am – 1pm</td>
<td>Pudsey Civic Hall, LS28</td>
<td>10</td>
</tr>
<tr>
<td>Wednesday 11 March 2020</td>
<td>4pm – 8pm</td>
<td>Carriageworks Theatre, LS2</td>
<td>2</td>
</tr>
</tbody>
</table>

Ahead of the Pudsey drop-in session, the CCG visited the local area to promote the consultation and the drop-in with local businesses. This was done to encourage people to attend the drop-ins, given that attendance at previous drop-ins had been low. Locations included:

- Calverley Village Day Nursey
- Morrisons Thornbury
- Calverley Library
- Thornbury Medical Centre
- Pudsey Post Office
- Leeds-Bradford Odeon Cinema
- New Pudsey Train Station
- Pudsey Tesco Express
- Owlcotes Marks and Spencer
- Pudsey Sainsbury’s
- Pudsey Library

The CCG also had posters printed specifically for the Pudsey and Carriageworks drop-in sessions.
Focus Groups

Voluntary Action Leeds (VAL) ran a number of focus groups in support of the consultation. These were designed to target ‘harder to reach’ communities. Details on the focus groups can be found below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 19 February 2020</td>
<td>10am – 12pm</td>
<td>Forward Leeds</td>
<td>5</td>
</tr>
<tr>
<td>Tuesday 25 February 2020</td>
<td>1pm – 3pm</td>
<td>Bankside Children’s Centre</td>
<td>15</td>
</tr>
<tr>
<td>Monday 2 March 2020</td>
<td>9am – 11am</td>
<td>Bahar AFG ESLO Class</td>
<td>12</td>
</tr>
<tr>
<td>Thursday 5 March 2020</td>
<td>12pm – 2pm</td>
<td>Chapeltown CC Breastfeeding Group</td>
<td>18</td>
</tr>
<tr>
<td>Wednesday 11 March 2020</td>
<td>10:30am – 11:30am</td>
<td>Shantona Women’s Group</td>
<td>16</td>
</tr>
<tr>
<td>Wednesday 11 March 2020</td>
<td>11am – 12pm</td>
<td>Haamla Antenatal Group</td>
<td>11</td>
</tr>
<tr>
<td>Thursday 12 March 2020</td>
<td>12:30pm – 2:30pm</td>
<td>GIPSIL Women Together Group</td>
<td>10</td>
</tr>
<tr>
<td>Friday 13 March 2020</td>
<td>1:30pm – 2:30pm</td>
<td>Touchstone East Leeds</td>
<td>8</td>
</tr>
<tr>
<td>Saturday 14 March 2020</td>
<td>3pm – 5pm</td>
<td>ITAL Roots and Healing BAME Postnatal Support Group</td>
<td>14</td>
</tr>
<tr>
<td>Monday 16 March 2020</td>
<td>11am – 1pm</td>
<td>Leeds Refugee Forum</td>
<td>5</td>
</tr>
</tbody>
</table>

Please note the above only covers the activity the CCG is aware of and there may be other instances of the formal engagement being promoted through other channels and organisations.
**Engagement events**

VAL took part in a number of different events to engage with a wide breadth of the Leeds population. This included visiting the antenatal clinics at St. James Hospital and Leeds General Infirmary on several occasions. They also took part in a variety of ‘meet ups’, networking events and doing ‘on-street work with the general public. These details can be found below:

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Organisation/Event</th>
<th>Location</th>
<th>Type of session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 4 February</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>1:30pm - 3pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 4 February</td>
<td>LGBT+ Coffee &amp; Cake Cafe</td>
<td>Mill Hill Chapel, City Square</td>
<td>Open Meetup</td>
</tr>
<tr>
<td>6:30pm - 8:30pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday 8 February</td>
<td>Harehills Together</td>
<td>TLC</td>
<td>Networking Event</td>
</tr>
<tr>
<td>11am - 3pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 11 February</td>
<td>Old Fire Station</td>
<td>Old Fire Station, Gipton</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10.30am -12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 12 February</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10am -12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 12 February</td>
<td>Survey session</td>
<td>Leeds Bus Station</td>
<td>On-street engagement</td>
</tr>
<tr>
<td>2:30pm - 4pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday 13 February</td>
<td>Fountain of Refuge Launch Event</td>
<td>Bridge Community Church Complex</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>4pm - 6pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 19 February</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10am - 12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday 20 February</td>
<td>New Wortley Community Café</td>
<td>New Wortley Community Centre</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10:30am - 12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday 22 February</td>
<td>Football Club Surveys</td>
<td>Prince Phillip Centre</td>
<td>Networking event</td>
</tr>
<tr>
<td>10am - 12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 25 February</td>
<td>St James antenatal clinic</td>
<td>Leeds General Infirmary</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10.30am - 12.30pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 26 February</td>
<td>University of Leeds event stall</td>
<td>University of Leeds</td>
<td>Event Stall</td>
</tr>
<tr>
<td>10:30am - 1pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 26 February</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>1pm - 3pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 3 March</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10.30am - 12.30pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date and time</td>
<td>Organisation/Event</td>
<td>Location</td>
<td>Type of session</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Wednesday 4 March</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>1pm - 3pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday 6 March</td>
<td>LGI antenatal clinic</td>
<td>Leeds General Infirmary</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10am - 12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday 6 March</td>
<td>Keith Waterhouse blue plaque event</td>
<td>Hunslet Community Hub</td>
<td>On-street engagement</td>
</tr>
<tr>
<td>10am - 12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday 6 March</td>
<td>International Women’s Day event</td>
<td>Hunslet Community Hub</td>
<td>On-street engagement</td>
</tr>
<tr>
<td>10am - 12pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 9 March</td>
<td>Bums and Babies group</td>
<td>Boston Spa Children’s Centre</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10am - 12pm</td>
<td></td>
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<tr>
<td>Tuesday 10th March</td>
<td>Gypsy Roma Drop-in Session</td>
<td>Reginald Centre</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>10.00 – 12pm</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Wednesday 11th March</td>
<td>St James’ Antenatal Clinic</td>
<td>St James’ Hospital</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>1pm - 3pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 11 March</td>
<td>Funding Fair</td>
<td>Fairfield Community Centre</td>
<td>Networking event</td>
</tr>
<tr>
<td>10am - 1pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday 12 March</td>
<td>Baby Weigh Clinic</td>
<td>Otley Children’s Centre</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>9:30am - 11:30am</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday 12 March</td>
<td>Preparation for Birth and Beyond Group</td>
<td>Otley Children’s Centre</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>2pm - 2:30pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 17 March</td>
<td>Stay and Play group</td>
<td>Villages East Children’s Centre</td>
<td>Drop-in session</td>
</tr>
<tr>
<td>9:30am - 11am</td>
<td></td>
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</tbody>
</table>

VAL had additional activities planned but due to the COVID-19 outbreak and lockdown measures these were unable to be completed.
CCG Volunteers

CCG volunteers help to ensure that the voice of patients, carers, and the public are taken into consideration when decisions are made that affect health services and patient care. They also help the CCG by supporting consultations and engagements. The 15 CCG Volunteers currently working with the CCG assisted this consultation in a number of ways:

- Completing the survey themselves
- Promoting the consultation with their local networks and contacts
- Encouraging family and friends to fill in the survey
- Promoting the consultation at their place of work
- Visiting their local GP practice and PPG to promote the consultation and encourage further engagement work
- Promoting on their personal social media accounts
- Supporting focus groups and drop-in sessions

Social media activities

The CCG and LTHT engaged with people via Facebook and Twitter. Facebook posts by the CCG about the changes to maternity services reached 5,640 people and 172 engaged with the posts. Twitter campaigns, run by the CCG in January, February and March made 104,098 impressions and achieved 1,483 engagements.

The top tweets in these months made 2,568, 2,118 and 2,218 impressions respectively. Additional paid campaigns further engaged with Leeds residents.

LTHT made several Facebook posts to publicise the consultation and the drop-in events. January posts reached 44,190 people, and 2558 engaged with the posts. February posts reached 32,506 and 1167 engaged with the posts. March posts reached 27,779 and 746 engaged with the posts. Leeds Children’s Hospital’s posts reached 34,283 people and 2,058 engaged. Leeds Maternity Service’s posts reached 21,740 people and 599 engaged.

LTHT also ran a Twitter campaign over the consultation period, with 18 tweets, and Leeds Children’s Hospital tweeted 7 times, with over 530 engagements.

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LTHT also ran a Twitter campaign over the consultation period, with 18 tweets, and Leeds Children’s Hospital tweeted 7 times, with over 530 engagements.

Leeds Voices also engaged with people in Leeds through social media. Facebook posts reached 18,496 people and 685 engaged with the posts. Additional activity was targeted at people who live near St James’s: 6,644 were reached and 302 engaged. Because most of the reach was with women, a separate campaign was run to target men, and 2,562 were reached and 230 engaged.
Appendix 2
Equality analysis
Appendix 2: Equality analysis

We examined differences in preference for Option 1 and Option 2 based on relevant protected characteristics. For several of the characteristics we combined sub groups so that there were sufficient people in each group to enable us to run statistical tests.

**Age**

We grouped people into four groups: <26, 26-35, 36-45, 46+.

There is a statistically significant association\(^3\) between age and preference: 48% of those under 26 preferred Option 1 compared with 66% of those age 26-35, 58% of those 36-45 and 55% of those 46+.

**Ethnicity**

We grouped people into two groups: White and not White.

There is a statistically significant association between ethnicity and preference: 65% of White people preferred Option 1 compared with 40% of people who are not White.

**Religion**

We grouped people into three groups: Christian, other religion, and no religion.

There is a statistically significant association between religion and preference: 68% of people with no religion, 61% of Christians but only 40% of people with another religion preferred Option 1.

**Sex**

There was no difference between males and females with both males and females preferring Option 1.

**Sexual orientation**

We grouped people into two groups: Heterosexual and not heterosexual.

While there is a difference in preference it does not reach statistical significance. 62% of people who are heterosexual prefer Option 1 compared with 46% of people who are not heterosexual.

**Disability**

While there is a difference in preference it is not statistically significant: 61% of people who do not have a disability prefer Option 1 compared with 55% of those who have a disability. However, both groups prefer Option 1.

**Pregnancy and Maternity**

Because this is central to the consultation, this characteristic is considered at the start of the report. The results show that it is not pregnancy or maternity per se that matters, it is the hospital that people have experience with. Both those who are currently or recently pregnant and use the LGI, and those who are not currently pregnant, prefer Option 1. Those who are currently or recently pregnant and use St James’s prefer Option 2.

We also ran a statistical analysis to explore which factors independently predict choosing Option 1. The results are summarised below.

- People are more likely to prefer Option 1 if they:
  - Are white
  - Have given birth in the LGI
  - Are heterosexual
  - Do not have a religion

- People are more likely to prefer Option 2 if they:
  - Are from a black and minority ethnic group
  - Have given birth at St James’s
  - Have used the neonatal unit at St James’s
  - Are bisexual, gay or lesbian
  - Have a religion other than Christianity

\(^3\) The statistical test used was Chi squared, and all significant tests were at p<0.001.