



Leeds
Clinical Commissioning Group

Maternity Outpatients

Engagement dates: February – March 2018

Engagement Report

Executive summary

The provision of high quality maternity care in Leeds is imperative to the delivery of the Leeds Health and Wellbeing Strategy and supporting the vision for Leeds to be “the best place for children and young people to grow up in”.

Over the last 5 years we have carried out extensive engagement with the public to develop maternity services in Leeds. We have an active Maternity Voices Partnership Group made up of women and families who provide an ongoing focal point for all our engagement.

This engagement project looks specifically at all maternity antenatal/prenatal (before birth) and postnatal (after birth) **outpatient** services with the aim of understanding people’s views on current services as well as their ideas on what maternity outpatient services might look like in the future.

The engagement will also help to identify any potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010. This report outlines the findings of the assessment of equality impact and engagement.

We shared our engagement plan with our Clinical Commissioning Group (CCG) patient assurance group (PAG) and they approved our plans.

A survey was used to gather the thoughts and experiences of parents and family members who have used maternity antenatal and postnatal outpatient services in the last two years and people who are likely to use maternity services in the future. We asked about people’s current experience of maternity outpatient services and about people’s needs and preferences around future services. The survey was shared widely, including;

- With voluntary sector services directly impacted by the engagement
- At various sites visited by parents and their families
- With the Maternity Voices Partnership Group

927 people responded to the engagement through the survey. People reported being very happy with the maternity care they received at both hospital sites. There was significant concern about parking at both sites, in particular at the Leeds General Infirmary (LGI). People also reported long waiting times to see clinicians and told us that continuity of care was very important to them. There were very mixed views on the way maternity outpatient appointments should be provided in the future. Some people would like to see services centralised at one site and others want to be able to choose where they access outpatient services. There was strong support for more and improved services in the local community.

This report makes a series of recommendations to the hospital and the CCG. The feedback received from this work alongside the recommendations from other recent engagement work around maternity services will be used to develop options for a formal maternity consultation later this year.

We will also show to what extent the engagement and recommendations to remove or reduce any identified negative impacts on protected characteristics/groups have been implemented.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services. The report will be shared with those involved in the engagement and the report will also be available on our website at <http://www.leedsccg.nhs.uk/>

Background information

a. The NHS Leeds Clinical Commissioning Group (CCG)

Prior to 1 April 2018 there were three CCGs in Leeds; NHS Leeds North CCG, NHS Leeds South and East CCG, and NHS Leeds West CCG, who were working in partnership but have now merged as a single CCG; NHS Leeds CCG. NHS Leeds CCG is responsible for planning and funding (commissioning) the majority of health services for people in Leeds.

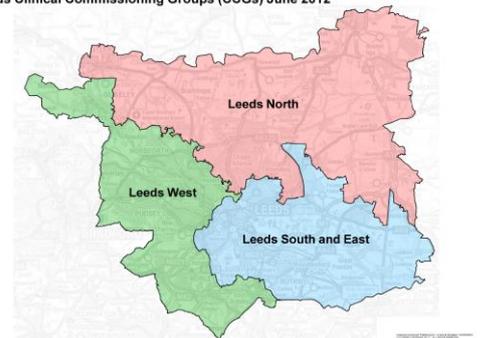
The CCG commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

From 1 April 2016 the CCG began co-commissioning GP primary care services with NHS England. We do not commission other primary care services such as dental care, pharmacy or optometry (opticians) which is done by NHS England. NHS England also has the responsibility for commissioning specialised services such as kidney care.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns. The most recent census (2011) indicates that Leeds has a population of 751,500 people living in 320,600 households, representing a 5% growth since the previous census of 2001. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including Black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are currently 105 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

Leeds Clinical Commissioning Groups (CCGs) June 2012



b. Engagement support

We commission Voluntary Action Leeds (VAL) to support our engagement work. VAL delivers the 'Leeds Voices' project to undertake public and community consultations on behalf of NHS Leeds CCG. There are three distinct elements to this project:

- The Engaging Voices network of third sector organisations provides opportunities for seldom heard communities and vulnerable groups to get involved in consultation and engagement activities.
- The Working Voices project offers opportunities for businesses to enable their employees to be involved in CCG engagement activities, by allowing working people to volunteer their time to be involved in consultations within the workplace.
- Volunteer Leeds Health Ambassadors directly engage with the public and patients at a range of venues, public events and activities across the city.

For this piece of work VAL shared information about the engagement with over 70 of their Engaging Voice partners. Physical copies of the engagement were shared with groups specifically affected by the engagement and VAL supported people to fill in the survey at various engagement events across the city.

c. Detail about the engagement

Becoming a parent is an important and exciting experience, and women and their families should have access to the right maternity support and care. In Leeds we offer a range of choices and services in hospital, community and home settings. These services are provided in hospital and in the community at all stages of the maternity cycle, from preconception to prenatal (antenatal) services (before birth) through to postnatal services (after birth and early years).

Maternity cycle



There are lots of people involved in caring for you and your baby. You can read more about the people who look after you here: <https://www.nhs.uk/conditions/pregnancy-and-baby/antenatal-team-midwife-obstetrician-pregnant/> and here: <http://www.leedsth.nhs.uk/a-z-of-services/leeds-maternity-care/>

There are over 10,000 babies born in Leeds every year. Making the most of every child's potential is an important goal in Leeds - it's a commitment made by the Leeds Health and Wellbeing Board. This means giving all children the 'Best Possible Start in Life', focusing on the earliest period in a child's life, from before conception to age two. Babies who have the best possible start in life will be more likely to benefit from successful futures. We know that a healthy mum is the first step in giving any baby a healthy and 'good' start in life.

Over the last few years we have spoken to lots of parents and families about their experience and views on maternity services. You can read more about our maternity engagement work on our website at <http://www.leedsccg.nhs.uk/>

In 2013 we spoke to parents and families about their experience of using maternity and neonatal **inpatient** services in Leeds. We used the findings of this engagement to develop the Maternity Strategy for Leeds 2015-20.

Since we developed the strategy we have continued to engage with parents and their families to develop local services that meet the needs and preferences of communities in our diverse city.

This engagement looks specifically at maternity **outpatient** services (appointments before – antenatal, and after birth – postnatal, which do not involve a stay in hospital). It aims to understand people's views on current outpatient services as well as their ideas on what maternity outpatient services might look like in the future.

We will use this feedback alongside patient experience from previous engagement activities to shape a citywide consultation on the future of maternity services in Leeds.

1. How did we identify and engage with stakeholders?

An equality analysis and engagement plan was developed by patients, clinicians and commissioners to ensure that the right people are consulted in the right ways. The equality analysis considers the characteristics/groups protected by the Equality Act 2010, taking into consideration; what we already know about peoples' access, experience, health inequalities and health outcomes; who is using services; who isn't using services; and gaps in information/data. This helped identify who we need to engage with and how.

The Maternity Strategy for Leeds 2015-20

The strategy (<https://www.leedswestccg.nhs.uk/content/uploads/2015/06/Maternity-strategy-for-Leeds-2015-2020.pdf>) provides information on people with protected characteristics who are likely to be affected by changes in outpatient appointments:

- Despite the excellent work of local services, women from some **BME communities** in the city continue to have poorer birth outcomes and report less satisfaction with maternity services than White groups, in particular women with African, Asian, and Mixed White & Black African or Caribbean ethnicity.
- There are estimated to be around 500 people from **Gypsy, Traveller and Roma communities** in Leeds. These communities can find it hard to access health care and

there are concerns that this could affect the health and wellbeing of pregnant women and infants from these communities.

- There were 748 births to young women under 19 years old and 166 to women under 18 years old during 2012. Although the number of **young parents** has fallen a lot over recent years, this rate of 20 births per 1,000 under 18 year olds is higher than the England & Wales rate of 14.3.
- There has been a slight increase in the number of **women aged over 30** giving birth and more women aged over 40 have given birth in recent years. Increase in age can carry higher risks of complication in pregnancy and birth.
- Using national figures we estimate that around:
 - 1,533 women will experience some form of pregnancy related **mental illness**
 - 315 will experience pregnancy related **Obsessive Compulsive Disorder**
 - 20 will experience more serious mental illness after the birth of their baby.
- Using national research, we estimate that around 470 women in the city will be misusing **alcohol and or illegal drugs** during pregnancy.
- Around 20% of women tell us that they have or are experiencing **domestic violence** during their pregnancy.
- There is a lot of evidence that breastfeeding provides protection to both babies and mothers health. **Age, ethnicity and income** level affect breastfeeding and breastfeeding is generally lower in deprived areas. In 2014 around 70% of women in the city started breastfeeding and around 50% of them were still breastfeeding, at least partially, by the time the baby was 6-8 weeks old. There is however a big difference in rates between **ethnic groups** and across the geography of the city. Asian and African women are more likely to start and continue breastfeeding, while white British women are least likely to do so.

The Maternity Health Needs Assessment

The Maternity Strategy for Leeds 2015-2020 was developed based on extensive consultation with women and families in Leeds, using a detailed health needs assessment¹ and the latest and best evidence of what works well in maternity services, taking into consideration national and local drivers. The strategy outlines 9 priorities which aim to improve maternity services by providing safe, high quality maternity care, meeting the needs of all families in the city:

- There are an increasing number of people from **Eastern European communities** using both LGI and St James' maternity services
- According to Leeds Language Link, the most requested alternative languages at St James's during 2012/13 were **Polish, Kurdish, Czech, Urdu closely followed by Tigrinya and Arabic**
- The **Lesbian and Bisexual** Consultation for NHS Leeds in 2009 highlighted that many lesbian and bisexual co-mothers felt services were not fully meeting their needs and information and support tends to have a bias towards heterosexual couples
- **Women from south and west Leeds** are overwhelmingly more likely to deliver at LGI. **Women from east and north Leeds** are more likely to deliver at St James's

¹ <https://observatory.leeds.gov.uk/resource/view?resourceld=4453>

- Data shows that people from non-deprived areas are much more likely to deliver at LGI. People from **deprived areas** are fairly evenly likely to deliver at both hospitals
- 15% of people using maternity care at LHTT **do not live in Leeds** and over 50% of those using neonatal services
- The age profile of women giving birth at each hospital site is similar. This is not true for out-patient appointments where more **women over 35** used St James's and more women under 35 attended LGI
- Around 55% of births at St James's hospital are to women under 30 and around 5.6% are to **women under 20**.
- It has not been possible to gather data on the numbers of disabled women using maternity services
- The 2007/09 Maternity Health Needs Assessment for Leeds identified the need for specific maternity care pathways for teenage mothers, people with **learning disabilities** and **disabled women**

Our equality analysis identified a number of potential inequalities and helped us to shape our engagement. In addition to our generic engagement we targeted the following groups:

- People living in deprived areas
- BME communities, especially women with African, Asian, and Mixed White & Black African or Caribbean ethnicity.
- Emerging communities, especially people who speak Polish and Czech
- Women with a learning disability
- Women with a disability
- Families from the Gypsy, Traveller and Roma communities
- Young parents
- Women over 30
- Women under 25
- Women experiencing mental ill health, in particular postnatal depression and OCD
- Women who use alcohol and drugs
- Women experiencing domestic violence
- Women outside of Leeds
- Women from the LGBTQ community

The plan was taken to the citywide Clinical Commissioning Group Patient Assurance Group (PAG). This group is made up of patients and assures the CCG's Governing Body that adequate patient involvement is planned for consultation and engagement. The PAG agreed that the equality analysis, patient groups and engagement methods outlined in the plan were appropriate.

The engagement used a variety of *approaches* to engage with local people:

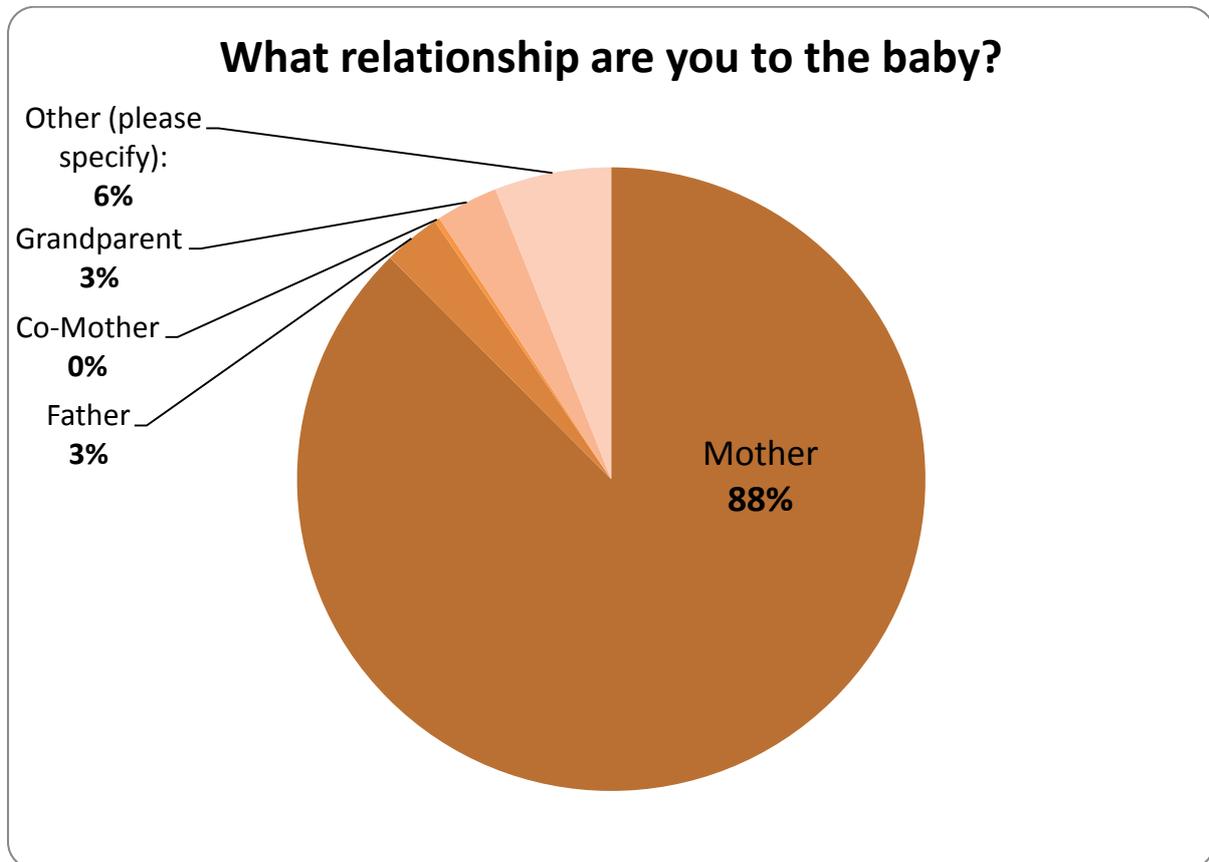
- A electronic survey was shared with over seventy organisations involved in our Engaging Voices project
- Hard copies of the survey were sent to local voluntary sector organisations directly affected by the engagement; we received feedback from the following

- Community Matters
- Black Health Initiative
- Leeds Dads
- Hard copies of the survey were shared with patients in 'baby boxes' through local children's centres.
- VAL's Leeds Health Ambassadors programme attended various sites across the city to support people to respond to the survey in order to reach a diverse range of people, including;
 - LGI antenatal clinic
 - St James's antenatal clinic
 - Children's centres
 - One-stop centres
 - Community hubs
 - Haamla antenatal group
 - Libraries
 - Maternity Voices Partnership
- We shared the engagement by social media. For example, the Twitter post shown on the right, received many comments about individual experiences of maternity care in Leeds, and had over 220 shares.
- The Maternity Voices Partnership was involved in promoting the survey through their networks, including via social media. We also attended their launch event at both the LGI and St James's Hospital in order to engage directly with parents and families.

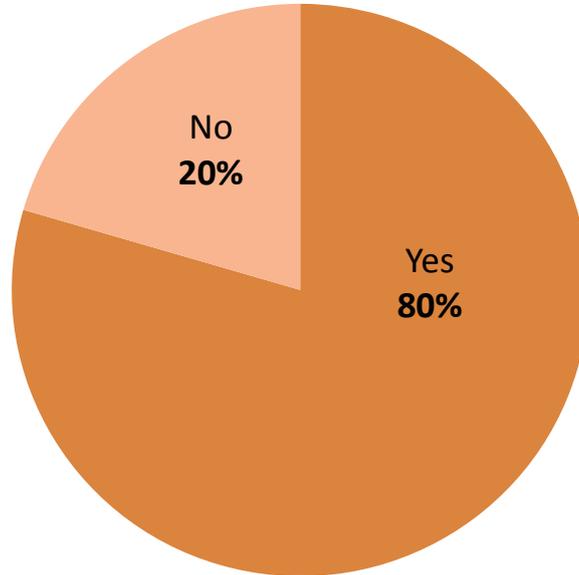


2. Who replied?

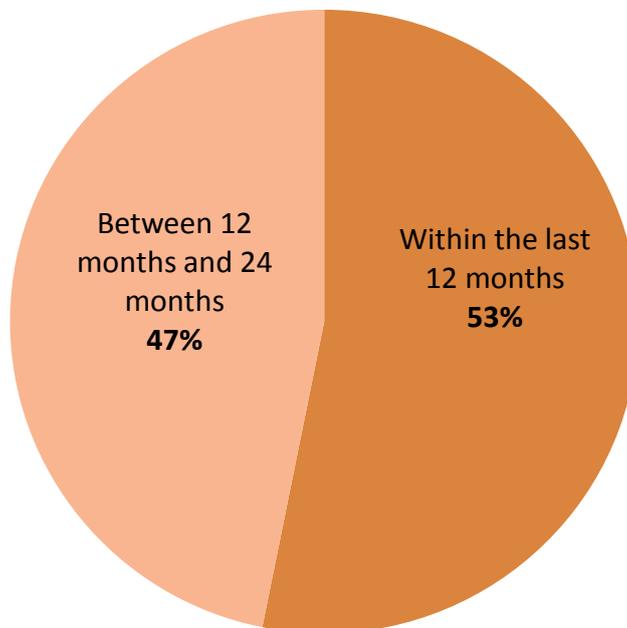
In total 927 people contributed to the engagement.



Have you or a member of your family had a baby in the past two years in Leeds?

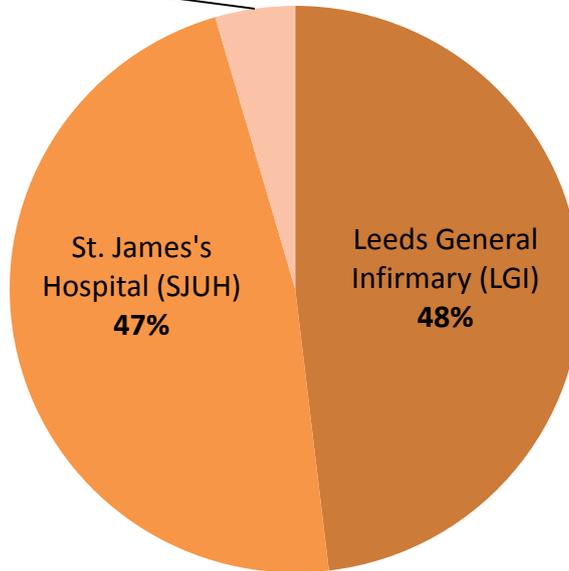


When was the baby born?



Which hospital did you (or your family member) visit for your outpatient maternity appointments?

Other (for example, you or your family member may have had care outside of Leeds but gave birth in Leeds):
5%



3. What did people tell us?

We asked people to share their views on outpatient maternity care in Leeds. By outpatient maternity care we mean antenatal (before birth) and postnatal (after birth) care, that is provided in hospital or in the community via appointments (ie without women staying overnight).

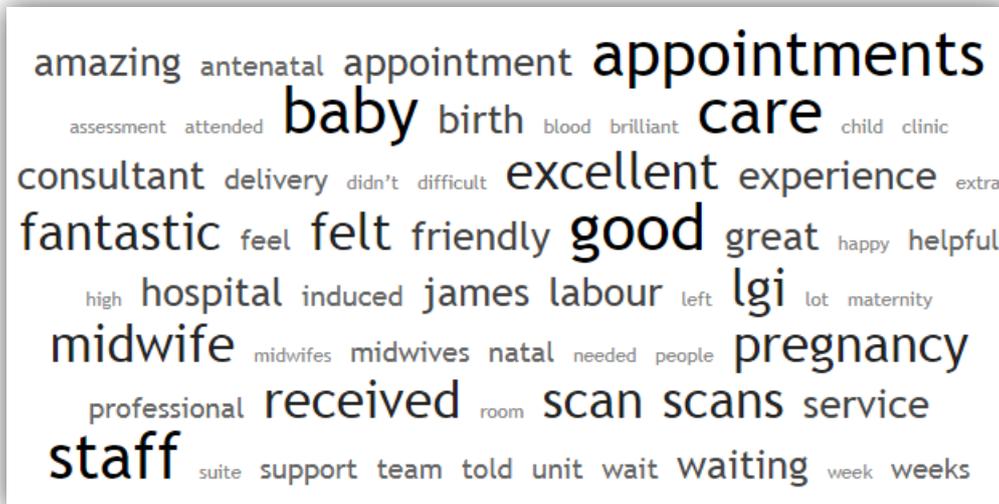
While carrying out this engagement VAL reported some difficulties in people's understanding of some of the questions. Some people were unclear that this engagement was specifically about *outpatient* appointments and there was varied understanding about which stages of the maternity cycle it was referring to. Many people shared their experience of inpatient care which we have captured and will use to understand people's wider experience of maternity services.

a. Feedback on the care people received

The engagement feedback about the care people received before and after childbirth was overwhelmingly positive. The vast majority of people who shared their views were very happy with the care they received throughout their maternity journey.

543 people filled in this section of the engagement. We have themed the feedback to make it easier to understand.

Word cloud of responses to this question



Standard of care

People described maternity staff as friendly, empathic and attentive. The midwives were singled out by many people for specific praise.

'I felt that the care was excellent – I was well looked after, my wishes were always considered and at all times it was professional and reassuring.'

'All the care we received from the receptionists to prenatal nurses, staff on the maternity ward and finally medical consultants, has been amazing. We couldn't have asked for a more professional and understanding team.'

Some people felt that they were not listened to by some maternity staff.

'Not listened to about the best plan for me and my baby.'

Waiting times

Many people expressed their frustration with waiting times. It was unclear whether this referred to making an appointment or delays in clinic/on the ward.

'Quality of care was excellent but waiting times were too long.'

'Very busy, a lot of waiting, not knowing when you'd be seen.'

'...the care I received was good, but the waiting time was too long.'

'The only downside is the waiting time to see a doctor.'

'It was often so busy that appointments always ran over and you could be waiting up to 2/3 hours for your appointment.'

Some people told us that the appointment system worked well

'Appointments always on time.'

'All the appointments were helpful and ran on time.'

Accommodation

Many people expressed concern at the environment at the hospital.

'Excellent care received, however some facilities were tired and needed updating.'

Communication

Some people told us that communication between staff could be better.

'There were letters that arrived that didn't correspond to the texting service or conversations I had with the antenatal staff.'

'...having lost a previous baby, I had to explain this each time I was seen by someone.'

'...we had our child through private IVF. There was no communication at all between the private clinic and the LGL.'

'The only problem I encountered was with the appointment texting service.'

Blood testing was singled out by a number of people as requiring improvement.

'My blood test got lost twice. More care and attention should be taken'

'3 lots of bloods either missing or mislabelled.'

Continuity of care

A number of people raised concerns about continuity of care.

'The fact that you tend to see a different consultant at every appointment means I ended up getting conflicting views and opinions on my care.'

'The care was fine, you have to repeat yourself a lot.'

'I saw different consultants prior to the birth and felt confused by differing information'

between them. It would have been helpful if I could have seen the same consultant.'

Staffing

A number of people told us that they felt the hospital was understaffed, and that this sometimes impacted on the quality of care they received.

'The staff are so overworked and unpaid.'

'The staff were fantastic but under resourced.'

'When attending the maternity assessment unit, that is a joke - it's under staffed and I watched a lady almost give birth in the waiting room.'

Parking

A number of people told us that parking at St James's and LGI was poor, and that this impacted on their experience of using maternity services.

'Parking was a problem and meant we had to park in a Leeds car park and rush to make our appointment.'

'The only difficulty was the lack of parking.'

Equality issues

We have highlighted a number of groups with protected characteristics because we know that some communities have, and report, poorer birth outcomes than the wider population. For example, it is recognised that women with a Learning Disability or Difficulty, can face significant barriers to accessing NHS services, which can contribute to them being less likely to use services, and more likely to access maternity care later in pregnancy. There is more work to do to better understand the experiences of these women, and others. Please see the Assessment of Equality Impact on page 12 for more information.

'Good service and there is an interpreter present always.'

'...was an asylum seeker and I found the Haamla service great.'

'Very convenient, no problems but a Tigren interpreter needed.'

'Good language support (Portuguese).'

'Very female dominated – as a father I didn't feel like I had a voice.'

'Care was good and sensitive to lesbian mothers.'

'As a deaf parent I felt information wasn't always clearly given and I had to ask things to be repeated constantly. No one ever asked if I understood or had questions.'

'The LGI could do more to recognise that fathers need to adopt more of a maternal role when twins and multiples are involved, instead of demonstrating gender bias.'

b. Where people access consultant-led maternity outpatient appointments and scans

We asked people to tell us their views on where consultant-led maternity outpatient appointment and scans should be provided in the future. People were given three possible options and asked to share their thoughts on each option. Feedback was very mixed and naturally centred around people's personal circumstances such as where they currently lived, worked and whether they had access to a car.

What would your view be if consultant-led maternity outpatient appointments and scans were delivered at Leeds General Infirmary?

Views on providing consultant-led maternity outpatient appointments at LGI were very mixed. It was a popular location with some people, while others prefer to use St James's.

- People told us that the LGI is central with good access to the city centre:

'LGI was easier for me as it was close to my place of work. Also meant my husband could attend with me as he also works in town.'

'I think the outpatient appointments should be at the LGI as the hospital is in the city centre.'

- People told us that there is good public transport to the LGI:

'LGI is best for me to ... have antenatal appointments, and my family and friends to visit because there are straightforward transport links from all round Leeds. Unlike, for instance, St James's.'

- People told us that they have serious concerns about parking at the LGI. Most people told us that parking is limited and expensive. They also raised concerns about the distance people need to walk between car parks and the hospital. There were also concerns about the impact of parking on visitors and carers:

'Extremely difficult to park at LGI.'

'Parking can be a nightmare...'

'Not knowing how long appointments will last is difficult for paying parking fees.'

'Bus services are ok but depends on how you are feeling during pregnancy.'

'Parking is shocking and stressful.'

- Some people raised concerns about congestion in the city centre when travelling to

appointments.

'I think it would be difficult for everyone to go to LGI due to the congestion.'

- Some people said they could see the benefits of centralising at LGI for staff:

'I can see the benefits to medical staff have clinics at a central site.'

What would your view be if consultant-led maternity outpatient appointments and scans were delivered at St James's Hospital?

Views on providing consultant-led maternity outpatient appointments at St James's was very mixed. It was a popular location with some people while others prefer to use LGI.

- People told us that it is easier to park at St James's

'Plenty of parking.'

'The parking is great as you can pay when you leave which means you don't need to worry if the clinic is running behind.'

'Location is more sensible if you have to drive to get there.'

- People told us that St James's is an easier hospital to find your way around

'More user friendly site, more user friendly to get around.'

'Feels like a quieter, calmer hospital.'

- Some people told us that public transport to St James's is poor

'Harder to get to (than LGI), especially if you are using public transport.'

'Pros are easy parking, cons are not as accessible via public transport.'

'This is very difficult to get to by public transport.'

- Some people told us that they did not feel safe travelling to St James's

'I don't like the area the hospital is in if I have to get the bus.'

'I also find this area less safe feeling if I attended alone.'

What would your view be if consultant-led maternity outpatient appointments and scans were split between two sites (as they currently are)?

There were very mixed views on whether consultant-led maternity outpatient appointments and scans should be split between two different sites.

- Many people felt that people should have a choice about where they are seen for their maternity outpatient appointments. It was suggested that choice was important so that people could make a decision based on their individual circumstances.

'It gives women a choice which is empowering and can encourage people to think through their needs and expectations.'

'The size of the city and surrounding wards does not allow for a single site.'

'Gives people a choice depending on their home/work location.'

- An equal number of people felt that centralising maternity outpatient appointments would make the service more effective and efficient.

'If (splitting the sites) stretches the service, then centralising the care to provide a better service and better care for women seems the better option.'

'Would have many benefits for patients and staff to have one site rather than splitting across two sites.'

'I would prefer to just use one hospital for all appointments.'

'It seems like a waste of resources to have two sites.'

'Whilst at LGI I noted that staff had to be pulled over from St James's to cover shortages. If all services were on one site perhaps this might help.'

'I think it would be a great idea to have it all in one place.'

- A significant number of people did not have a preference

'Indifferent'

'Honestly, it's neither good or bad.'

'I would travel wherever I needed to go for this care.'

'Either site works for me, outpatient appointments are less important to me than having good quality midwife/medical cover at birth.'

'I think patients will be prepared to be flexible regardless of where their care is as long as they receive good quality care.'

c. Views on outpatient midwifery appointments in a community setting

We asked people to tell us what they thought about providing more outpatient midwifery appointments in a community setting (we already provide 75% of maternity care appointments in this way).

We gave people an example of what might be considered a community setting; GP practice or venue in the local community. We also asked people to consider issues such as travel and transport, family visiting and cost.

688 people filled in this section of the engagement. We have themed the feedback to make it easier to understand.

Standard of care

Many people told us that they were happy with the maternity care they received in the community and that being able to access maternity care in the community was important

'I feel this is a great way to encourage new parents to get out of the house, without the big deal of heading to the hospital'

'Prefer this; less stressful than going into hospital'

People told us that community maternity care was useful for 'low risk' women but that hospital care might be better for women with more complex pregnancies.

'Great for low-risk women. I had a high-risk pregnancy so some decisions were consultant – led.'

'This is the best option for routine care and low-risk pregnancy.'

Many people told us that community care needed to have access to appropriate equipment to ensure the care they received was appropriate to their needs.

'Very helpful to someone locally as long as they're well connected to specialist care when needed.'

'It must be appropriately resourced and supported.'

'This would make life easier as long as the staff had access to the equipment and support they needed to carry out quality care.'

'I would have no problem with the appointments being at my GP practice, but the majority of the outpatient appointments I had at hospital were for ultrasounds etc. and things not available at a GP practice.'

'Would be useful to have a heart rate monitor at the GP as going to the hospital for reduced movements every time is very hard work.'

Access

Most people told us that providing more outpatient appointments in a community setting would improve access to maternity services. They said that it would reduce the cost of attending appointments, make it easier to park and help them meet other local parents.

'Great for people who can't or don't want to travel far.'

'It would be great if my local GP surgery could do more of the care. It's easier to get to and means less time off work. I was having to take half days off work to get to the LGI.'

'Much more accessible for people. Easier if needed to take siblings or family members. Nicer environment all round.'

'Doing antenatal at St James's didn't help me meet anyone from my local area.'

Continuity of care

Many people told us that seeing the same clinician was very important to them. Several people complained that they often had to see a different midwife when they accessed community outpatient maternity services.

'I didn't have very good continuity of care during my antenatal appointments. I saw a number of different midwives and consultants which I didn't feel was ideal.'

'Better, but requires consistency. It would be good to have the same team throughout. Did not see the same midwife twice whilst pregnant.'

'I didn't see the same community midwife at any of my prenatal appointments – this led to uncomfortable conversations over and over again.'

'If care is provided by a regular midwife that you get to know. If it is a different person this can have a detrimental effect on the patient.'

Waiting times

Several people told us that they had to wait a long time to see someone for a community outpatient appointment.

'It seemed hard to get an appointment.'

'Have concerns about waiting times'

'Concerns over access – hard to get an appointment.'

'Too difficult to get an appointment at GP surgery.'

Staffing

A number of people told us that they felt community midwife services were understaffed

and this made them wary of the quality of care they received.

'I would be in support, as long as it remained safe to do so and the current workload of midwives wasn't increasing without support.'

'Local midwifery teams are understaffed and over stretched.'

Assessment of Equality Impact

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**. Our patient assurance group members and our equality analysis and engagement plan identified a number of groups that we should particularly consider and engage with as a result of this proposed change (these are listed below).

As part of our engagement we asked VAL to target groups identified in our equality analysis. We also asked people filling in the survey to complete an equality monitoring section to help us understand the issues faced by specific communities. It is worth noting that some people chose not to complete the equality monitoring section and therefore it is not possible to identify the protected characteristics of some respondents.

Protected characteristic/ group or other relevant groups	Positive or negative impacts/issues identified Please state whether the identified impact is positive or negative
Disability	We spoke to 3 women with a Learning Disability We need to do more work to understand the needs and preferences of this community.
	We only spoke to 2 women with a Physical Disability We need to do more work to understand the needs and preferences of this community.
	We spoke to 12 women who identified as having a Mental Health issue. <ul style="list-style-type: none"> • Responses to <u>question 7</u>, about experience of care received at outpatient maternity appointments were overwhelmingly positive – 8 responses, 7 positive. • Responses to <u>question 8</u>, about locating appointments at Leeds General Infirmary were fairly negative; 12 responses, 8 negative – mostly to do with parking e.g. “I think the LGI is a lovely hospital however it’s difficult & expensive to park there for antenatal appointments” • Responses to <u>question 9</u>, about locating appointments at St James’s were fairly positive; 11 Responses – 8 Positive – “Good parking, better bus routes.” • Responses to <u>question 10</u>, about splitting the sites, were mostly positive; 12 Responses – 9 Positive – “This is best... At least you have a choice depending on where in Leeds you are, and just preference.” <p>Summary: 12 responses Preference towards locating outpatient appointments at St James’s Positive response to maintaining split site option</p>
	We spoke to 0 women who use or have used alcohol or drugs during pregnancy We need to do more work to understand the needs and preferences of this community.
Age	We spoke to 54 women under the age of 25 <ul style="list-style-type: none"> • Responses to <u>question 7</u>, about experience of care received at outpatient

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	<p>maternity appointments were - 36 Responses, 25 of which were positive, 3 negative, and the rest mixed; "I had a lot of appointments. The care I received was good, but the waiting time was too long."</p> <ul style="list-style-type: none"> • Responses to <u>question 8</u>, about locating appointments at Leeds General Infirmary were mostly positive – 51 responses, of which 31 were positive and 11 negative – "The health care provided by the outpatient maternity staff were always amazingly welcoming! They were extremely apologetic if they were behind for any reasons." • Responses to <u>question 9</u>, about locating appointments at St James's were more mixed with 30 of 47 responses being positive, and 11 negative; "I am concerned for those on low incomes who will then have to start paying for travel, which they may not have had to before." • Responses to <u>question 10</u>, about splitting the sites, were mostly positive – 32 out of 46 responses; "The venue is irrelevant as long as the service is good." <p>Summary: 54 responses, with mostly positive responses to each question.</p>																																															
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	<ul style="list-style-type: none"> • Overall very positive regarding the service provided. <p><u>SJUH</u></p> <ul style="list-style-type: none"> • Parking is understood to be better • More limited public transport links • Better access from local communities • Few comments about the service/reputation of SJUH • Overall, very positive regarding the service provided. <p><u>Split sites</u></p> <ul style="list-style-type: none"> • Preference for two sites, gives patients flexibility and choice to cater to their needs. <ul style="list-style-type: none"> ○ Better for all areas of Leeds. • Concerns about workload, can one site deal with the footfall if all patients were coming to one site. <p><u>Community based Outpatient appointments</u></p> <ul style="list-style-type: none"> • Preference for appointments to be local and close to home: <ul style="list-style-type: none"> ○ Providing staff are not overworked and have the correct support. ○ The right resources and equipment are available. ○ Staff have good availability. ○ Consistent staffing • Better for access, save time, money and less stressful to go for an appointment locally. 																																
Religion	<table border="1" data-bbox="432 1211 1530 1581"> <thead> <tr> <th>Religion</th> <th>Number of responses</th> <th>% of total responses</th> </tr> </thead> <tbody> <tr> <td>Buddhist</td> <td>1 out of 933</td> <td>0.1%</td> </tr> <tr> <td>Christian</td> <td>313 out of 933</td> <td>33.5%</td> </tr> <tr> <td>Hindu</td> <td>2 out of 933</td> <td>0.2%</td> </tr> <tr> <td>Jewish</td> <td>6 out of 933</td> <td>0.6%</td> </tr> <tr> <td>Muslim</td> <td>55 out of 933</td> <td>5.9%</td> </tr> <tr> <td>No Religion</td> <td>305 out of 933</td> <td>32.7%</td> </tr> <tr> <td>Other Religion</td> <td>17 out of 933</td> <td>1.8%</td> </tr> <tr> <td>Sikh</td> <td>2 out of 933</td> <td>0.2%</td> </tr> <tr> <td>Totals:</td> <td>701</td> <td>75.1%</td> </tr> </tbody> </table> <p>There were 701 responses from respondents relating to Religion. A quarter of respondents (232 - 24.9%) did not indicate their religion.</p> <p>Summary of Themes</p> <p><u>LGI:</u> The majority of responses felt that being in the city centre made the LGI more accessible, and a number of people felt the LGI was more modern, and up to date. However, the overwhelming majority had major concerns about parking at this site.</p> <p><u>SJUH:</u> A significant number of people like St James’s because it is near to where they live. For other respondents, it is harder to get to than the LGI, especially by public transport. But for those with cars, parking is not nearly such an issue as at the LGI.</p> <p><u>Split sites:</u> Most respondents are positive about keeping the split site approach, largely because it offers choice to people about where to go for treatment / care. However, many respondents also questioned whether there was duplication of services as a result, and</p>			Religion	Number of responses	% of total responses	Buddhist	1 out of 933	0.1%	Christian	313 out of 933	33.5%	Hindu	2 out of 933	0.2%	Jewish	6 out of 933	0.6%	Muslim	55 out of 933	5.9%	No Religion	305 out of 933	32.7%	Other Religion	17 out of 933	1.8%	Sikh	2 out of 933	0.2%	Totals:	701	75.1%
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	<p>that splitting the services between sites could cause some confusion.</p> <p>Extending Community Outpatients: Many respondents like the opportunity to be seen near home and not have to come into town. Some people had concerns about the community venues being properly resourced, both staff and equipment wise, and some people wanted the security they felt being seen in a hospital provided.</p>
LGBTQ	<p>We spoke to 20 people who identified as belonging to the LGB community.</p> <ul style="list-style-type: none"> • Responses to <u>question 7</u>, about experience of care received at outpatient maternity appointments were mostly positive – 14 responses, 9 positive and 3 were mixed e.g. “Care was good and sensitive to lesbian mothers. However, we had our child through private IVF. There was no communication at all between the private clinic and the LGI, which meant that discussions around due dates and induction were not properly informed.” • Responses to <u>question 8</u>, about locating appointments at Leeds General Infirmary were fairly evenly split – of 19 responses, 10 were positive, 7 were negative, and 2 were mixed. “I think it’s harder to reach LGI, lack of parking options which gets expensive quite quickly. It’s a very busy hospital too.” • Responses to <u>question 9</u>, about locating appointments at St James’s were slightly more positive – 18 responses, 10 of which were positive, 5 negative and 3 mixed. “Not as easy to get to for me. Would have to take time off work to attend.” • Responses to <u>question 10</u>, about splitting the sites, were mostly positive, with 17 responses, 12 of which were positive, 1 negative and 4 neutral. “Giving people a choice is appreciated if like me have had a bad experience at one hospital it’s nice to know the other is available.” <p>Summary:- 20 responses A mixed response, with a positive response to maintaining the split site option.</p>
Other relevant groups	<p>We spoke to 282 people living in deprived areas We need to do more work to understand the needs and preferences in relation to this.</p> <p>We did not ask if women had experienced domestic violence. We need to do more work to understand the needs and preferences in relation to this.</p> <p>We spoke to 48 people who live outside Leeds Neutral response: the views of people who live outside of Leeds were consistent with the wider respondents</p>
Gender	<p>We spoke to 29 men Neutral response: the views of men were consistent with the wider respondents</p>

Equality gaps identified

We identified a number of gaps through our assessment of equality impact. The consultation which takes place over the summer will need to focus on the following areas to ensure that we understand the impact of any change on all affected equality groups:

- People from the Gypsy and Traveller Communities.
- Women who have used drugs and alcohol through their pregnancy
- Women who have experienced domestic violence

- Women with a learning disability or difficulty
- People from emerging communities eg. Polish

4. What are the key themes from the feedback?

A number of themes can be identified through the engagement process. These themes were cross-cutting and were not attributable to any particular group or community:

- a. People are generally very happy with the maternity services they receive in Leeds.**
People report having an excellent experience of maternity care in Leeds and describe the majority of maternity staff as empathic, friendly and professional. Exceptions to this rule appear to be isolated incidents.
- b. Many people report long waiting times to see people in clinic.**
The majority of people experienced delays in seeing a maternity clinician. While this did not reflect the standard of care they received, it was often inconvenient and impacted on parking costs.
- c. A significant number of people report that some maternity sites are uncomfortable**
Many people told us that areas of the hospital were run down and required improvement. Some people said that the wards were noisy and uncomfortable, which had a negative impact on their experience.
- d. Many people reported that communication could be improved**
People told us that clinicians sometimes did not communicate well with them about their care and appointments. They told us that poor communication between clinicians often meant that they received conflicting information and had to repeat their story several times.
- e. People told us that continuity of care is very important**
While there was acknowledgement that seeing the same clinician is not always possible, people reported that they often did not see the same clinician twice. This lack of consistency reduced their faith in the service they were receiving.
- f. People told us that they were worried about NHS services being understaffed**
Concerns about understaffing and the impact on quality of care and moral were a significant theme in the engagement.
- g. Parking and associated costs were a significant concern for almost everyone**
Parking was the strongest theme in the engagement. Almost everyone was concerned that lack of parking and the high cost of parking made accessing services very inconvenient and stressful.
- h. Views about where consultant-led maternity outpatient appointments and scans should be based in the future was very mixed**
People's responses were very subjective and their preferences depended largely on where they lived/work. Feedback on location broadly focussed on the following themes:
 - **People liked the LGI because it was central and easy to access**
 - **People liked St James's because it was easier to park than the LGI**
 - **Views were very mixed on retaining a split site.**
 - **People liked the idea of a one-site model because it could make services more efficient.**
 - **People liked the idea of a split site model because it provided people with a choice**

5. Recommendations

Following the engagement the maternity team are asked to receive the report and consider the following recommendations:

Theme identified	Recommendations
a. People are generally very happy with the maternity services they receive in Leeds.	Share the feedback with staff working in maternity services.
b. Many people report long waiting times to see people in clinic.	Consider including a question in the consultation to better understand people's experience of delays in appointments and clinics. Feed into any planning for new service models.
c. A significant number of people report that some maternity sites are uncomfortable	Consider options for improving the physical environment at maternity sites, including addressing issues around privacy on maternity wards
d. Many people reported that communication could be improved	Consider improvements to communication mechanisms between staff and with patients; including appointment systems.
e. People told us that continuity of care is very important	Consider how maternity services might be able to provide more consistency of staffing for patients.
f. People told us that they were worried about NHS services being understaffed	Consider how the NHS in Leeds can reassure local people about the levels of staffing in maternity services.
g. Parking and associated costs were a significant concern for almost everyone	Consider how hospital sites can expand existing parking provision and/or provide suitable alternatives. Provide parking which is flexible around maternity appointments; where people do not have to set out how long they will be parked there at the beginning of the parking session.
h. Views about where consultant-led maternity outpatient appointments and scans should be based in the future was very mixed	Consider asking patients to choose between options, providing detail about the benefits and drawbacks of each option. Consider understanding the impact of each option on people and how any negative impacts can be addressed.

6. What will we do with the information?

The report will be shared with all the people involved in the project. The report will also be included in our next e-newsletter which is sent out to patients, carers, the public and voluntary, community and faith sector services. The report will also be available on our website here: <http://www.leedscg.nhs.uk/>

A full breakdown of the equality monitoring information can also be found on our website here: <http://www.leedscg.nhs.uk/>



Leeds Clinical Commissioning Group

Alternative formats

An electronic version of this report is available on our website <http://www.leedscg.nhs.uk/> please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: **0113 84 35470** or by email: Leedscg.comms@nhs.net

'Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel: **0113 84 35470** lub poprzez email na adres: Leedscg.comms@nhs.net

اگر آپ کو ان معلومات کو سمجھنے کے لیے یہ کسی اور زبان یا صورت میں درکار ہوں تو برائے مہربانی سے اس نمبر پر فون کر کے رابطہ کریں: 84354700113 یا اس پتہ پر ای میل لکھیں: Leedscg.comms@nhs.net



Further information

If you would like any more information about this engagement, please contact:

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Wira Business Park

Leeds

LS16 6EB

email: chris.bridle@nhs.net