

Consultation on birthing services at County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield

Report of Findings

March 2026

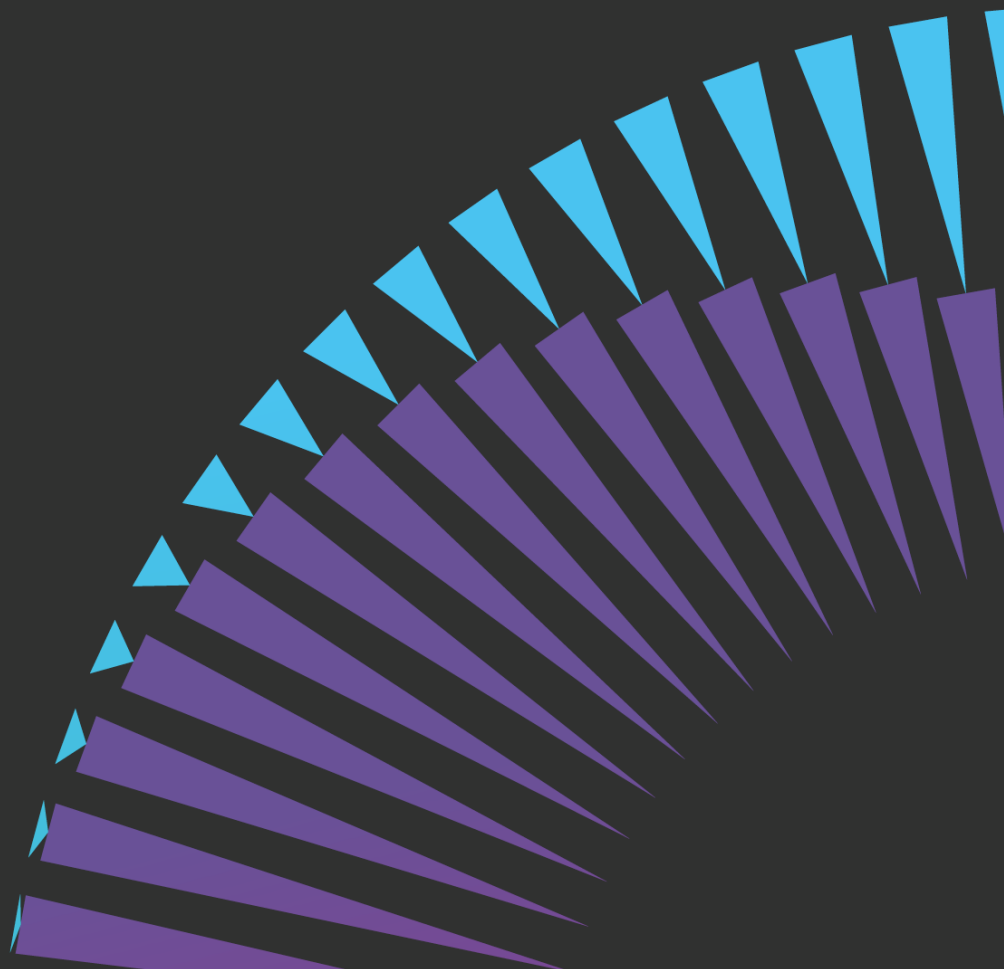


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1 Executive summary

This section presents a summary of the introduction, communications and engagement, profiling and findings sections from the main report.

1.1 Introduction

This consultation was led by NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB). It was designed to gather views on a proposal relating to birthing services at the two freestanding midwife-led birthing units (FMBUs) at County Hospital in Stafford, and Samuel Johnson Community Hospital in Lichfield.

The FMBU at County Hospital is operated by University Hospitals of North Midlands NHS Foundation Trust (UHNM), and the Lichfield FMBU is run by University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).

Since 2019, potential changes in maternity services have been discussed with staff and the public (see section 2.3 for more detail). A [listening exercise paper](#) in 2019 flagged that the low usage of the FMBUs was not sustainable and that solutions would need to be developed with input from staff and patients.

When the COVID-19 pandemic struck in March 2020, the two provider trusts temporarily suspended birthing services at both FMBUs. Although the suspension was intended to be short-term, the trusts were not able to safely re-open the FMBUs for births because of challenges in recruiting and retaining enough midwives. However, the FMBUs remained open for antenatal and postnatal care.

An options appraisal process was conducted in 2023, which built on earlier discussions and considerations reaching back to 2019. The outcome was that only one potential proposal was recommended as viable. **This was to make permanent the temporary closure of the birthing services at both FMBUs.**

The main consultation ran from Monday 12 May to Sunday 3 August 2025. The people of Staffordshire and Stoke-on-Trent were asked to share their views on the proposal in the following ways:

- Completing the consultation survey, in either the standard or the Easy Read version, available online and in hardcopy format on request
- Attending an online or face-to-face event.

Then, in 2026, a further, more targeted period of engagement ran from Monday 2 February to Monday 2 March 2026, to understand the potential impact of the unavailability of some antenatal services at Samuel Johnson Community Hospital.

While antenatal and postnatal care continued at both sites, glucose tolerance testing (GTT) and anti-D injections have not been offered at Samuel Johnson Community Hospital since the pandemic.

GTT is a blood test used to diagnose gestational diabetes, which can occur during pregnancy.

Anti D is offered at 28 weeks gestation to pregnant people with a RD- negative blood group. This is a preventative safety measure, that protects against small, unpredictable fetal blood exposure that could otherwise cause the mother to develop antibodies and affect her current pregnancy.

The focused engagement was launched to gather feedback via a survey, specifically on the provision of GTT and anti-D injections and to identify necessary mitigations.

1.2 Communication and engagement

The main consultation gathered the views of patients, the public, staff and other stakeholders on the proposal through two main sources of feedback: the survey, which was provided in both standard and Easy Read formats and was widely circulated, and the insight gained at events.

The communications and engagement plan developed for the consultation included a programme of events which took place across the 12-week period. This included visiting pre-existing community groups such as parent and baby groups, hosting engagement sessions in hospital waiting rooms and reception areas and running a series of deliberative events where people could speak to clinical leads about the proposal – in person and online. In total, 15 events were delivered.

A range of information and promotional resources were produced to support the consultation. These included the consultation document and Easy Read version, a suite of webpages, FAQs, briefing documents, and online promotion via social media. Promotional posters and leaflets were distributed across various community centres and public spaces, and a video was created to explain the rationale for the consultation.

A media release highlighted the consultation launch, with two more being issued during the consultation period. Briefings for staff, stakeholders and MPs were prepared and sent out at various stages of the consultation period.

A communications toolkit was produced for partner organisations, including those in the voluntary, community and social enterprise (VCSE) sector.

Engagement with 24 other organisations also provided an outlet for sharing information with the stakeholders so they could deliver their own events and share information about the proposal and the consultation.

The survey was open for the length of the consultation period and received 1,403 responses. The consultation also received:

- 15 pieces of feedback from event participants
- 10 pieces of feedback in comments on social media posts posted on the Staffordshire and Stoke-on-Trent ICB and Integrated Care System (ICS) channels
- two items of correspondence by email and post.

The consultation was open to everyone, but was particularly aimed at the following groups:

- pregnant women
- people who had used maternity services in the last five years or knew others who had used them
- people who expected to use local maternity services in future
- staff working in maternity services.

The focused engagement was targeted at a particular group of people – residents in specific localities, who were pregnant at the time of the engagement or had recently given birth – and the intention was to engage people face-to-face. Briefings and posters were used to promote

the events, as well as downloads of the original consultation materials still being available on the consultation website.

People at antenatal and postnatal clinics at Queen's Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital were engaged with – as well as people attending parent and toddler groups (and other similar groups) during February 2026.

All work was done on a face-to-face basis in existing community settings.

1.3 Demographic profiling

Below is an overview of the geographical and demographic profile of the main consultation survey respondents. For further detail, please see the profiling section in the main report of findings below.

Main consultation:

- **Geography:** 533 / 1,408 (38%) were from the Lichfield area, 428 / 1,408 (30%) were from the Stafford area and 103 / 1,408 (7%) were from the Cannock Chase area.
- **Sex:** 1,290 / 1,394 (93%) were female, 81 / 1,394 (6%) were male and 20 / 1,394 (1%) preferred not to say.
- **Age:** 402 / 1,404 (29%) were aged 30–34, and 318 / 1,404 (23%) were aged 35–39.
- **Ethnicity:** The majority of people who took part in the consultation were from the following ethnicities: White British (1,275 / 1,396 = 92%) and Indian (8 / 1,396 = 0.6%).
- **Disability:** 967 / 1,361 (71%) did not have any disabilities, while 361 / 1,361 (27%) did have a disability.
- **Pregnancy:** 175 / 1,392 (13%) were currently pregnant, while 1,176 / 1,392 (85%) said they were not pregnant.
- **Recently given birth (those having given birth within the last 26-week period):** 156 / 1,397 (11%) respondents said they had recently given birth. 1,202 / 1,397 (86%) said they had not given birth recently.

Focused engagement:

- **Geography:** 61 / 160 (38%) were from the Lichfield area, 35 / 160 (22%) were from the Tamworth area and 17 / 160 (11%) were from the East Staffordshire area.
- **Age:** 50 / 138 (36%) were aged 30–34 years old, 41 / 138 (30%) were aged 25–29 years old and 22 / 138 (16%) were aged 35–39.
- **Ethnicity:** The majority of people who took part in the consultation were from the following ethnicities: White British (126 / 139 = 91%) and Black/African/Caribbean/Black British (4 / 139 = 3%).
- **Disability:** 109 / 126 (87%) did not have any disabilities, while 14 / 126 (11%) did have a disability.
- **Pregnancy:** 71 / 135 (53%) were currently pregnant, while 64 / 135 (47%) said they were not pregnant.
- **Recently given birth (those having given birth within the last 26-week period):** 43 / 134 (32%) respondents said they had recently given birth. 91 / 134 (68%) said they had not given birth recently.

1.4 Findings

This section presents a summary of the feedback gathered from the consultation and focused engagement. The feedback is split into the following sections:

- Views and experiences of using maternity services
- Feedback on the proposal.

For the full analysis of the feedback and presentation of the findings, please see the findings sections in the main report below.

1.4.1 Survey feedback – main consultation

1.4.1.1 Feedback on experiences of using maternity services in Staffordshire and Stoke-on-Trent

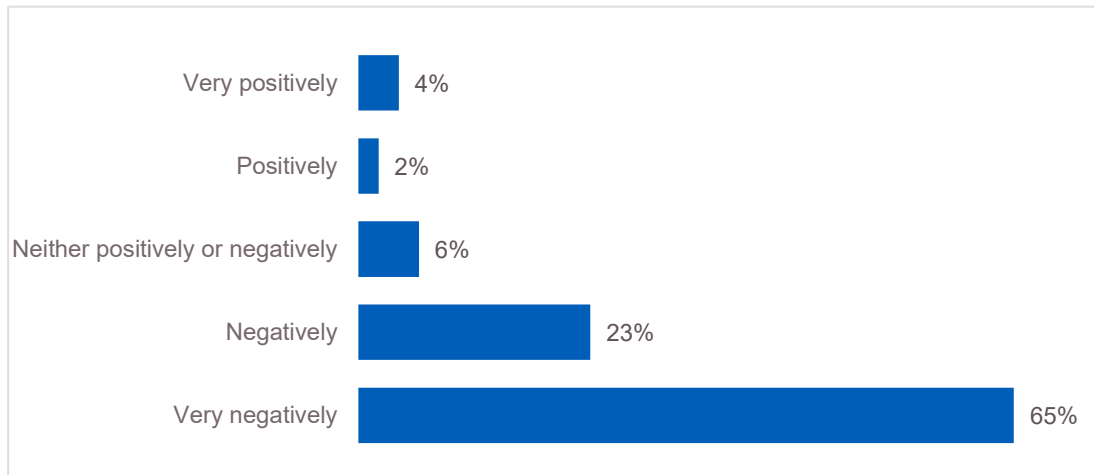
- Out of those who responded to the question, 1,065 / 1,381 (77%) said they, a family member or a friend(s) had used maternity services in Staffordshire and Stoke-on-Trent in the past five years, while 316 / 1,381 (23%) had not.
- Of those, 743 / 1,062 (70%) said they used the service themselves, while 169 / 1,062 (16%) said a family member was using the service and 102 / 1,062 (10%) said a friend used the service.
- Most respondents (398 / 1,041 = 38%) gave birth at Royal Stoke University Hospital, Stoke-on-Trent, while 327 / 1,041 (31%) gave birth at Queen's Hospital, Burton, and 61 / 1,041 (6%) gave birth at Samuel Johnson Community Hospital, Lichfield.
- 683 / 1,063 (64%) were classified as having a low-risk pregnancy, while 322 / 1,063 (30%) had a high-risk pregnancy.
- Most respondents (597 / 1,060 = 56%) said their birth was midwife-led, while 375 / 1,060 (35%) said their birth was consultant-led.
- When asked whether they, a family member or a friend were likely to use maternity services in the future, 220 / 315 (70%) were very likely / likely to, while 58 / 315 (19%) were very unlikely / unlikely to use services again.
- When asked for their preferred birthing location, the top responses were 115 / 219 (53%) for Samuel Johnson Community Hospital and 53 / 219 (24%) for County Hospital, Stafford.
- When asked the reasons behind their choice, the top responses were:
 - General – Closest location to their house (e.g. other hospitals are too far away) (68 / 193 = 35%).
 - Samuel Johnson Community Hospital, Lichfield – Nearest location (e.g. easy to travel to, local) (42 / 193 = 22%).
 - Samuel Johnson Community Hospital, Lichfield – Positive experience of care provided in the past (e.g. hope it re-opens) (21 / 193 = 11%); County Hospital, Stafford – Nearest location (e.g. easy to get to, live in Stafford) (21 / 193 = 11%).

1.4.1.2 Feedback on the proposal to close birthing services at the FMBU at County Hospital in Stafford

- When asked to what extent they thought the proposal to close birthing services at the FMBU at County Hospital in Stafford would positively or negatively impact people

using maternity services, 1,232 / 1,395 (88%) said it would impact people very negatively / negatively.

Figure 1. To what extent do you think the proposal to close the birthing services at the FMBU at County Hospital in Stafford will positively or negatively impact people using maternity services?

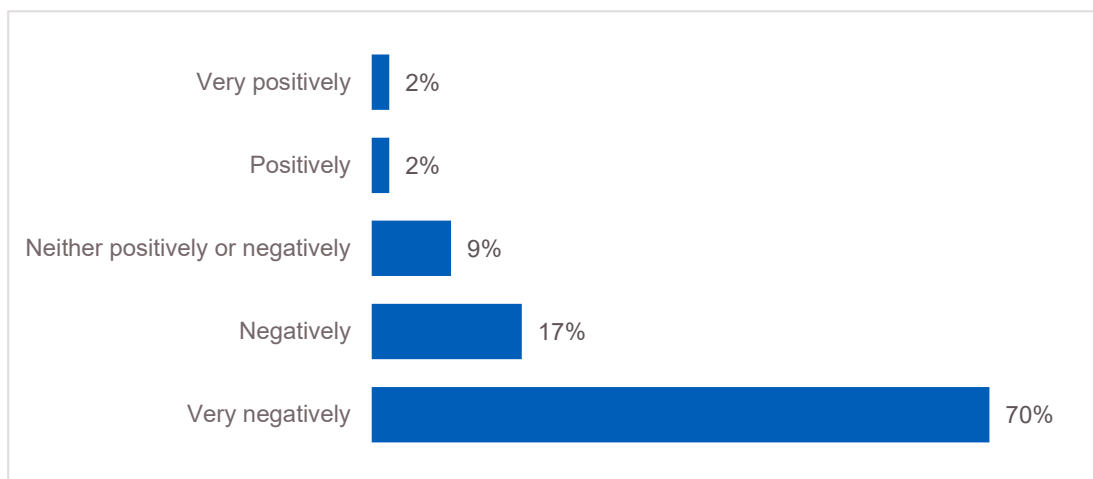


- When asked the reasons for their answer, the top responses were:
 - Negative – Access to services – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (314 / 1,051 = 30%).
 - Negative – Quality of care – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (25 / 1,051 = 24%).
 - Negative – Quality of care – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (238 / 1,051 = 23%).

1.4.1.3 Feedback on the proposal to close birthing services at the FMBU at Samuel Johnson Community Hospital in Lichfield

- When asked to what extent they thought the proposal to close birthing services at the FMBU at Samuel Johnson Community Hospital in Lichfield would positively or negatively impact people using maternity services, 1,196 / 1,374 (87%) said it would impact people very negatively / negatively.

Figure 2. To what extent do you think the proposal to close the birthing services at the FMBU at Samuel Johnson Community Hospital in Lichfield will positively or negatively impact people using maternity services?



- When asked the reasons for their answer, the top responses were:
 - Negative – Access to services – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (225 / 960 = 23%); Negative – Access to services – Concern over the lack of choice / patients' ability to choose is being taken away (119 / 960 = 12%).
 - Observation – Quality of care – The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed (118 / 960 = 12%).
 - Observation – Service efficiency and delivery – The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area) (106 / 960 = 11%).

1.4.1.4 Feedback on further ideas or suggestions to be considered

- Lastly, when asked to share any ideas or suggestions that respondents thought should be considered, the top responses were:
 - Negative – Disagree with the proposal – do not close birthing services (265 / 536 = 49%).
 - Observation – Increase staffing and training (79 / 536 = 15%).
 - Negative – Concern over the impact on residents (49 / 536 = 9%).
 - Observation – Provide more wraparound services locally – mental health / phlebotomy / breastfeeding support (48 / 536 = 9%).

1.4.2 Event feedback

1.4.2.1 Feedback on experiences of using maternity services in Staffordshire and Stoke-on-Trent

- Event participants were asked to share their experience of using maternity services in Staffordshire and Stoke-on-Trent. The top responses were:

- Observation – General – The statistics for a third of women transferring from Samuel Johnson Community Hospital in labour, do not match what I had when I did these figures (1 / 3 = 33%).
- Observation – Staff – Staffing used to be one midwife, one support worker and one on-call midwife, where does the need for two midwives come from? (1 / 3 = 33%).
- Observation – Staff – Concern over the level of staff if they close down services at the FMBUs (1 / 3 = 33%).
- When asked how likely they, their partner, family member or friend was to use maternity services in Staffordshire and Stoke-on-Trent, the top response was:
 - Negative – Quality of care – Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital) (2 / 3 = 67%).

1.4.2.2 Feedback on the proposal to close birthing services at the FMBU at County Hospital in Stafford

- When asked what their thoughts were about the proposal to permanently close the birthing service at the FMBU at County Hospital in Stafford, the top responses were:
 - Negative – Quality of care – The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful) (5 / 14 = 36%).
 - Negative – Quality of care – Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital) (4 / 14 = 29%).
 - Observation – Access to services – Women should be given a choice (e.g. to give birth more locally, where they feel most confident) (4 / 14 = 29%).
 - Negative – Access to services – Concern over location (e.g. no local services, too far to travel) (4 / 14 = 29%).
 - Observation – Access to services – Keep services open at County Hospital, Stafford (3 / 14 = 21%).

1.4.2.3 Feedback on the proposal to close birthing services at the FMBU at Samuel Johnson Community Hospital in Lichfield

- When asked what their thoughts were about the proposal to permanently close the birthing service at the FMBU at Samuel Johnson Community Hospital in Lichfield, the top responses were:
 - Negative – Access to services – Concern over location (e.g. no local services, too far to travel) (7 / 12 = 58%).
 - Negative – Access to services – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (6 / 12 = 50%);
 - Negative – Quality of care – The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful) (5 / 12 = 42%); Negative – Quality of care – Positive experience when giving birth at the FMBU at Samuel Johnson Community Hospital (5 / 12 = 42%); Observation – Quality of care – Patients should have the choice to give birth in a midwife-led unit (e.g. holistic approach / home-away-from-home setting) (5 / 12 = 42%)

1.4.2.4 Feedback on further ideas of suggestions to be considered

- Lastly, event participants were asked to share any ideas or suggestions that they thought should be considered. The top responses were:
 - Negative – Quality of care – The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good (e.g. safe, personalised, good record) (3 / 10 = 30%).
 - Observation – Service efficiency and delivery – The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area) (2 / 10 = 20%).
 - Observation – Service efficiency and delivery – Consider the on-demand model (2 / 10 = 20%).
 - Negative – Access to services – Concern over location (e.g. no local services, too far to travel, climate change) (2 / 10 = 20%).

1.4.3 Survey feedback – focused engagement

1.4.3.1 Feedback on experiences of using maternity services in Staffordshire and Stoke-on-Trent

- Respondents were asked about the use of birthing services in Staffordshire and Stoke-on-Trent:
 - The majority of respondents (104 / 157 = 66%) gave birth or are due to give birth / know someone who gave birth or is due to give birth in Staffordshire and Stoke-on-Trent.
 - (52 / 157 = 33%) stated the birth was / is planned to be at a location outside of Staffordshire and Stoke-on-Trent.
 - The majority of respondents (96 / 155 = 62%) gave birth or are planning to give birth at Queen's Hospital, Burton, while the respondents' second most popular hospital was Good Hope Hospital in Sutton Coldfield (32 / 155 = 21%).

1.4.3.2 Feedback on GTT and anti-D injections

- **Of the 57% of respondents who received a GTT during their pregnancy, 98%** received it at their local hospital.
- All the respondents from Stafford, Cannock Chase, East Staffordshire, Tamworth, Staffordshire Moorlands and Newcastle-under-Lyme stated that they received the GTT at their local hospital.
- Some respondents from Lichfield said they visited a family hub or GP practice for their GTT.
- **81% of respondents** did not require an Anti D injection in their pregnancy.
- **More than 50%** of respondents said they would choose the location closest to their home to access maternity services.

1.4.3.3 Feedback on the impact of the unavailability of GTT and anti-D injections at Samuel Johnson Community Hospital.

- Respondents were asked about the impact of the unavailability of GTT and anti-D injections at Samuel Johnson Community Hospital in Lichfield:
 - Lichfield residents said they would be negatively (29 / 61 = 48%) or very negatively (17 / 61 = 28%) affected by not having GTT and anti-D clinics available as part of maternity services at Samuel Johnson Hospital.
 - Cannock Chase residents said they would be negatively (3 / 6 = 50%) or very negatively (2 / 6 = 17%) affected by not having GTT and anti-D clinics available as part of maternity services at Samuel Johnson Hospital.

1.4.3.4 Feedback on further ideas of suggestions to be considered

- Concern over the long travel, parking and those who don't have access to a car.
- The desire to keep all services at Samuel Johnson Community Hospital, including GTT and anti-D injections.
- The requirement for a locally based service to fill the gap in Lichfield created by an increasing population and reduction in services.

2 Introduction

This consultation was designed to gather views on a proposal relating to birthing services at the freestanding midwife-led birthing units (FMBUs) at County Hospital in Stafford, and Samuel Johnson Community Hospital in Lichfield.

The FMBU at County Hospital is operated by University Hospitals of North Midlands NHS Foundation Trust (UHNM), and the Lichfield FMBU is run by University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).

The FMBUs are places where women can choose to give birth in a more relaxed setting. They are most suitable clinically for women assessed as having low-risk pregnancies.

The FMBUs differ from the midwife-led maternity services at Royal Stoke University Hospital and Queen's Hospital, Burton, in that they do not have consultant-led maternity services at the same site. This means they do not have access to anaesthetics, neonatal services and the other specialist services offered in the maternity departments of the acute hospitals.

Since 2019, potential changes in maternity services have been discussed with staff and the public (see section 2.3 for more detail). A [listening exercise paper](#) in 2019 flagged that the low usage of the FMBUs was not sustainable and that solutions would need to be developed with input from staff and patients.

When the COVID-19 pandemic struck in March 2020, the two provider trusts had to temporarily suspend the birthing services at both FMBUs. This was to make sure there were enough midwives to safely run the maternity departments at Royal Stoke University Hospital and Queen's Hospital, Burton. The FMBUs remained open for antenatal and postnatal care.

Although the suspension was intended to be short-term, the trusts were not able to safely re-open the FMBUs for births because of workforce challenges in relation to recruiting and retaining enough midwives.

With this context making the need for a solution even more pressing, an options appraisal process was conducted in 2023 (see section 2.3). The outcome from the options appraisal was that only one potential proposal was recommended as viable. **This was to make permanent the temporary closure of the birthing services at both FMBUs.**

While antenatal and postnatal care continued at both sites, birthing services and glucose tolerance testing (GTT) and anti-D injections have not been offered at Samuel Johnson Community Hospital since the pandemic.

In addition to the consultation, a further, focused engagement period was launched to gather feedback specifically on the provision of GTT and anti-D injections and to identify necessary mitigations.

GTT is a blood test used to diagnose gestational diabetes, which can occur during pregnancy. Anti D is offered at 28 weeks gestation to pregnant people with a RD- negative blood group. This is a preventative safety measure, that protects against small, unpredictable fetal blood exposure that could otherwise cause the mother to develop antibodies and affect her current pregnancy.

The findings from this focused engagement are incorporated into this report (Section 7).

2.1 Overview of the consultation

2.1.1 Main consultation

The main consultation ran from Monday 12 May to Sunday 3 August 2025. People were asked to submit their views in the following ways:

- Through the consultation survey, which was available online, and in hardcopy format on request. Both standard and Easy Read versions of the survey were available
- Through community engagement events
- Attending an online or face-to-face event.

In total, there were:

- 1,403 responses to the consultation survey
- 15 pieces of feedback from event participants
- 10 pieces of feedback in comments on social media posts posted on the Staffordshire and Stoke-on-Trent ICB and ICS channels
- Two pieces of correspondence by email and post.

2.1.2 Focused engagement

The focused engagement ran from Monday 2 February to Monday 2 March 2026 to understand the potential impact of the unavailability of GTT and anti-D injections as part of antenatal care at Samuel Johnson Community Hospital.

People were asked to share their views by completing a survey, which was taken to a series of engagement sessions, particularly in the Lichfield, Tamworth and Burton areas. A total of 160 responses were gathered.

Patients at antenatal and postnatal clinics at Queen’s Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital were engaged with – as well as people attending parent and toddler groups (and other similar groups). 35 clinics or groups were attended.

2.2 Aims of the consultation

The consultation aims were to:

- Explain the proposal, including:
 - Setting out the local context of the birthing services available, the low numbers of births at the FMBUs before the temporary closure, the rising number of high-risk pregnancies in the area which would suggest that births at the FMBUs were likely to fall further if they were re-opened, the recommendations of the numbers of births needed to make the units viable, and the implications for women who would have to travel further if the birthing services were permanently closed.
 - How the proposal had been reached and why a single viable proposal was being recommended.
- Gather views and feedback on the birthing services proposal from as many local people as possible, to help the ICB make the best decision for local patients, carers, families and staff.

2.3 Overview of the options appraisal process and the recommendation of a single proposal

2.3.1 The options appraisal process

The ICB, as part of the Together We’re Better transformation programme, began developing proposals for the future of maternity services and having conversations with the public and staff about these, several years before the temporary closure of the birthing services at the FMBUs.

- In 2019, discussions on maternity services were part of a wider ‘case for change’. A [listening exercise paper](#) flagged that the low usage of the FMBUs was not sustainable and that solutions would need to be developed with input from staff and patients. The 12-week listening exercise (which covered four other clinical areas as well as maternity care) reached more than 2,000 people, and their views were fed into an options appraisal process.
- In deliberative events in 2019, participants heard that proposals included looking to provide an on-demand model of care at the FMBUs and/or potential maternity hubs.
- In January and February 2020, focus groups were held with expectant mothers and staff. However, the response to COVID-19 meant that the options appraisal process and involvement had to be paused.
- Involvement began again in 2021, with a survey and two online events. These included questions on potential new models of care, including the on-demand model at the two FMBUs, and continuity of carer. The report of findings and summary report from the 2021 involvement are available on the [ICB website](#).

- Due to continued staffing pressures throughout 2022/23, both UHNM and UHDB informed the ICB in April 2023 that they were not able to reinstate birthing services at the FMBUs because of their ongoing workforce challenges.
- Following the presentation of the case for change to NHS England during a stage 1 assurance meeting in July 2023, the ICB and its system partners reinstated the service change process that was paused due to the pandemic, and began to reassess proposals for the future of birthing services at the FMBUs.
- A technical event was held in September 2023. Clinicians and managers reviewed five proposals that had already been identified for the future of the FMBU birthing services. Two further proposals were identified and considered during the technical event. The seven potential proposals are shown in Table 1 below.

Table 1. Options discussed during the appraisal process in 2023

Potential proposals	Further proposals identified at technical event
Reinstatement of birthing services at County Hospital and Samuel Johnson Community Hospital	Implementation of a single birthing unit at an alternative site (which would need to be identified)
Reinstatement of a single birthing service at one or other of the FMBUs	Implementation of an on-demand model at an alternative site (which would need to be identified).
Implementation of an on-demand model at both FMBUs	-
Implementation of an on-demand model at one or other of the FMBUs	-
Permanent closure of birthing services at County Hospital and Samuel Johnson Community Hospital.	-

- Each proposal was re-assessed against the six criteria that were used in the previous options appraisal process. For the proposals to be viable, they needed to meet all the criteria.
- After the options were reviewed, only one proposal was considered to be viable – this was to make permanent the temporary closure of birthing services at the two FMBUs.
- In December 2023, a deliberate event was held for the public and staff to hear the proposal, share views and ask questions. The [Report of Findings](#) from the event is available on the ICB website.

2.3.2 The proposal

The single proposal considered viable was to make permanent the temporary closure of birthing services at the two FMBUs.

As part of the proposal, the FMBUs would stay open and continue to provide antenatal and postnatal services. The proposal would not affect any of the following services:

- Community-based clinics across Staffordshire and Stoke-on-Trent
- Consultant-led services at Royal Stoke University Hospital and Queen’s Hospital, Burton
- Midwife-led services at Royal Stoke University Hospital and Queen’s Hospital, Burton
- Neonatal services
- Home births – home birth services had been suspended by both trusts in response to COVID-19 and were not consistently available in the following years. However, by 2025 home births were fully available again across Staffordshire and Stoke-on-Trent.

2.4 Report authors

NHS Staffordshire and Stoke-on-Trent ICB commissioned the Communications and Engagement service of NHS Arden and Greater East Midlands Commissioning Support Unit (Arden & GEM CSU) and NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) to coordinate the independent analysis of the feedback from the consultation and to produce this report.

2.5 Report structure

This report is structured into the following sections: Introduction, Communications and engagement, Approach to analysis and presentation of findings, Demographic profiling, Findings (main consultation and focused engagement), Conclusion, and Appendix.

3 Communications and engagement

3.1 Overview of communications and engagement

This section provides an overview of the communications and engagement approach for the consultation.

The consultation gathered the views of patients, the public, staff and other stakeholders on the proposal to permanently close birthing services at two FBMUs in Staffordshire and Stoke-on-Trent. The two main methods of gathering feedback were the survey, which was provided in both standard and Easy Read formats and was widely circulated, and the insight gained at events.

The communications and engagement plan developed for the consultation included a programme of events which took place across the 12-week period. This included visiting pre-existing community groups such as parent and baby groups, hosting engagement sessions in hospital waiting rooms and reception areas, and running a series of deliberative events where people could speak to clinical leads about the proposal – in person and online.

A second, more targeted period of engagement was then launched in February 2026, to understand the potential impact of the unavailability of GTT and anti-D services at Samuel Johnson Community Hospital in Lichfield.

The aim was to gather as much feedback as possible on the proposal from across the Staffordshire and Stoke-on-Trent area and present this in a report to the ICB to help inform a decision on the proposal.

3.2 Collateral

A range of information and promotional materials and resources were produced to support the consultation. These included the consultation document and Easy Read version, webpages, FAQs, briefing documents, and online promotion via social media. Promotional posters and leaflets were distributed across various community centres and public spaces.

The collateral included the consultation survey (see Appendix A), which was available in standard and Easy Read versions. The survey was hosted online, but paper copies could be provided on request.

A suite of webpages was developed to provide information for the public, staff, and stakeholders. These included an involvement page with links to the survey, information on meetings, and access to the key resources published for the consultation (including the Pre-Consultation Business Case). Other pages provided information about the local birthing services available, and the proposal and how it was reached, as well as the aims of the consultation.

A communication toolkit was developed for partner organisations, including those in the voluntary, community and social enterprise (VCSE) sector. It included social media messaging and imagery, newsletter copy, and links to resources that could be downloaded and shared.

The toolkit supported the trusts and partner organisations to regularly share information about the consultation in bulletins to staff, GP practices, and newsletters aimed at the public.

A video was created to explain the rationale for the consultation. This was included in a media release, published in a news article on the Staffordshire and Stoke-on-Trent ICS website, posted on social media, and used at the consultation events.

A media release highlighted the consultation launch, with two more being issued during the consultation period. The consultation was reported in local newspapers and was promoted via social media.

Briefings for staff, stakeholders and MPs were prepared and sent out at various stages in the run up to, and during, the consultation period.

Table 2 shows the collateral planned and produced for the consultation. Section 3.4 covers the reach of the consultation materials, including the numbers of print copies and downloads of the consultation document, visits to web pages, social media reach and media coverage.

Table 2. Consultation collateral produced

What was planned	What was produced
Consultation document	Standard and Easy Read versions, available online and in print
Consultation survey	Standard and Easy Read versions, online with paper copies available on request
Digital content	<ul style="list-style-type: none"> • Five website pages • Digital assets including video and graphics • Paid-for advertising campaign on Facebook and Instagram • Organic social media posts on Facebook, Instagram and X
Promotional poster and leaflet	Issued to GP practices, hospitals, and to community venues used by parents with young children, including family hubs. (See Figure 3.)
Media releases	Issued on 12 May, 4 June and 7 July 2025
Supporting resources	<p>Social media toolkit:</p> <ul style="list-style-type: none"> • Social media graphics • Suggested social media posts <p>Partner toolkit:</p> <ul style="list-style-type: none"> • Facilitator feedback form • Facilitator briefing pack • Registration form • Bulletin copy • PowerPoint presentation • FAQ document
Information for stakeholders	<ul style="list-style-type: none"> • Three general stakeholder briefings • Three briefings for staff of the ICB and partner organisations • Email to partner organisations with survey link and information on events • Briefing to place leads, VCSE, and advocacy and staff who would be supporting the consultation and shared toolkit for events/engagement sessions • Two briefings for the MPs of the constituencies covering Stafford and Lichfield.

Figure 3. The consultation poster and leaflet were distributed to community venues and clinical sites across Staffordshire and Stoke-on-Trent



3.3 Target audience

The consultation was open to everyone, but was particularly aimed at the following groups:

- Pregnant women
- People who had used maternity services in the last five years or knew others who had used them
- People who expected to use local maternity services in future
- Staff working in maternity services.

Staff at University Hospitals of North Midlands NHS Foundation Trust (UHMN) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) were also asked to share the consultation information and respond to the survey.

A midpoint review identified more specific groups for stakeholder engagement. Adjustments were made to the communications and engagement schedule in order to gather more feedback from a wider range of seldom heard from groups and to increase survey responses.

The resulting actions during the second half of the consultation were:

- Focused engagement with more pregnancy / maternity-related community groups
- Focused engagement with more communities in under-represented ethnic groups
- Recontacting all stakeholders with nudge and reminder emails
- Increasing engagement with local media to push back on incorrect or incomplete narratives

- Issuing a third media release and renewing the offer of a senior member of staff, with direct clinical experience of maternity services, to be made available for interview
- Promoting the existing video on organic social media and sharing it more widely with stakeholders
- Including a direct link to the survey page in social media posts, rather than a link to the involvement landing page.

Following these adjustments, the second half of the consultation saw the number of completed surveys rise from 723 (as of 16 June 2025) to 1,403.

3.4 Summary of reach

3.4.1 Main consultation – survey

A key focus of the consultation was to gather information via a survey. This was available online in both standard and Easy Read format and available on request as a hard copy. 1,403 people completed and submitted feedback in this way. The survey link was shared on the website and through social media, media coverage, stakeholder emails and staff communications.

3.4.2 Main consultation – events (all types)

The programme team from NHS Staffordshire and Stoke-on-Trent ICB met and engaged with people at a range of events, engagement sessions and meetings, both with people in the community and with stakeholders.

24 further stakeholders were also encouraged to hold meetings with their own groups and share information with the community.

The programme team made sure staff at the provider trusts were informed about the consultation. An online meeting was held with staff of UHDB, while UHNM cascaded information about the consultation through the staff intranet, newsletters and team meetings.

The ICB programme team worked closely with partners in the voluntary and community sector to raise awareness of the consultation and gather views from communities across Staffordshire and Stoke-on-Trent, and in particular to gather feedback from seldom heard groups.

The consultation included events held in community venues across Staffordshire and Stoke-on-Trent. Events were run in the daytime, evening and online, to help ensure that as many people as possible had the opportunity to attend. A feedback capture form was used to record any comments from people attending events and this information has been analysed in the findings section.

A series of six deliberative events was planned and advertised widely to allow people the opportunity to meet with clinical leads, hear about the proposal and to ask questions.

Out of the six planned events, four went ahead – two in Lichfield and two online. The events planned for Stafford did not go ahead because very low numbers had registered for them (three in total). However, people who wished to attend those meetings were invited to join online meetings instead.

Feedback was collected at the meetings by a team of facilitators, who submitted notes via a feedback form – this information was analysed and coded as part of the overall feedback.

3.4.3 Focused engagement – survey

A further, more targeted period of engagement ran from Monday 2 February to Monday 2 March 2026 to understand any potential impact of the unavailability of glucose tolerance tests (GTT) and anti-D injections as part of antenatal care at Samuel Johnson Community Hospital in Lichfield.

People were asked to share their views in a new survey that was developed and taken to engagement sessions. A total of 160 survey responses were gathered.

Patients at antenatal and postnatal clinics at Queen’s Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital were engaged with – as well as members of parent and toddler groups (and other similar groups).

35 sessions were attended, ranging from antenatal clinics to parent and baby groups. More detail on the groups attended can be found in section 7.

3.4.4 Printing and distribution of materials

Table 3 shows the quantities of consultation materials printed. The printed consultation document, Easy Read, leaflet and poster were distributed at the locations of in-person meetings and engagement sessions.

The consultation document and Easy Read version were also accessible online via the consultation webpages – see section 3.4.4.1.2 for the number of copies downloaded. Along with the promotional materials, digital versions were also included in the communications toolkits shared with partner organisations, with the offer of print copies if needed.

Table 3. Materials printed

Materials	Copies distributed
Consultation document	25
Easy Read	100
A5 promotional leaflet	3,800
Promotional poster	100

3.4.5 Online promotion and social media

3.4.5.1 Website coverage

3.4.5.1.1 Consultation pages on ICB and ICS websites

The consultation landing page had the second-highest views on the ICB website during the reporting period, second only to the homepage.

Table 4 below shows the page views during the consultation period.

Table 4. Pages relating to the birthing services consultation on the ICB and ICS websites

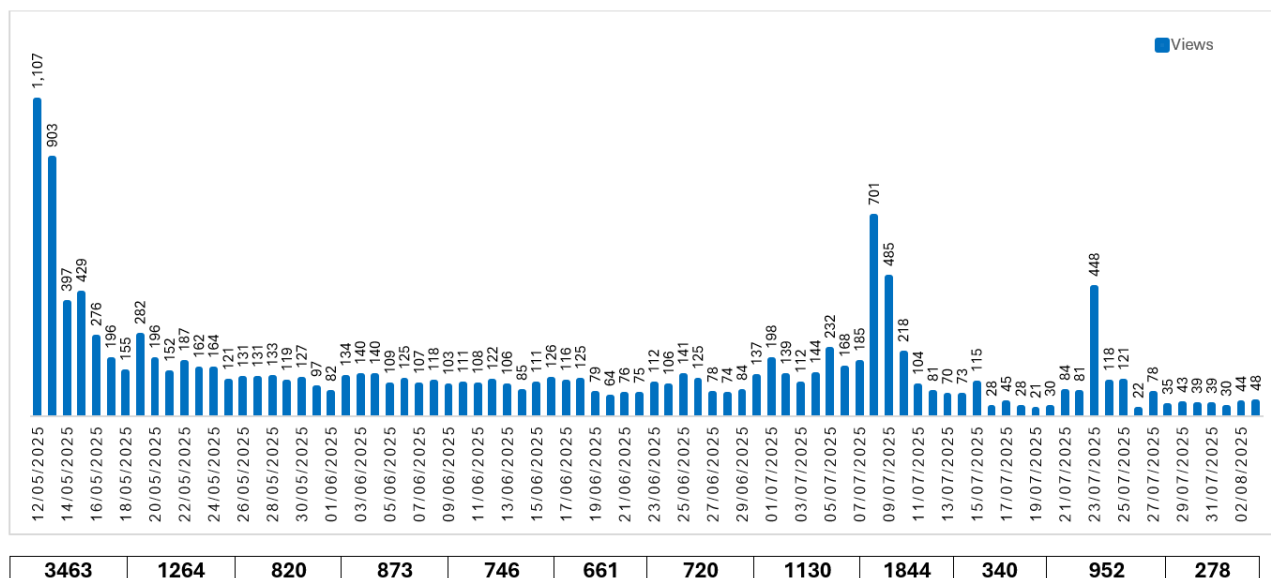
Page name	Site	Date published	Views	Total users	New users
Midwife-led birthing units (landing page)	ICB	12 May 2025	13,091	5,970	5,735

Maternity transformation (transformation page with consultation info, updated before consultation launch)	ICB	14 March 2025	847	267	92
Birthing services available locally	ICB	12 May 2025	497	129	79
Public consultation on the future of freestanding midwife-led birthing units in south Staffordshire to start (news page)	ICS	12 May 2025	104	37	21
Birthing services proposal – Advantages and disadvantages of the proposal and we reached this	ICB	12 May 2025	173	66	18
Birthing services consultation – What is the proposal and why is it needed?	ICB	12 May 2025	227	85	19
Meetings approach to let people have their say on the future of birthing services in Lichfield and Stafford (news page)	ICS	5 June 2025	63	24	9
Don't miss the chance to have your say on birthing services (news page)	ICS	9 July 2025	311	155	146

Notes:

- The pages shown in bold were consultation information pages. The other pages were news pages about the consultation.
- ‘Users’ refers to the total number of unique visitors to the consultation pages during the reporting period.
- ‘New users’ are unique visitors who had not previously visited the ICB website at all (on that device/browser).
- Details of views and users during the further engagement period in 2026 can be found in section 7.

Figure 4. Consultation landing page engagement – day by day



3.4.5.1.2 Consultation downloads data and views of other maternity webpages

Table 5 shows the number of downloads of information materials from the consultation landing page on the ICB website.

Table 5. Downloads of documents from the consultation landing page

Document name	Downloads from landing page
Consultation document	871

Easy Read consultation document	223
FAQs	209
Pre-Consultation Business Case	178

Note: Numbers of downloads during the further engagement period in 2026 can be found in section 7.

The table below captures data for ICB maternity webpages that were not part of the consultation suite of pages but may have received more views during the consultation as a result of interest sparked by it.

Table 6. Views of other maternity-related pages during the consultation period

Page name	Site	Views	Total users	New users
Maternity and Neonatal Voices Partnership (MNVP)	ICB	241	96	66
Local maternity and neonatal system (LMNS)	ICB	135	57	29

3.4.5.1.3 Key observations

- The midwife-led birthing units page was the most visited landing page on the Staffordshire and Stoke-on-Trent ICB website during the reporting period, with 13,091 views. It was the top-performing maternity-related page and ranked highest for the search term 'birthing'.
- The maternity transformation page had the second-highest number of maternity-related views, with a significantly lower total of 847.
- The Staffordshire and Stoke-on-Trent ICS website received a total of 62,000 views during the reporting period.
- Engagement with downloadable content (such as the consultation document) was moderate, as expected, since these documents support rather than lead the user journey. The main calls to action were to complete the survey or attend a public meeting.
- A comment on the Facebook public campaign group raised that pages were not live instantly when the consultation launched.

3.4.5.1.4 Video interview

In a video interview, Heather Johnstone, Chief Nursing and Therapies Officer for the ICB, encouraged people to take part in the consultation via the survey and events. The interview was included in the second media release (4 June) and was published on the ICB webpage, where it had been viewed 71 times by the consultation close.

3.4.5.2 Paid-for social media

A 12-week Meta campaign raised awareness of the birthing services consultation and encouraged people to have their say. Two groups were targeted, with adverts designed to reach:

- Adults (aged 18 and over) – male and female
- Women aged 18–45 who were parents or had parenting-related interests.

Both audiences were directed to the consultation involvement landing page for the first half of the campaign. Following the midpoint review, audiences were directed straight to the survey to encourage direct participation.

Table 7. Paid advert performance

Advert target group	Impressions	Reach	Frequency	Link clicks	Click-through rate (CTR)
Adults (aged 18+) – male and female	223,266	64,475	3.46	2,506	1.12%
Women (aged 18–45)	268,468	60,009	4.47	2,279	0.85%
Total	491,734	107,779	–	4,785	0.97%

Across both adverts, the campaign drove a total of 120 reactions, 10 comments, 10 saves, and 39 shares, indicating a healthy level of audience interaction beyond clicks and views.

The advert targeted at the female-only audience generated more comments, saves, and shares, suggesting the content may have resonated more deeply or felt more personally relevant to this audience.

The advert targeted at both male and female adults had fewer comments, saves, and shares, but recorded a higher number of reactions, which could indicate broader appeal but lighter emotional or action-driven engagement.

3.4.5.2.1 Key insights

- The birthing services consultation campaign exceeded delivery targets, with impressions and reach significantly above forecast.
- The campaign generated 4,785 link clicks at an overall click-through rate (CTR) of 0.97%, which is a strong result for NHS/public sector engagement campaigns.
- The advert set targeted at both male and female adults achieved a higher CTR than the female-only advert set (1.12% vs 0.85%), but both drove significant traffic to the consultation page and survey.
- The advert targeting women aged 25–44 delivered the best results in terms of cost-efficiency and volume of link clicks.
- The 65+ age group delivered high clicks and CTR but are likely less relevant for maternity consultations.

Insights from public comments

Public comments largely expressed opposition to the proposal not to re-open birthing services at the FMBUs, with repeated calls to re-open services in Lichfield. Some respondents raised concerns about housing growth without matching service provision, praised the quality of local maternity care, and shared personal experiences of having to give birth elsewhere. These comments can be found in Appendix B (8.1.1.1.).

3.4.5.3 Organic social media

The organic social media campaign ran from 12 May to 3 August 2025 on the ICB and ICS Facebook, Instagram and Twitter accounts.

In total the campaign achieved:

- **96 posts**
- **37,804 impressions** (393.8 per post)

- **55 engagements** (2.48 per post).

Facebook delivered the strongest impressions/engagement figures for the campaign. The **ICB Facebook** account was the most successful for the campaign, accounting for 60.6% of total impressions and 74.5% of total engagements. On each platform, the ICB accounts outperformed the ICS ones, with the ICS Instagram account the least successful overall. See tables 8 and 9 below for more details.

Table 8. Campaign analytics by channel

Channel	Volume of posts	Impressions	Impressions per post	Engagements	Engagements per post
ICS X account	8	1,951	243.9	1	0.1
ICB X account	7	1,929	275.6	0	0
ICS Instagram	17	559	32.9	0	0
ICB Instagram	20	5,183	259.2	10	1
ICS Facebook	20	5,272	263.6	3	0.2
ICB Facebook	24	22,910	954.6	41	1.7
Total	96	37,804	393.8	55	2.5

Table 9. Campaign analytics by platform

Social platform totals	Volume of posts	Impressions	Impressions per post	Engagements	Engagements per post
X	15	3,880	258.7	1	0.1
Facebook	44	28,182	641	44	1.9
Instagram	37	5,742	155.2	10	0.5

The best-performing post of the campaign was from the consultation launch date and appeared on the ICB Facebook account.

Figure 5. Best-performing post of the organic social media campaign



Analysis of the organic social media campaign formed part of the consultation midpoint review. The report compiled for the review (included as Appendix B) also provided insight into a public campaign group on Facebook, [Save Samuel Johnson Maternity Unit](#), which had more than 1,000 members.

3.4.6 Media activities

Media releases were issued on 12 May, 4 June and 7 July 2025 to 322 media contacts and to local MPs.

During June and July, seven conversations were had with journalists. Some of these were proactive, involving outreach to journalists and editors, where inaccurate references to the **closure** of birthing units – rather than changes to services there – had been identified. Clarification conversations and follow-up interviews were offered.

In this context, a ‘conversation’ refers to a recorded interaction with a journalist or stakeholder. This includes email exchanges, phone calls, verbal discussions, the sharing or receipt of information (excluding formal media releases), and notes or summaries of engagement.

During the consultation, there were 19 pieces of coverage across print, online and broadcast media, resulting in 19.4 million Opportunities to See (OTS).

Understanding OTS

OTS is a media metric used to estimate how many times, on average, a person has had the chance to view a piece of media content.

- It is calculated as: $OTS = \text{Gross Reach} \div \text{Net Reach}$

- Gross Reach: The total number of exposures. For example, if one person sees the same article three times, it counts as three exposures.
- Net Reach: The number of unique individuals who saw the content at least once.

For instance, if 1,000 people saw an article and the total number of views was 5,000, the OTS would be 5, meaning each person saw it five times on average.

3.5 Consultation meetings and events

The purpose of the consultation events was to engage with the public face to face and online to encourage a deliberative discussion between people who were keen to give their feedback on the proposal.

Six meetings were offered initially: two online, two in Stafford and two in Lichfield. Due to low numbers of people registering for the meetings in Stafford (three in total), those meetings did not go ahead but people who wished to attend them were invited to join online meetings instead.

Table 10. Summary of public consultation events

Date / time	Location	Attendees
Wednesday 25 June 6-8pm	Face-to-face: Guildhall, Lichfield	4
Monday 7 July 12-2pm	Face-to-face: Guildhall, Lichfield	12
Wednesday 2 July 6-8pm	Online	7
Thursday 10 July, 3.30-5pm	Online	1

Table 11. Summary of engagement sessions

Date	Organisation/group hosting	Audience engaged	Number of people
May-June (various dates)	Local authority – Gypsy Roma and Traveller Advisor for Staffordshire	This was a series of meetings. Of the families engaged with, 3 were of Irish traveller heritage, 11 were of English Gypsy heritage, and 2 were of Hungarian Roma heritage.	16
28 May	Stafford Family Hub	3 mothers with babies	3
6 June	Lichfield Family Hub	3 mothers with babies and one father whose partner gave birth at Burton	4
11 June	Stafford Family Hub	6 mothers with babies	6
12 June	Lichfield Library – Simply Play session	A group of parents/carers	5
12 June	Fradley Community Centre – Baby sensory session	A group of parents/carers	11
3 July	Lichfield Family Hub	Group of mothers who had given birth at Burton or in Birmingham	7
9 July	County Hospital, Stafford	Patients and staff	8
24 July	Lichfield Family Hub – Baby weigh in clinic and breastfeeding support	5 new mothers and 1 family member	6
25 July	County Hospital, Stafford	Mixed group	11
30 July	Stafford Family Hub	3 mothers with babies	3
31 July	County Hospital, Stafford	Mixed group	8

Date	Organisation/group hosting	Audience engaged	Number of people

3.6 Meetings with staff

The ICB consultation team ensured that staff at the provider trusts were informed about the consultation and had opportunities to give their feedback.

Communications with staff in the trusts were adapted to best suit their needs. The consultation team held an online meeting for staff working for UHDB on 5 June, while UHNM arranged their own communications. UHNM shared information about the consultation through the staff intranet, bulletins, the CEO's daily message, and through team meetings. A member of the consultation team visited County Hospital, Stafford, on 9 July, 25 July and 31 July, and spoke to staff as well as patients in these engagement sessions.

3.7 Voluntary, community and social enterprise (VCSE) partner engagement approaches

3.7.1 Involving the community

The lead VCSE organisations in each local area supported further engagement activities and the sharing of information through their communication tools and platforms.

Table 12. Partner organisation engagement

Organisation	Engagement	Date contacted
VAST	Email sent	12 May 2025
The People's Panel	Email sent	12 May 2025
Healthwatch Staffordshire	Email sent	12 May 2025
Healthwatch Derbyshire	Email sent	12 May 2025
Staffordshire Deaf Coffee Morning	Email sent	12 May 2025
Gypsy Roma Traveller Community Liaison Officer	Email sent	12 May 2025
Nappy Squad	Email sent	12 May 2025
Assist	Email sent	12 May 2025

3.7.2 Involving people using our services

Local groups were sent information and promotional materials to encourage attendees at target groups to complete the survey and attend events.

Table 13. Servicer user engagement

Location	Type	Materials shared
Stafford Family Hub	Family hub	Poster and leaflets
Sandy Tots Nursery, Stafford	Nursery	Poster and leaflets
Stafford Wellbeing Service	Public area	Poster

Location	Type	Materials shared
Stafford Library reception	Public area	Poster
Stafford Costa	Public area	Poster
St John's Church, Stafford	Church	Poster
Sandon Road Pre-School, Stafford	Nursery	Poster
The Play Shed, Stafford	Soft play	Poster and leaflets
Tesco Extra Stafford	Public area	Poster
Silkmore Family Hub, Stafford	Family hub	Poster
Lichfield Family Hub	Family hub	Poster, leaflets and video displayed on a digital screen
Simply Play sessions (covers multiple areas)	Playgroup	Leaflets
Little Beans Café, Lichfield	Public area	Poster
Lichfield District Council building	Public area	Poster
Jump into Parenting sessions, Stafford	Playgroup	Leaflets
Salvation Army, Stafford	Playgroup	Poster and leaflets

4 Approach to analysis and presentation of findings

This section explains how the feedback gathered from the activities outlined in the communications and engagement section above have been analysed and presented in this report of findings.

The feedback captured during the consultation can be grouped into two categories: 'structured' and 'unstructured' feedback.

Structured feedback is where consultation participants provided specific responses to a series of pre-defined questions. This type of feedback was received from the consultation survey and facilitator feedback booklets.

Participants were asked specific questions so they could share their feedback on the proposal.

Unstructured feedback is where consultation participants were given the opportunity to freely share their views on any element of the consultation. This type of feedback was received from the events, meetings and engagement sessions and was collated by the team managing the consultation.

The unstructured feedback also includes feedback received through correspondence and social media channels.

4.1 Analysing the feedback

This section outlines how all the feedback has been analysed to include it in the report of findings.

4.1.1 Main consultation – survey

The consultation survey used a combination of 'open' free-text questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from pre-set options. Closed question responses are shown as percentages. These may not add up to 100% due to rounding or respondents being able to select multiple options. See Appendix A for a copy of the consultation survey.

The summary text above the closed question tables provides an overview of survey responses across local authorities within and neighbouring Staffordshire and Stoke-on-Trent, highlighting the areas with the highest and lowest proportions of respondents for each question, including those with 0% responses.

The 'base' figure refers to how many respondents answered each question. When completing the survey, not all respondents answered every survey question. This means that the base size may change between questions.

Open responses have been read and coded into themes. This is a subjective process, where the responses to each open question are read and the key themes (codes) identified to create a code frame. The code frame is then used to code all responses to that question, by assigning responses to codes.

In the findings section, the survey responses are broken down to show how different sub-groups have responded. For each 'closed' question, tables are presented showing the overall response to the question and how different geographical areas responded.

Additionally, for each 'closed' question any significant differences across the following sub-groups have been included: respondent type, gender, age, religion, ethnicity, whether respondents have a disability, whether respondents have a long-term condition or illness, whether respondents have carer responsibilities, sexual orientation, whether respondents identify as transgender, local authority area and deprivation.

Significance testing was undertaken to identify whether the differences in sub-group responses were as a result that is not attributed to chance. Significance testing compares how different sub-groups have responded. For example, the proportion of males agreeing, compared to females, gives an indication as to whether the difference between the two sub-groups is down to chance (i.e. not significant) or not (i.e. significant). Significance testing is not the reporting of instances where large proportions of a sub-group have all answered in the same way (for example, 95% of 20 to 24-year-olds agreed).

When conducting significance testing, sub-group base sizes play a key role. If two sub-groups with large base sizes are compared, what may appear as a small percentage difference could be significant. Alternatively, if the base size of sub-groups is small, what may appear as a large percentage difference may not be significant. Although significance testing has been undertaken across all characteristics and reported here, please note that some base sizes are small.

Where sub-groups are too small for significance testing, or no significant differences are present, the key reportable finding has been presented instead.

4.1.2 Main consultation – event feedback

All the event feedback received has been analysed using the same method as per the open questions in the consultation survey. All the feedback gathered at the events has been read and coded into themes and these are presented in this report of findings. For the event feedback presented, the base refers to the total number of feedback notes submitted by facilitators / note-takers in response to each question across all the events.

Additionally, 10 pieces of feedback were received through the Staffordshire and Stoke-on-Trent ICB and ICS social media channels. These comments have been combined with the event feedback in the analysis.

4.1.3 Focused engagement – survey

The focused engagement survey used a combination of 'open' free-text questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from pre-set options. Closed question responses are shown as percentages. These may not add up to 100% due to rounding or respondents being able to select multiple options. See Appendix A for a copy of the survey.

The summary text above the closed question tables provides an overview of survey responses across local authorities within and neighbouring Staffordshire and Stoke-on-Trent, highlighting the areas with the highest and lowest proportions of respondents for each question, including those with 0% responses.

The 'base' figure refers to how many respondents answered each question. When completing the survey, not all respondents answered every survey question. This means that the base size may change between questions.

Open responses have been read and coded into themes. This is a subjective process, where the responses to each open question are read and the key themes (codes) identified to create a code frame. The code frame is then used to code all responses to that question, by assigning responses to codes.

In the findings section, the survey responses are broken down to show how different sub-groups have responded. For each 'closed' question, tables are presented showing the overall response to the question and how different geographical areas responded.

Additionally, for each 'closed' question any significant differences across the following sub-groups have been included: respondent type, gender, age, religion, ethnicity, whether respondents have a disability, whether respondents have a long-term condition or illness, whether respondents have carer responsibilities, sexual orientation, whether respondents identify as transgender, local authority area and deprivation.

Where sub-groups are too small for significance testing – as was the case with the focused engagement – or no significant differences are present, the key reportable finding has been presented instead.

4.1.4 Correspondence

Two pieces of correspondence were received:

- One email in support of the proposal
- One email strongly disagreeing with the proposal.

The two pieces of correspondence have been analysed using the same method as per the open questions in the survey. All the feedback has been read and coded into themes and these are presented in this report of findings.

4.1.5 Midpoint review

Following a midpoint review meeting on 27 June 2025, adjustments were made to the campaign approach to target specific groups more closely and encourage more traffic to the survey link.

The following changes were made as a result of recommendations made by the CSU team:

- Focus stakeholder engagement on those groups identified as requiring additional representation following analysis of the survey respondents – for example, ethnic minority groups
- Recontact all stakeholders with nudge and reminder emails
- Increase engagement with local media to push back on incorrect or incomplete narratives
- Issue a further media release and renew the offer of a senior member of staff, with direct clinical experience of maternity services, to be made available for interview
- Promote the existing video on organic social media and share more widely with stakeholders
- Refine current paid advertising activity and adjust the target audience
- Direct click-throughs to consultation survey (and not the consultation landing page)

- Refine social media adverts to strengthen visuals pertinent to specific target audience groups.

5 Demographic profiling

This section presents a demographic profile of those taking part in the consultation.

5.1 Demographic profile of consultation survey respondents

This section presents a demographic profile of consultation survey respondents.

5.1.1 Respondent type

Respondents were asked: ‘**Are you answering as an individual or as an organisation?**’

Summary of consultation survey feedback

Table 14 shows that the majority of the respondents answered the survey as an individual (1,388 / 1390 = 99%) and a significantly lower number of respondents completed the survey on behalf of an organisation (2 / 1,390 = 1%).

Table 14. Are you answering as an individual or as an organisation?

Survey responses	No.	%
Individual	1,388	99%
Organisation	2	1%
Base	1,390	-

5.1.2 Demographic profiling

Table 15 presents a demographic profile of survey respondents.

Table 15. Demographic profile

Ethnicity	No.	%
White – English / Welsh / Scottish / Northern Irish / British	1,275	92%
White – Irish	4	0.3%
White – Roma	-	-
White – Gypsy or Irish Traveller	3	0.2%
White – Any other	36	3%
Asian / Asian British – Pakistani	-	-
Asian / Asian British – Indian	8	0.6%
Asian / Asian British – Bangladeshi	1	0.1%
Asian / Asian British – Chinese	2	0.1%
Asian / Asian British – Any other	2	0.1%
Black / African / Caribbean / Black British – Caribbean	5	0.4%
Black / African / Caribbean / Black British – African	4	0.3%
Black / African / Caribbean / Black British – Any other	1	0.1%
Mixed / multiple ethnic groups – White and Black Caribbean	9	0.6%
Mixed / multiple ethnic group – White and Black African	1	0.1%
Mixed / multiple ethnic group – White and Asian	5	0.4%
Mixed / multiple ethnic group – Any other	3	0.2%
Other ethnic group – Arab	1	0.1%
Prefer not to say	30	2%
<i>Base</i>	<i>1,390</i>	<i>-</i>

Sexual orientation	No.	%
Heterosexual	1,255	91%
Lesbian	17	1%
Gay	2	0.1%
Bisexual	38	3%
Asexual	1	0.1%
Other	4	0.3%
Prefer not to say	66	5%
<i>Base</i>	<i>1,383</i>	<i>-</i>

Religion	No.	%
No religion	734	53%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	575	42%
Buddhist	2	0.1%
Hindu	1	0.1%
Jewish	1	0.1%
Muslim	9	1%
Sikh	1	0.1%
Any other religion (please specify)	10	1%
Prefer not to say	52	4%
<i>Base</i>	1,385	-

Gender	No.	%
Woman	1,290	93%
Man	81	6%
Non-Binary	1	0.1%
I describe my gender in another way	2	0.1%
Prefer not to say	20	1%
<i>Base</i>	1,394	-

Carer	No.	%
Yes – Care for young person(s) aged 24 and under	193	14%
Yes – Care for adult(s) aged 25–49	18	1%
Yes – Care for older person(s) aged 50 and over	67	5%
No	1,062	77%
Prefer not to say	59	4%
<i>Base</i>	1,389	-

Armed services	No.	%
Yes	22	2%
No	1,338	96%
Prefer not to say	40	3%
<i>Base</i>	1,400	-

Age	No.	%
16–19	1	0.1%
20–24	42	3%
25–29	199	14%
30–34	402	29%
35–39	318	23%
40–44	155	11%
45–49	56	4%
50–54	63	5%
55–59	45	3%
60–64	36	3%
65–69	33	2%
70–74	13	1%
75–79	14	1%
80 and over	4	0.3%
Prefer not to say	23	2%
<i>Base</i>	1,404	-

Relationship status	No.	%
Married	889	64%
Civil partnership	26	2%
Single	52	4%
Divorced	36	3%
Lives with partner	320	23%
Separated	6	0.4%
Widowed	9	1%
Other	4	0.3%
Prefer not to say	54	4%
<i>Base</i>	1,396	-

Pregnancy	No.	%
Yes	175	13%
No	1,176	85%
Prefer not to say	41	3%
<i>Base</i>	1,392	-

Recently given birth	No.	%
Yes	156	11%
No	102	86%
Prefer not to say	41	3%
<i>Base</i>	1,399	-

Disability	No.	%
Sight – I'm blind, partially sighted or colour blind	3	0.2%
Hearing – I'm deaf or hard of hearing	26	2%
Speech – I have difficulty speaking clearly	2	0.1%
Thinking and understanding – I have autism, dyslexia, ADHD, a mental health condition, or learning difficulties	104	8%
Mobility – I have difficulty getting around, or moving a mouse or using a keyboard	43	3%
Temporary – I have an injury	13	1%
Invisible condition – e.g. menopause, mental health condition or something else	131	10%
Other (please specify below)	39	3%
No, I do not have any conditions or disabilities that impact my day-to-day life	967	71%
Prefer not to say	102	8%
<i>Base</i>	1,361	-

Limitation on day-to-day activities	No.	%
Yes, limited a lot	21	2%
Yes, limited a little	139	10%
No	1,188	85%
Prefer not to say	49	4%
<i>Base</i>	1,397	-

5.1.3 Geographical profiling

Figure 6 maps the location of consultation survey respondents. The map has been created using the postcodes shared by respondents.

Figure 6. Map of consultation participants' locations. Mapped using postcodes, therefore some dots may represent more than one response because multiple responses could be received from each postcode area.

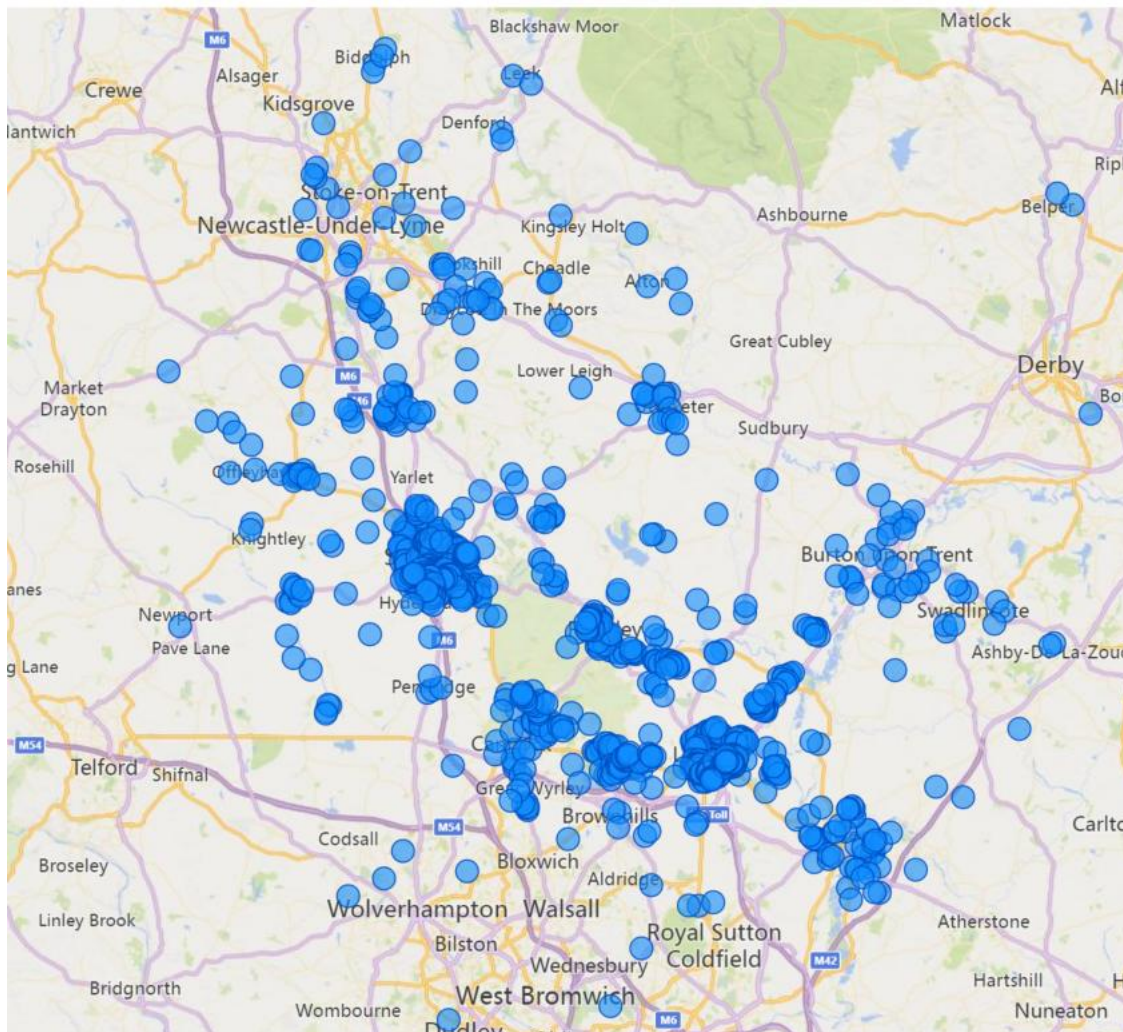


Table 16. Responses by local authority area – profiled using respondents' postcodes

Local authority area	No.	%
Lichfield	533	38%
Stafford	428	30%
Cannock Chase	103	7%
East Staffordshire	63	5%
Tamworth	41	3%
Staffordshire Moorlands	25	2%
Stoke-on-Trent	25	2%
South Staffordshire	23	2%
Newcastle-under-Lyme	9	1%
South Derbyshire	11	1%
Walsall	5	0.4%

Local authority area	No.	%
Birmingham	4	0.3%
Wolverhampton	3	0.2%
North Warwickshire	3	0.2%
Amber Valley	3	0.2%
North West Leicestershire	3	0.2%
Flintshire	1	0.1%
Bolsover	1	0.1%
Telford and Wrekin	1	0.1%
Wyre Forest	1	0.1%
Monmouthshire	1	0.1%
Dudley	1	0.1%
Derby	1	0.1%
No postcode provided	119	9%
<i>Base</i>	<i>1,408</i>	<i>-</i>

5.1.3.1 Index of Multiple Deprivation (IMD)

The IMD is a measure of relative deprivation, meaning it is used to compare how deprived one area is compared to another, rather than measuring absolute deprivation, where 1 is the most deprived and 10 is the least deprived.

Table 17. Deprivation profiling

Profile	No.	%
1 (most deprived)	5	0.4%
2	63	5%
3	59	4%
4	55	4%
5	92	7%
6	139	10%
7	171	12%
8	271	19%
9	220	16%
10 (least deprived)	212	15%
No postcode provided	121	7%
<i>Base</i>	<i>1,408</i>	<i>-</i>

6 Findings

This section presents the feedback gathered from the consultation survey, Easy Read survey, events, and correspondence. The feedback is split into the following sections:

- Feedback on participant experiences of using maternity services
- Feedback on the proposal to make permanent the temporary closure of birthing services at the FMBU at County Hospital, Stafford
- Feedback on the proposal to make permanent the temporary closure of birthing services at the FMBU at Samuel Johnson Community Hospital, Lichfield
- Feedback on any other ideas or suggestions for consideration.

Where possible, in each section feedback from the 'structured' and 'unstructured' channels has been presented together.

The structured feedback was collated from the consultation survey and unstructured feedback was collated from the events, social media feedback and correspondence.

6.1 Feedback on participant experiences of using maternity services

This section presents consultation participants' views on their experiences of using maternity services. Feedback is presented from the consultation survey and events that were held in the community and online.

6.1.1 Consultation feedback on the usage of maternity services in Staffordshire and Stoke-on-Trent in the past five years

Respondents were asked: **'Have you, a family member or friend(s) used maternity services in Staffordshire and Stoke-on-Trent in the past five years?'**

In the survey we asked respondents to consider the last five years. However, the FMBU birthing option was not available during that time and home births were not consistently available. Both trusts began booking women into the home birth service again during early pregnancy from April 2024.

Summary of consultation survey feedback

Table 18 shows that the majority of respondents (1,065 / 1,381 = 77%) have used or knew someone who used maternity services in Staffordshire and Stoke-on-Trent in the past five years. The areas where the highest percentage of respondents said they had used, or knew someone who had used, the services were Stoke-on-Trent (25 / 25 = 100%) and Newcastle-under-Lyme (9 / 9 = 100%), while the area with the smallest proportion of respondents giving this answer was South Staffordshire (11 / 22 = 50%).

Table 18. Have you, a family member or friend(s) used maternity services in Staffordshire and Stoke-on-Trent in the past five years?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Yes	1,065 (77%)	78%	0%	70%	54%	75%	84%	73%	77%	59%	100%	50%	76%	100%	68%	20%	77%
No	316 (23%)	22%	100%	30%	46%	25%	16%	27%	23%	41%	0%	50%	24%	0%	32%	80%	23%
Base	1,381	1,295	1	70	13	525	422	97	62	39	25	22	25	9	34	5	116

Equalities analysis

This equalities section presents percentages for each question that are calculated by the demographic profiling questions answered by respondents (for example, about their age, gender, and ethnicity). Respondents who did not provide their demographic profiling details are not included in the analysis in this section.

We have undertaken significance testing and the significant differences are presented from a selection of the protected demographic profiling characteristics and groups. Where numbers are too small for significance testing, the key reportable finding has been presented instead.

The significance difference is presented as follows: (number of responses / base number = percentage), for example (538 / 626 = 86%). The base number varies depending on how many people have answered that specific question from a particular cohort.

For more information, see the reporting methodology section.

Individual respondent type:

- There were no significant differences between sub-groups

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- There were no significant differences between sub-groups

Birth location:

- There were no significant differences between sub-groups

Age:

- A significantly higher proportion of respondents aged 34 and under ($538 / 626 = 86\%$) and 35–49 ($406 / 525 = 77\%$) said they, a family member or friend(s) had used maternity services in Staffordshire and Stoke-on-Trent in the past five years, compared to respondents aged 50 and over ($103 / 205 = 50\%$)

Pregnancy (pregnant at the time of the consultation):

- There were no significant differences between sub-groups

Maternity (recently given birth):

- A significantly higher proportion of those who gave birth in the past five years ($147 / 152 = 97\%$) said they used maternity services in Staffordshire and Stoke-on-Trent, compared to those who had given birth more than five years ago ($884 / 1,182 = 75\%$)

Local authority (LA):

- A significantly higher proportion of those who live in Stoke-on-Trent ($25 / 25 = 100\%$), Newcastle-under-Lyme ($9 / 9 = 100\%$), Stafford ($353 / 422 = 84\%$), East Staffordshire ($48 / 62 = 77\%$), Staffordshire Moorlands ($19 / 25 = 76\%$), Lichfield ($393 / 525 = 75\%$), Cannock Chase ($71 / 97 = 73\%$) and a neighbouring LA area ($23 / 39 = 68\%$) said they had used maternity services in Staffordshire and Stoke-on-Trent in the past five years, compared to those who live in Tamworth ($23 / 34 = 59\%$) and South Staffordshire ($11 / 22 = 50\%$)

Index of Deprivation:

- There were no significant differences between sub-groups

6.1.2 Consultation feedback on the individual who was using maternity services in Staffordshire and Stoke-on-Trent in the past five years

Respondents were asked:

‘Please tell us who was using the maternity services in Staffordshire and Stoke-on-Trent in the past five years.’

Summary of consultation survey feedback

Table 19 shows that the majority of the respondents were using the service themselves ($743 / 1,062 = 70\%$). The area where the highest percentage of respondents said they had used the services themselves was Stoke-on-Trent ($22 / 25 = 88\%$), while the area with the smallest proportion of respondents giving this answer was Newcastle-under-Lyme ($6 / 9 = 67\%$).

Table 19. 'Please tell us who was using the maternity services in Staffordshire and Stoke-on-Trent in the past five years.'

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Using them myself	743 (70%)	72%	0%	29%	14%	68%	73%	72%	83%	78%	88%	82%	74%	67%	57%	0%	50%
A family member was using them	169 (16%)	15%	0%	37%	29%	16%	14%	16%	8%	4%	8%	0%	16%	22%	35%	0%	30%
A friend was using them	102 (10%)	8%	0%	31%	43%	10%	8%	9%	8%	17%	4%	18%	11%	0%	9%	100%	14%
My partner was using them	48 (5%)	5%	0%	4%	14%	5%	5%	4%	0%	0%	0%	0%	0%	11%	0%	0%	7%
Base	1,062	1,004	-	49	7	391	353	71	48	23	25	11	19	9	23	1	12

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- A significantly higher proportion of respondents who identified as patients or members of the public (727 / 1,004 = 72%), said they had used maternity services in the past five years themselves, compared to those who identified as NHS employees (14 / 49 = 29%) or from another public sector organisation, charity or voluntary organisation (1 / 7 = 14%)

- A significantly higher proportion of respondents who identified as NHS employees (18 / 49 = 37%), said a family member had used maternity services in the past five years, compared to respondents who identified as patients and members of the public (148 / 1,004 = 15%)
- A significantly lower proportion of respondents who identified as patients or members of the public (84 / 1,004 = 8%), said a friend had used maternity services in the past five years, compared to respondents who identified as NHS employees (15 / 49 = 31%) or from another public sector organisation, charity or voluntary organisation (3 / 7 = 43%)

Users of maternity services:

- There were no significant differences between sub-groups

Birth location:

- A significantly higher proportion of respondents who said the birthing location was at another location (43 / 48 = 90%) and at hospital sites from the surrounding area (141 / 186 = 76%), said they were using maternity services for themselves, compared to those who gave birth at Royal Stoke University Hospital (283 / 398 = 71%), Queen's Hospital (227 / 326 = 70%), County Hospital (10 / 20 = 50%) and Samuel Johnson Community Hospital (28 / 60 = 47%)
- A significantly higher proportion of respondents who said the birthing location was at County Hospital (8 / 20 = 40%) and at Samuel Johnson Community Hospital (13 / 60 = 22%), said a family member was using maternity services, compared to those who gave birth at Royal Stoke University Hospital (58 / 398 = 15%), Queen's Hospital (61 / 326 = 19%) and hospital sites from the surrounding area (23 / 186 = 12%)
- A significantly higher proportion of respondents who said the birthing location was Samuel Johnson Community Hospital (14 / 60 = 23%), said a friend was using maternity services, compared to respondents who gave birth at Royal Stoke University Hospital (38 / 398 = 10%), Queen's Hospital (25 / 326 = 8%), and hospital sites from the surrounding area (16 / 186 = 9%)

Age:

- A significantly higher proportion of those aged 34 and under (439 / 536 = 82%) and 35–49 (298 / 405 = 74%) said they were using maternity services themselves, compared to those aged 50 and over (2 / 103 = 2%)
- A significantly higher proportion of those who were aged 50 and over (81 / 103 = 79%) said a family member was using the maternity services compared to those aged 35–49 (44 / 405 = 11%), and 34 and under (39 / 536 = 7%)
- A significantly higher proportion of those aged 50 and over (19 / 103 = 18%) said a friend was using the maternity services compared to those aged 35–49 (39 / 405 = 10%) and 34 and under (39 / 536 = 7%)

Pregnancy (pregnant at the time of the consultation):

- A significantly higher proportion of respondents who were pregnant at the time of the consultation (128 / 142 = 90%) said they had used the maternity services, compared to those who were not pregnant at the time of the consultation (596 / 882 = 68%)
- A significantly lower proportion of respondents who were pregnant at the time of the consultation (8 / 142 = 6%) said that a family member had used the maternity services, compared to those who were not pregnant at the time of the consultation (151 / 882 = 17%)

- A significantly lower proportion of respondents who were pregnant at the time of the consultation (6 / 142 = 4%) said that a friend had used the maternity services, compared to those who were not pregnant at the time of the consultation (92 / 882 = 10%)

Maternity (recently given birth):

- A significantly higher proportion of those who had recently given birth (140 / 147 = 95%) said they had used maternity services in Staffordshire and Stoke-on-Trent, compared to those who had not recently given birth (589 / 881 = 67%)
- A significantly lower proportion of those who had not recently given birth (4 / 147 = 3%) said a family member had used maternity services in Staffordshire and Stoke-on-Trent, compared to those who had recently given birth (158 / 881 = 18%)
- A significantly lower proportion of those who had not recently given birth (1 / 147 = 1%) said a friend had used maternity services in Staffordshire and Stoke-on-Trent, compared to those who had recently given birth (94 / 881 = 11%)

Local authority (LA):

- A significantly higher proportion of those who live in East Staffordshire (40 / 48 = 83%), Stoke-on-Trent (22 / 25 = 88%) and Tamworth (18 / 23 = 78%), said they were using maternity services, compared to those who live in Lichfield (267 / 391 = 68%), Cannock Chase (51 / 71 = 72%), Stafford (259 / 353 = 73%) and neighbouring LA areas (13 / 23 = 57%)
- A significantly higher proportion of those who live in a neighbouring LA area (8 / 23 = 35%), said a family member was using maternity services, compared to those who live in Lichfield (64 / 391 = 16%), Cannock Chase (11 / 71 = 16%), Stafford (48 / 353 = 14%), East Staffordshire (4 / 48 = 8%), Tamworth (1 / 23 = 4%) and Stoke-on-Trent (2 / 25 = 8%).

Index of Deprivation:

- There were no significant differences between sub-groups

6.1.3 The number of births that occurred in the county

Respondents were asked: ‘**Did you / they give birth in Staffordshire and Stoke-on-Trent?**’

Summary of consultation survey feedback

Table 20 shows that the majority of the respondents (893 / 1,063 = 84%) gave birth in Staffordshire and Stoke-on-Trent. The area where the highest percentage of respondents said they had given birth in Staffordshire and Stoke-on-Trent was Newcastle-under-Lyme (9 / 9 = 100%), while the area with the smallest percentage giving this answer was South Staffordshire (7 / 11 = 64%).

Table 20. Did you / they give birth in Staffordshire and Stoke-on-Trent?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Yes	893 (84%)	84%	0%	90%	71%	77%	92%	78%	81%	78%	96%	64%	95%	100%	70%	100%	91%
No	159 (15%)	15%	0%	6%	14%	21%	8%	23%	17%	22%	4%	36%	0%	0%	26%	0%	9%
Don't know	11 (1%)	1%	0%	4%	14%	1%	1%	0%	2%	0%	0%	0%	5%	0%	4%	0%	0%
Base	1,063	1,005	-	49	7	392	352	71	48	23	25	11	19	9	23	1	89

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- There were no significant differences between sub-groups

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- A significantly lower proportion of respondents who had used the service themselves (609 / 743 = 82%) and those whose partners had used the service (37 / 48 = 77%) said they had given birth in Staffordshire and Stoke-on-Trent, compared to those reporting on behalf of a family member or friend (245 / 269 = 91%)
- A significantly higher proportion of respondents who had used the service themselves (131 / 743 = 18%) and those whose partners had used the service (9 / 48 = 19%) said they had not given birth in Staffordshire and Stoke-on-Trent, compared to those reporting on behalf of a family member or friend (18 / 269 = 7%)

Birth location:

- A significantly higher proportion of respondents gave their birthing location as Royal Stoke University Hospital (396 / 398 = 100%), Queen's Hospital (303 / 327 = 93%), County Hospital (20 / 20 = 100%) and Samuel Johnson Community Hospital (59 / 61

= 97%), compared to respondents whose birthing location was at a hospital site in the surrounding area (87 / 187 = 47%)

Age:

- There were no significant differences between sub-groups

Pregnancy (pregnant at the time of the consultation):

- There were no significant differences between sub-groups

Maternity (recently given birth):

- There were no significant differences between sub-groups

Local authority (LA):

- A significantly higher proportion of those who live in Stoke-on-Trent (24 / 25 = 96%), Staffordshire Moorlands (18 / 19 = 95%) and Stafford (322 / 352 = 92%) said they had given birth in Staffordshire and Stoke-on-Trent, compared to those who live in East Staffordshire (39 / 48 = 81%), Lichfield (303 / 392 = 77%), Cannock Chase (55 / 71 = 78%), South Staffordshire (7 / 11 = 64%) and neighbouring LA areas (16 / 23 = 70%)

Index of Deprivation:

- There were no significant differences between sub-groups

6.1.4 Birthing locations

Respondents were asked: **'Where did you or they give birth?'**

Summary of consultation survey feedback

Table 21 shows that the majority of respondents said that they or a person they knew had given birth at Royal Stoke University Hospital (398 / 1,041 = 38%). The areas with the highest percentage of respondents who gave this answer were Stoke-on-Trent (24 / 24 = 100%) and Staffordshire Moorlands (18 / 18 = 100%), while the areas with the smallest percentage of respondents giving this answer were Tamworth (0 / 23 = 0%) and Lichfield (5 / 385 = 1%).

Table 21. Where did you or they give birth?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Royal Stoke	398 (38%)	38%	0%	43%	17%	1%	84%	21%	16%	0%	100%	10%	100%	78%	14%	0%	34%
Queen's, Burton	327 (31%)	31%	0%	36%	50%	60%	1%	20%	53%	26%	0%	10%	0%	0%	46%	0%	40%
County, Stafford	20 (2%)	2%	0%	4%	0%	0.3%	5%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Samuel Johnson	61 (6%)	6%	0%	6%	0%	11%	0%	1%	11%	17%	0%	0%	0%	0%	9%	0%	8%
Other sites	187 (18%)	18%	0%	9%	33%	23%	6%	49%	13%	44%	0%	70%	0%	0%	18%	100%	16%
Other	48 (5%)	5%	0%	2%	0%	4%	4%	7%	7%	13%	0%	10%	0%	22%	14%	0%	1%
Base	1,041	986	-	47	6	385	345	71	45	23	24	10	18	9	22	1	88

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- There were no significant differences between sub-groups

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- A significantly lower proportion of respondents who had used the service themselves (10 / 732 = 1%) said their birthing location was at County Hospital, compared to those reporting on behalf of a family member or friend (10 / 261 = 4%)

- A significantly lower proportion of respondents who had used the service themselves (28 / 732 = 4%) said their birthing location was at Samuel Johnson, compared to those reporting on behalf of a partner (5 / 45 = 11%) and a family member or friend (27 / 261 = 10%)

Birthing location:

- There were no significant differences between sub-groups

Age:

- A significantly higher proportion of those aged 34 and under (219/ 528 = 41%) said the birthing location was at Royal Stoke University Hospital, compared to those aged 50 and over (29 / 100 = 29%)
- A significantly lower proportion of those aged 34 and under (151/ 528 = 29%) said the birthing location was at Queen's Hospital, compared to those aged 50 and over (42 / 100 = 42%)
- A significantly lower proportion of those aged 34 and under (18/ 528 = 3%) said the birthing location was at Samuel Johnson, compared to those aged 35–49 (33 / 396 = 8%) and 50 and over (9 / 100 = 9%)

Pregnancy (pregnant at the time of the consultation):

- A significantly higher proportion of respondents who were pregnant at the time of the consultation (66 / 136 = 49%) said the birthing location was at Royal Stoke University Hospital, compared to those were not pregnant at the time of the consultation (318 / 868 = 37%)
- A significantly lower proportion of respondents who were pregnant at the time of the consultation (1 / 136 = 1%) said the birthing location was at Samuel Johnson, compared to those were not pregnant at the time of the consultation (55 / 868 = 6%)

Maternity (recently given birth):

- A significantly lower proportion of those who had recently given birth (2 / 144 = 1%) said the birthing location was at Samuel Johnson, compared to those who had not given birth recently (55 / 865 = 6%)

Local authority (LA):

- A significantly higher proportion of those who live in Stoke-on-Trent (24 / 24 = 100%), Staffordshire Moorlands (18 / 18 = 100%), Stafford (288 / 345 = 84%) and Newcastle-under-Lyme (7 / 9 = 78%) said the birthing location was at Royal Stoke University Hospital, compared to those who live in Lichfield (5 / 385 = 1%), Cannock Chase (15 / 71 = 21%), East Staffordshire (7 / 45 = 16%), South Staffordshire (1 / 10 = 10%) and neighbouring LA areas (3 / 22 = 14%)
- A significantly higher proportion of those who live in Lichfield (232 / 385 = 60%), East Staffordshire (24 / 45 = 53%) and neighbouring LA areas (10 / 22 = 46%) said the birthing location was at Queen's Hospital, compared to those who live in Tamworth (6 / 23 = 26%), Cannock Chase (14 / 71 = 20%), South Staffordshire (1 / 10 = 10%) and Stafford (5 / 345 = 1%)

Index of Deprivation:

- There were no significant differences between sub-groups

6.1.5 Comparing high and low-risk pregnancy numbers

Respondents were asked: ‘Was your / their pregnancy classed as low-risk or high-risk?’

Summary of consultation survey feedback

Table 22 shows that the majority of the respondents (683 / 1063 = 64%) said they or someone they knew had a low-risk pregnancy. The areas where the highest percentage of respondents said their pregnancy was classed as low-risk was Lichfield (275 / 393 = 70%), while the area with the smallest percentage of respondents giving this answer was Stoke-on-Trent (11 / 25 = 44%). The area where the highest percentage of respondents said they had a high-risk pregnancy was South Staffordshire (6 / 11 = 55%).

Table 22. Was your / their pregnancy classed as low-risk or high-risk?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Low-risk	683 (64%)	64%	0%	76 %	71%	70 %	60 %	59 %	64 %	69 %	44 %	46 %	58 %	67 %	74 %	100 %	64 %
High-risk	322 (30%)	31%	0%	20 %	14%	23 %	35 %	36 %	33 %	17 %	52 %	55 %	42 %	33 %	22 %	0%	32 %
Don't know	58 (6%)	6%	0%	4%	14%	7%	5%	4%	2%	13 %	4%	0%	0%	0%	4%	0%	5%
Base	1,063	1,005	-	49	7	393	351	71	48	23	25	11	19	9	23	1	89

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- There were no significant differences between sub-groups

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- A significantly lower proportion of respondents who had used the service themselves (251 / 741 = 34%) said their birth was high-risk, compared to those reporting on behalf of a partner (18 / 48 = 38%) and on behalf of a family member or friend (53 / 271 = 20%)

Birthing location:

- A significantly higher proportion of respondents who identified the birthing location as Royal Stoke University Hospital (151 / 397 = 38%) and Queen's Hospital (95 / 327 = 29%), said the birth was high-risk, compared to respondents whose birthing location was Samuel Johnson Community Hospital (2 / 61 = 3%) or at a hospital site in the surrounding area (52 / 187 = 28%)
- A significantly lower proportion of respondents who identified the birthing location as Royal Stoke University Hospital (223 / 397 = 56%) and Queen's Hospital (214 / 327 = 65%), said the birth was low-risk, compared to respondents whose birthing location was Samuel Johnson Community Hospital (55 / 61 = 90%) or at a hospital site in the surrounding area (131 / 187 = 70%)

Age:

- A significantly lower proportion of those aged 34 and under (372 / 537 = 69%) and those aged 35–49 (225 / 405 = 56%) said the birth was low-risk, compared to those aged 50 and over (76 / 103 = 74%)
- A significantly higher proportion of those aged 34 and under (135 / 537 = 25%) and those aged 35–49 (162 / 405 = 40%) said the birth was high-risk, compared to those aged 50 and over (20 / 103 = 19%)

Pregnancy (pregnant at the time of the consultation):

- There were no significant differences between sub-groups

Maternity (recently given birth):

- A significantly higher proportion of those who had given birth in the past five years (58 / 146 = 40%) said their birth was high-risk, compared to those who had given birth more than five years ago (254 / 883 = 29%)

Local authority (LA):

- A significantly higher proportion of those who live in Lichfield (275 / 393 = 70%), Stafford (211 / 351 = 60%) and neighbouring LA areas (17 / 23 = 74%) said the birth was low-risk, compared to those who live in Stoke-on-Trent (11 / 25 = 44%)
- A significantly higher proportion of those who live in South Staffordshire (6 / 11 = 55%), Stoke-on-Trent (13 / 25 = 52%) and Staffordshire Moorlands (8 / 19 = 42%) said the birth was high-risk, compared to those who live in Cannock (26 / 71 = 37%), Stafford (122 / 351 = 35%), East Staffordshire (16 / 48 = 33%), Lichfield (91 / 393 = 23%) and neighbouring LA areas (5 / 23 = 22%)

Index of Deprivation:

- A significantly lower proportion of those who live in the most deprived wards (IMD 1–5) (117 / 202 = 58%) said the birth was low-risk, compared to those who live in the least deprived (IMD 6–10) (508 / 771 = 66%)

6.1.6 Comparing the number of midwife-led and consultant-led births

Respondents were asked: ‘Was your / their birth midwife-led or consultant led?’

Summary of consultation survey feedback

Table 23 shows that the majority of the births (597 / 1,060 = 56%) were midwife-led. The area where the highest percentage of respondents said their birth was midwife-led was Tamworth (16 / 23 = 70%), while the area with the smallest percentage of respondents giving this answer was Stoke-on-Trent (8 / 25 = 32%).

Table 23. Was your / their birth midwife-led or consultant-led?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Midwife-led	597 (56%)	56%	0%	53%	86%	60%	56%	52%	54%	70%	32%	36%	47%	33%	70%	100%	52%
Consultant-led	375 (35%)	35%	0%	37%	14%	33%	36%	37%	40%	26%	64%	36%	32%	67%	26%	0%	35%
Don't know	88 (8%)	8%	0%	10%	0%	7%	8%	11%	6%	4%	4%	27%	21%	0%	4%	0%	13%
Base	1,060	1,002	-	49	7	390	352	71	48	23	25	11	19	9	23	1	88

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- There were no significant differences between sub-groups

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- A significantly higher proportion of respondents who had used the service themselves (295 / 742 = 40%) and those reporting on behalf of a partner (23 / 48 = 48%) said their birth was consultant-led, compared to those reporting on behalf of a family member or friend (57 / 267 = 21%)

Birthing location:

- A significantly lower proportion of respondents who said the birthing location was either Royal Stoke University Hospital (202 / 398 = 51%), Queen's Hospital (171 / 326 = 53%) or County Hospital (13 / 19 = 68%), said the birth was midwife-led, compared to respondents who said the birthing location was Samuel Johnson Community Hospital (58 / 59 = 98%).

Age:

- A significantly lower proportion of those aged 34 and under (174 / 536 = 33%) and those aged 50 and over (24 / 101 = 24%) said the birth was consultant-led, compared to those aged 35–49 (172 / 405 = 43%)

Pregnancy (pregnant at the time of the consultation):

- There were no significant differences between sub-groups

Maternity (recently given birth):

- A significantly higher proportion of those who had given birth in the past five years (66 / 147 = 45%) said their birth was consultant-led, compared to those who had given birth more than five years ago (299 / 879 = 34%)

Local authority (LA):

- A significantly higher proportion of those who live in Lichfield (235 / 390 = 60%), Stafford (196 / 352 = 56%), Tamworth (16 / 23 = 70%) and neighbouring LA areas (16 / 23 = 70%) said the birth was midwife-led, compared to those who live in Stoke-on-Trent (8 / 25 = 32%)
- A significantly higher proportion of those who live in Stoke-on-Trent (16 / 25 = 64%) said the birth was consultant-led, compared to those who live in Lichfield (128 / 390 = 33%), Stafford (127 / 352 = 36%), Cannock (26 / 71 = 37%), East Staffordshire (19 / 48 = 40%), Tamworth (6 / 23 = 26%) and neighbouring LA areas (6 / 23 = 26%)

Index of Deprivation:

- There were no significant differences between sub-groups

6.1.7 Considering future maternity service users in Staffordshire and Stoke-on-Trent

Respondents were asked: ‘Are you or a family member or friend likely to need to use maternity services in the future?’

Summary of consultation survey feedback

Table 24 shows that the majority of respondents (124 / 315 = 39%) said they were very likely to use maternity services in the future. The area where the highest percentage of respondents said they were very likely to use maternity services in the future was Staffordshire Moorlands (13 / 5 = 67%) while the areas with the smallest percentage of respondents giving this answer were Stoke-on-Trent (0 / 0 = 0%) and Newcastle-under-Lyme (0 / 0 = 0%).

Table 24. Are you or a family member or friend likely to need to use maternity services in the future?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Very likely	124 (39%)	40%	0%	33%	33%	37%	44%	50%	29%	47%	0%	46%	67%	0%	18%	25%	33%
Likely	96 (31%)	31%	100%	24%	24%	31%	22%	39%	29%	33%	0%	37%	33%	0%	46%	25%	33%
Neither likely or unlikely	37 (12%)	12%	0%	19%	0%	13%	12%	4%	21%	7%	0%	9%	0%	0%	9%	25%	15%
Unlikely	33 (11%)	11%	0%	10%	17%	11%	13%	8%	21%	7%	0%	0%	0%	0%	18%	25%	4%
Very unlikely	25 (8%)	7%	0%	14%	17%	8%	10%	0%	0%	7%	0%	9%	0%	0%	0%	15%	8%
Base	315	287	1	21	6	90	45	23	8	12	-	9	5	-	7	2	18

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- There were no significant differences between sub-groups

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- There were no significant differences between sub-groups

Birth location:

- There were no significant differences between sub-groups

Age:

- A significantly higher proportion of those aged 34 and under ($62 / 88 = 71\%$) said they or a family member or a friend were very likely to use the maternity services in the near future, compared to those aged 35–49 ($39 / 118 = 33\%$) and those aged over 50 ($21 / 102 = 21\%$)
- A significantly lower proportion of those aged 34 and under ($20 / 88 = 23\%$) said they or a family member or a friend were likely to use the maternity services in the near future, compared to those aged 35–49 ($43 / 118 = 36\%$)
- A significantly higher proportion of those aged 50 and above ($22 / 102 = 22\%$) said they or a family member or a friend were neither likely or unlikely to use the maternity services in the near future, compared to those aged 34 and under ($6 / 88 = 7\%$) and those aged 35–49 ($8 / 118 = 7\%$)

Pregnancy (pregnant at the time of the consultation):

- A significantly higher proportion of respondents who were pregnant at the time of the consultation ($28 / 30 = 93\%$) said they or a family member or a friend were very likely to use the maternity services in the near future, compared to those who were not pregnant at the time of the consultation ($91 / 271 = 34\%$)
- A significantly higher proportion of respondents who were not pregnant at the time of the consultation ($89 / 271 = 33\%$) said they or a family member or a friend were likely to use the maternity services in the near future, compared to those who were pregnant at the time of the consultation ($2 / 30 = 7\%$)

Maternity (recently given birth):

- There were no significant differences between sub-groups

Local authority (LA):

- There were no significant differences between sub-groups

Index of Deprivation:

- There were no significant differences between sub-groups

6.1.8 The preferred location of future maternity services

Of the respondents who answered they were very likely or likely to using maternity services in Staffordshire and Stoke-on-Trent, they were asked: **‘Where do you think you / they would go for maternity services?’**

Summary of consultation survey feedback

Table 25 shows that the majority of the respondents (115 / 219 = 53%) said they would go to Samuel Johnson Community Hospital. The area where the highest percentage of respondents said they would go to Samuel Johnson Community Hospital was Lichfield (80 / 90 = 89%) while the areas with the smallest percentages of respondents giving this answer were Stafford (0 / 45 = 0%), Stoke-on-Trent (0 / 0 =0%) and Newcastle-under-Lyme (0 / 0 = 0%).

Table 25. Where do you think you / they would go for maternity services?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey responses	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Samuel Johnson	115 (53%)	55%	0%	17 %	75%	89%	0%	35%	75 %	58 %	0%	11 %	20 %	0%	29 %	0%	56 %
County, Stafford	53 (24%)	25%	100 %	17 %	0%	2%	84%	39%	0%	0%	0%	22 %	20 %	0%	0%	0%	6%
Royal Stoke	11 (5%)	5%	0%	8%	0%	0%	11%	0%	0%	0%	0%	0%	60 %	0%	0%	0%	17 %
New Cross	11 (5%)	5%	0%	8%	0%	0%	2%	22%	0%	0%	0%	33 %	0%	0%	14 %	0%	6%
Good Hope	9 (4%)	4%	0%	17 %	0%	1%	0%	0%	0%	42 %	0%	11 %	0%	0%	14 %	0%	6%
Queen’s, Burton	7 (3%)	3%	0%	8%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	6%
Royal Derby	4 (2%)	1%	0%	0%	0%	0%	0%	0%	25 %	0%	0%	0%	0%	0%	14 %	50 %	0%
Walsall Manor	3 (1%)	1%	0%	0%	25%	1%	0%	0%	0%	0%	0%	11 %	0%	0%	14 %	0%	0%

Survey responses	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Russells Hall	1 (1%)	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	14%	0%	0%
Princess Royal	2 (1%)	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	11%	0%	0%	0%	50%	0%
Other	3 (1%)	1%	0%	8%	0%	0%	2%	4%	0%	0%	0%	0%	0%	0%	0%	0%	6%
Base	219	202	1	12	4	90	45	23	8	12	-	9	5	-	7	2	18

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- A significantly higher proportion of respondents who identified as patients or members of the public (110 / 202 = 55%), said they would use Samuel Johnson Community Hospital maternity services compared to respondents who were NHS employees (2 / 12 = 17%)

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- There were no significant differences between sub-groups

Birth location:

- There were no significant differences between sub-groups

Age:

- A lower proportion of those aged 34 and under (29 / 82 = 35%) said they would use Samuel Johnson Community Hospital maternity services, compared to those aged 35–49 (48 / 81 = 59%) and those aged over 50 (33 / 51 = 65%)

Pregnancy (pregnant at the time of the consultation):

- A significantly higher proportion of respondents who were pregnant at the time of the consultation (5 / 30 = 17%) said they would use Royal Stoke University Hospital maternity services, compared to those who were not pregnant at the time of the consultation (5 / 179 = 3%)
- A significantly higher proportion of respondents who were not pregnant at the time of the consultation (98 / 179 = 55%) said they would use Samuel Johnson Community Hospital maternity services, compared to those who were pregnant at the time of the consultation (9 / 30 = 30%)

Maternity (recently given birth):

- There were no significant differences between sub-groups

Local authority (LA):

- A significantly higher proportion of those who live in Staffordshire Moorlands (3 / 5 = 60%) said they would use Royal Stoke University Hospital maternity services, compared to those who live in Stafford (5 / 45 = 11%)
- A significantly higher proportion of those who live in Stafford (38 / 45 = 84%) said they would use Royal Stoke University Hospital maternity services, compared to those who live in Cannock (9 / 23 = 39%), South Staffordshire (2 / 9 = 22%), Staffordshire Moorlands (1 / 5 = 20%) and Lichfield (2 / 90 = 2%)
- A significantly higher proportion of those who live in Lichfield (80 / 90 = 89%) and East Staffordshire (6 / 8 = 75%) said they would use Samuel Johnson Community Hospital maternity services, compared to those who live in Cannock (8 / 23 = 35%), Tamworth (7 / 12 = 58%), Staffordshire Moorlands (1 / 5 = 20%), South Staffordshire (1 / 9 = 11%) and neighbouring LA areas (2 / 7 = 29%)

Index of Deprivation:

- A significantly higher proportion of those who live in the least deprived wards (IMD 6–10) (91 / 155 = 59%) said they would use Samuel Johnson Community Hospital maternity services, compared to those who live in the most deprived wards (IMD 1–5) (14 / 46 = 30%)

6.1.9 Reasons respondents would choose or chose to go there

After sharing where they would go for maternity services, respondents were asked: **‘Please tell us why you / they would go there’**. This question received 193 responses. Overall, the top three sub-themes raised were:

- General – Closest location to their house (e.g. other hospitals are too far away) (68 / 193 = 35%)
- Samuel Johnson Community Hospital, Lichfield – Nearest location (e.g. easy to travel to, local) (42 / 193 = 22%)
- Samuel Johnson Community Hospital, Lichfield – Positive experience of care provided in the past (e.g. hope it re-opens); (21 / 193 = 11%); County Hospital, Stafford – Nearest location (e.g. easy to get to, live in Stafford) (21 / 193 = 11%)

Table 26 presents the full list of themes raised in response to this question by consultation survey respondents.

Table 26. Please tell us why you / they would go there.

Main theme	Sub-theme	No.	%
General	Closest location to their house (e.g. other hospitals are too far away)	68	35%
Samuel Johnson Community Hospital, Lichfield	Nearest location (e.g. easy to travel to, local)	42	22%
Samuel Johnson Community Hospital, Lichfield	Positive experience of care provided in the past (e.g. hope it re-opens)	21	11%
County Hospital, Stafford	Nearest location (e.g. easy to get to, live in Stafford)	21	11%
Samuel Johnson Community Hospital, Lichfield	Safe and comfortable environment (e.g. relaxed atmosphere, use of birthing pool, small, relieves anxiety, not as busy as a big hospital)	17	9%
General	FMBU provides a calm and relaxing environment	16	8%
Samuel Johnson Community Hospital, Lichfield	Personalised service/care	12	6%
Samuel Johnson Community Hospital, Lichfield	Midwife-led services	11	6%
General	Preference is based on previous experience (e.g. previous birth, based on reviews from family and friends)	10	5%
Samuel Johnson Community Hospital, Lichfield	Low-risk birth centre is preferable (e.g. more relaxed and personalised than hospital setting but safer and more supported than a home birth, improved outcomes)	8	4%
General	Would have preferred to give birth in the midwife-led unit, however this was not possible	7	4%
General	Preference based on quality of care (e.g. elective C-section available, well-staffed unit)	7	4%
Samuel Johnson Community Hospital, Lichfield	Staff are friendly and caring	7	4%
Samuel Johnson Community Hospital, Lichfield	Staff provide professional services (e.g. continuity of staff)	6	3%
Samuel Johnson Community Hospital, Lichfield	It has a good reputation	6	3%
General	Live in Lichfield	6	3%
General	Where personalised care is provided	5	3%
General	Currently pregnant / planning a pregnancy	5	3%
Royal Stoke University Hospital, Stoke-on-Trent	Concern over Royal Stoke University Hospital being too far	5	3%
Samuel Johnson Community Hospital, Lichfield	Choice should be given over maternity care	4	2%
County Hospital, Stafford	Would have liked the opportunity to give birth at this location	4	2%
County Hospital, Stafford	Positive experience of care provided (e.g. more personal, more relaxed)	4	2%
County Hospital, Stafford	Concerns around services not being available locally (e.g. safety of mother and child, maternity services)	4	2%

Main theme	Sub-theme	No.	%
County Hospital, Stafford	Concerns about receiving antenatal care at this location to then be transferred to another location at the end of the pregnancy (e.g. New Cross Hospital, Wolverhampton)	3	2%
Good Hope Hospital, Sutton Coldfield	Would have preferred to access services at Samuel Johnson Community Hospital	3	2%
General	Concern over long travel (e.g. while having labour pain, when local hospitals are closer)	3	2%
General	Ensure hospital delivery is for high-risk patients who need intervention	2	1%
General	Concern over women giving birth before getting into the hospital (e.g. during travel, on the road)	2	1%
Samuel Johnson Community Hospital, Lichfield	Accessible	2	1%
County Hospital, Stafford	Stafford is too far away	2	1%
County Hospital, Stafford	Staff are friendly and caring	2	1%
County Hospital, Stafford	Facilities are good (e.g. relaxed, familiar)	2	1%
County Hospital, Stafford	Concern over not providing delivery service	2	1%
Royal Stoke University Hospital, Stoke-on-Trent	Someone living in Stafford would be sent there	2	1%
Royal Stoke University Hospital, Stoke-on-Trent	Nearest location	2	1%
Good Hope Hospital, Sutton Coldfield	Local and accessible (e.g. easy to get to, close to family and friends)	2	1%
Home birth	Home birth was more relaxed atmosphere (e.g. hospital environments can create anxiety)	2	1%
General	Staff are nice and friendly	1	1%
General	Queen's Hospital, Burton, is the closest	1	1%
General	Negative experience at Queen's Hospital, Burton	1	1%
General	Lichfield is a growing city with new homes being built	1	1%
Samuel Johnson Community Hospital, Lichfield	Traffic and roadworks would have been an issue if another location was used	1	1%
Samuel Johnson Community Hospital, Lichfield	Should have doctors available if needed	1	1%
Samuel Johnson Community Hospital, Lichfield	Reduced travel expenses due to locality	1	1%
Samuel Johnson Community Hospital, Lichfield	Previously worked at this location as a midwife	1	1%
Royal Stoke University Hospital, Stoke-on-Trent	It seems okay	1	1%
Good Hope Hospital, Sutton Coldfield	Overwhelmed, it is dangerous	1	1%
New Cross Hospital, Wolverhampton	Positive experience of care provided	1	1%
New Cross Hospital, Wolverhampton	No other option in South Staffordshire	1	1%

Main theme	Sub-theme	No.	%
New Cross Hospital, Wolverhampton	Nearest location (e.g. easy to get to)	1	1%
General	N/A	1	1%
-	Base	193	-

Top themes for each respondent group

This section presents the top theme raised by each cohort in the sub-groups included in the equalities analysis.

Individual respondent type:

- **Patient or member of the public:** General – Closest location to their house (e.g. other hospitals are too far away) (64 / 178 = 36%)
- **Carer:** County Hospital, Stafford – Nearest location (e.g. easy to get to, live in Stafford) (1 / 1 = 100%); County Hospital, Stafford – Concerns around services not being available locally (e.g. safety of mother and child, maternity services) (1 / 1 = 100%)
- **NHS employee:** General – Closest location to their house (e.g. other hospitals are too far away) (4 / 10 = 40%)
- **From another public sector organisation, charity or voluntary organisation:** General – Preference is based on previous experience (e.g. previous birth, based on reviews from family and friends) (2 / 4 = 50%)

Users of maternity services:

- **Yes:** No top theme raised
- **No:** General – Closest location to their house (e.g. other hospitals are too far away) (68 / 193 = 35%)

Service user type:

- **I was using them myself:** No top theme raised
- **My partner was using them:** No top theme raised
- **A family member or friend was using them:** No top theme raised

Note: Where no top theme has been raised the respondent has indicated they are unlikely to use maternity services in the future.

Birth location:

- **Royal Stoke University Hospital, Stoke-on-Trent:** No top theme raised
- **Queen's Hospital, Burton:** No top theme raised
- **County Hospital, Stafford:** No top theme raised
- **Samuel Johnson Community Hospital, Lichfield:** No top theme raised
- **Hospital sites from the surrounding area:** No top theme raised
- **Other** No top theme raised

Note: Where no top theme has been raised the respondent has indicated they are unlikely to use maternity services in the future.

Age:

- **34 and under:** General – Closest location to their house (e.g. other hospitals are too far away) (29 / 69 = 42%)

- **35–49:** General – Closest location to their house (e.g. other hospitals are too far away) (21 / 73 = 29%)
- **Over 50:** General – Closest location to their house (e.g. other hospitals are too far away) (17 / 46 = 37%)

Pregnancy (pregnant at the time of the consultation):

- **Yes:** General – Closest location to their house (e.g. other hospitals are too far away) (6 / 26 = 23%)
- **No:** General – Closest location to their house (e.g. other hospitals are too far away) (59 / 161 = 37%)

Maternity (recently given birth):

- **Yes:** General – Closest location to their house (e.g. other hospitals are too far away) (2 / 4 = 50%)
- **No:** General – Closest location to their house (e.g. other hospitals are too far away) (64 / 184 = 35%)

Local authority (LA):

- **Lichfield:** General – Closest location to their house (e.g. other hospitals are too far away) (32 / 84 = 38%); Samuel Johnson Community Hospital, Lichfield – Nearest location (e.g. easy to travel to, local) (32 / 84 = 38%)
- **Stafford:** County Hospital, Stafford – Nearest location (e.g. easy to get to, live in Stafford) (17 / 40 = 43%)
- **Cannock Chase:** General – Closest location to their house (e.g. other hospitals are too far away) (4 / 18 = 22%)
- **East Staffordshire:** General – FMBU provides a calm and relaxing environment (2 / 8 = 25%)
- **Tamworth:** General – Closest location to their house (e.g. other hospitals are too far away) (3 / 10 = 30%); Samuel Johnson Community Hospital, Lichfield – Nearest location (e.g. easy to travel to, local) (3 / 10 = 30%)
- **Stoke-on-Trent:** No top theme raised
- **South Staffordshire:** General – Closest location to their house (e.g. other hospitals are too far away) (2 / 7 = 29%)
- **Staffordshire Moorlands:** General – Closest location to their house (e.g. other hospitals are too far away) (1 / 5 = 20%); General – FMBU provides a calm and relaxing environment (1 / 5 = 20%); Samuel Johnson Community Hospital, Lichfield – Choice should be given over maternity care (1 / 5 = 20%); County Hospital, Stafford – Positive experience of care provided (e.g. more personal, more relaxed) (1 / 5 = 20%); County Hospital, Stafford – Staff are friendly and caring (1 / 5 = 20%); Royal Stoke University Hospital, Stoke-on-Trent – Nearest location (1 / 5 = 20%); Royal Stoke University Hospital, Stoke-on-Trent – it seems okay (1 / 5 = 20%)
- **Newcastle-under-Lyme:** No top theme raised
- **Neighbouring LA area:** General – Closest location to their house (e.g. other hospitals are too far away) (5 / 6 = 83%)
- **Out of area:** Samuel Johnson Community Hospital, Lichfield – Midwife-led services (1 / 1 = 100%)

Index of Deprivation:

- **Most deprived (IMD 1–5):** General – Closest location to their house (e.g. other hospitals are too far away) (13 / 19 = 33%)
- **Least deprived (IMD 6–10):** General – Closest location to their house (e.g. other hospitals are too far away) (49 / 140 = 35%)

6.2 Feedback on the proposal to make permanent the temporary closure of birthing services at the FMBUs at County Hospital and Samuel Johnson Community Hospital

6.2.1 The impact on people using maternity services without birthing services being available at the FMBU at County Hospital in Stafford

Summary of consultation survey feedback

Table 27 shows that the majority of respondents (909 / 1,395 = 65%) said they would see the impact as very negative. The area where the highest percentage of respondents said they saw the impact as very negative was Cannock Chase (73 / 103 = 71%) while the area with the smallest percentage of respondents giving this answer was Staffordshire Moorlands (10 / 25 = 40%).

Table 27. To what extent do you think the proposal to close the birthing services at the FMBU at County Hospital in Stafford will positively or negatively impact people using maternity services?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Very positively	52 (4%)	4%	0%	4%	0%	5%	3%	4%	5%	0%	0%	9%	8%	0%	0%	0%	4%
Positively	29 (2%)	2%	0%	6%	0%	1%	2%	2%	6%	3%	8%	0%	4%	0%	9%	0%	4%
Neither positively or negatively	82 (6%)	6%	0%	9%	0%	8%	3%	3%	11%	5%	8%	4%	20%	11%	0%	0%	5%
Negatively	323 (23%)	24%	0%	12%	39%	23%	23%	20%	24%	30%	40%	35%	28%	33%	9%	20%	21%
Very negatively	909 (65%)	64%	100%	70%	62%	64%	70%	71%	54%	63%	44%	52%	40%	56%	82%	80%	66%

Base	1,395	1,291	1	69	13	528	426	103	63	40	25	23	25	9	34	5	114
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Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- A significantly higher proportion of respondents who identified as patients or members of the public (303 / 1,291 = 24%) or were from another public sector organisation, charity or voluntary organisation (5 / 13 = 39%), said the impact to close the maternity service at County Hospital in Stafford would be negative compared to respondents who were NHS employees (8 / 69 = 12%)

Users of maternity services:

- There were no significant differences between sub-groups

Service user type:

- There were no significant differences between sub-groups

Birthing location:

- A significantly lower proportion of respondents who identified their birthing location as Royal Stoke University Hospital (8 / 396 = 5%), Queen's Hospital (9 / 323 = 3%) and hospital sites from surrounding areas (4 / 185 = 2%), said the impact of closing the birthing service at County Hospital in Stafford would be very positive, compared to the respondents who identified their birthing location as Samuel Johnson Community Hospital (7 / 61 = 12%)
- A significantly lower proportion of respondents who identified their birthing location as Royal Stoke University Hospital (19 / 396 = 5%) and hospital sites from surrounding areas (7 / 185 = 4%), said the impact of closing the birthing service at County Hospital in Stafford would be neither negative or positive compared to those who identified their birthing location as Queen's Hospital (29 / 323 = 9%)
- A significantly lower proportion of respondents who identified their birthing location as Royal Stoke University Hospital (254 / 396 = 64%), Queen's Hospital (208 / 323 = 64%), Samuel Johnson Community Hospital (40 / 61 = 66%) and hospital sites from surrounding areas (123 / 185 = 67%), said the impact of closing the birthing service at County Hospital in Stafford would be very negative compared to those who identified their birthing location as County Hospital (20 / 20 = 100%)

Age:

- A significantly higher proportion of those aged 50 and above (13 / 205 = 6%) said the impact of closing the birthing service at County Hospital in Stafford would be very positive, compared to those aged 35–49 (10 / 528 = 2%)

Pregnancy (pregnant at the time of the consultation):

- There were no significant differences between sub-groups

Maternity (recently given birth):

- There were no significant differences between sub-groups

Local authority (LA):

- A significantly higher proportion of those who live in Stoke-on-Trent (10 / 25 = 40%), Newcastle-under-Lyme (3 / 9 = 33%) and Tamworth (12 / 40 = 30%) said the impact of closing the birthing service at County Hospital in Stafford would be negative compared to those who live in a neighbouring LA area (3 / 34 = 9%)
- A significantly higher proportion of those who live in a neighbouring LA area (28 / 34 = 82%), Cannock (73 / 103 = 71%), Stafford (296 / 426 = 70%) and Lichfield (336 / 528 = 64%) said the impact of closing the birthing service at County Hospital in Stafford would be very negative compared to those who live in East Staffordshire (34 / 63 = 54%), South Staffordshire (12 / 23 = 52%), Stoke-on-Trent (11 / 25 = 44%) and Staffordshire Moorlands (10 / 25 = 40%)

Index of Deprivation:

- There were no significant differences between sub-groups

6.2.2 Reasons why the ratings were chosen

After sharing their views on whether closing the birthing services at the FMBUs would positively or negatively impact people using maternity services, respondents were asked to share more about their response: **'Why do you think the proposal to close the birthing services at the FMBU at County Hospital in Stafford will positively or negatively impact people using maternity services?'**

This question received 1,051 responses. Overall, the top three sub-themes raised were:

- Negative – Access to services – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (314 / 1,051 = 30%)
- Negative – Quality of care – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (250 / 1,051 = 24%)
- Negative – Quality of care – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (238 / 1,051 = 23%)

Table 28 presents the full list of themes raised in response to this question by consultation survey respondents.

Table 28. Why do you think the proposal to close the birthing services at the FMBU at County Hospital in Stafford will positively or negatively impact people using maternity services?

Sentiment	Main theme	Sub-theme	No.	%
Negative	Access to services	Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic)	314	30%
Negative	Quality of care	Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat)	250	24%
Negative	Quality of care	Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less	238	23%

Sentiment	Main theme	Sub-theme	No.	%
		patient autonomy, not enough information provided to patients)		
Negative	Service delivery and efficiency	Concern that the proposal is going to negatively affect women and children (e.g. do not close the FMBUs, this proposal is a bad idea, re-open the units)	184	18%
Negative	Quality of care	Closure of FMBU will negatively impact other hospitals (e.g. increased pressure on hospitals, less personal care, sick patients could fall through the cracks)	183	17%
Negative	Access to services	Concern over the loss of services in Stafford (e.g. lack of local services, growing population, safety of baby and mother, need more services)	133	13%
Observation	Access to services	Mothers need local services (e.g. for low-risk pregnancies, for consultant-led pregnancies, for antenatal and after care, for birth, local services are important, more accessible for families to visit, familiar with the staff)	132	13%
Negative	Quality of care	Concern over capacity of NHS/hospital services (e.g. Royal Stoke University Hospital, blossom suites, maternity care, long waiting times, feel like a number)	111	11%
Negative	Quality of care	The FMBUs provide a better / calmer experience / environment	110	11%
Negative	Quality of care	FMBUs are an important service that provide better and safer care (e.g. for lower-risk pregnancies, valuable, continuity of care, positive outcomes, midwife-led care, proven by research)	97	9%
Negative	Access to services	Concern over the impact on those with a limited income or non-drivers (e.g. cost of travel, relying on public transport, forgoing maternity care, increased inequalities, issues with employers)	84	8%
Negative	Quality of care	Closing the FMBU could have a negative impact on the mental health of women (e.g. anxiety about going to hospital, their regular midwife not being there during birth)	83	8%
Negative	Quality of care	Concern over potential risk for more medicalised births (e.g. inductions, C-sections, consultant-led and forced deliveries)	77	7%
Negative	Quality of care	Concern over quality of care provided by maternity services in a hospital setting (e.g. less personal, prenatal care, birth, Queen's Hospital, Burton, New Cross Hospital, continuity of care, triage, rushed, rude staff)	74	7%
Observation	Access to services	Would prefer to access FMBU for care and birth (e.g. more local, more relaxed atmosphere, wanted water birth)	73	7%
Observation	Service delivery and efficiency	Consider investing in local healthcare services (e.g. maternity services, more jobs for midwives, more funding, more facilities)	76	7%
Negative	Quality of care	The quality of care provided by the FMBUs is good (e.g. personalised care, staff made you feel safe, can lead to better outcomes, more friendly, positive experience)	67	6%
Negative	Access to services	Concern over the loss of services in Lichfield (e.g. lack of local services, growing population, safety of baby and mother, need for more services)	59	6%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	FMBUs give more choices on how to give birth	53	5%
Observation	Quality of care	The birthing services at the FMBU at County Hospital should be re-opened (e.g. preference to give birth there, good experience of giving birth there previously, good environment, good staff)	50	5%
Negative	Quality of care	The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened (e.g. calmer environment, good facilities, good location, good experiences of midwife-led services)	51	5%
Negative	Staff	Concerns over the lack of staff (e.g. not enough midwives to cover a big area and multiple units, not enough consultants to assist, not enough experienced staff, staff leaving)	47	5%
Negative	Access to services	Concerns over parking at larger hospital sites (e.g. Royal Stoke University Hospital)	39	4%
Negative	Quality of care	Concern over lack of space or beds available in hospitals (e.g. beds at the midwife centre in Stoke-on-Trent, low-risk cases taking up beds)	34	3%
Negative	Quality of care	Concern over giving birth in an unfamiliar / hospital setting (e.g. not natural, losing identity, less personalised care, less relaxed, overwhelming)	32	3%
Negative	Quality of care	Negative experience at Royal Stoke University Hospital	30	3%
Negative	Quality of care	FMBUs offer more choice and reduce pressure on hospital services	30	3%
Observation	Finance	More maternity units are needed (e.g. services should be widely available, birthing services are critical to expectant mothers' experience)	31	3%
Positive	Quality of care	Positive experience at County Hospital (e.g. overall, attending appointments, great staff)	35	3%
Observation	Access to services	Local care is better (e.g. less stressful, easier for mothers/families to travel to)	26	3%
Observation	General	No opinion/experience of the FMBU birthing services at County Hospital (e.g. don't live in Stafford, no personal impact)	24	2%
Negative	Quality of care	Concerns over continuity of care	24	2%
Observation	Quality of care	Patients want to access midwife-led services	20	2%
Negative	Finance	Concerns over the reduction of NHS services (e.g. maternity services, ambulance service, the more patient-centric facilities)	21	2%
Negative	Quality of care	Concerns over the equipment available (e.g. equipment such as birthing pools may not be available, waste of equipment currently at FMBUs)	19	2%
Negative	Staff	The midwives at the FMBU provide excellent care (e.g. spend more time supporting and listening to patients, helping with breastfeeding, at Lichfield, at Stafford)	18	2%
Negative	Quality of care	The FMBU location within the hospital means clinical support can be accessed quickly (e.g. no need to travel)	15	1%
Positive	Finance	This option balances operational need and the funding available (e.g. centralised services can improve care and staff availability)	15	1%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Staff	Concern over the decline of midwifery services (e.g. midwives having to work in busy wards, travelling long distances)	14	1%
Negative	Access to services	Reduced community spirit/care	14	1%
Observation	Access to services	More patients may opt for a home birth if birthing services are not provided by FMBUs (e.g. intimate and more relaxed)	14	1%
Observation	Staff	Consider employing more midwives (e.g. many are struggling to find a job, to take the additional patients)	13	1%
Observation	Access to services	Patients may want a more personalised setting for birthing but home births aren't suitable for them	13	1%
Negative	Service delivery and efficiency	This proposal goes against the NHS Long Term Plan/guidelines (e.g. neighbourhood care, informed choice, personalised care)	11	1%
Observation	Service delivery and efficiency	Consider the need to study the local demand and birthing numbers	10	1%
Negative	Staff	Concerns that if FMBUs are closed there will be a loss of personalised care	10	1%
Positive	Quality of care	The quality of care received at a hospital setting was good (e.g. good midwife, positive experience)	9	1%
Positive	Quality of care	Royal Stoke University Hospital provides a good service (e.g. good staff)	9	1%
Negative	Quality of care	Negative experience of care received at County Hospital, Stafford	8	1%
Negative	Quality of care	Positive experience of accessing Samuel Johnson Community Hospital (e.g. access to water births)	7	1%
Negative	Finance	This is a waste of public money (e.g. unused resources, equipment currently at FMBUs, more money spent on interventions and pain relief)	7	1%
Negative	Access to services	Concern over the lack of services in the Midlands (e.g. Cannock, Hednesford / Rugeley, South Staffordshire)	7	1%
Negative	Service delivery and efficiency	Concern over women's health not being a priority (e.g. proposal guided by financial reasons only)	7	1%
Observation	Quality of care	The FMBUs are already closed / considered unavailable (e.g. at Stafford, at Lichfield, not sure of impact on people)	6	1%
Observation	Access to services	Consider using Samuel Johnson Community Hospital for antenatal and postnatal services	6	1%
Negative	Quality of care	FMBUs are safer than home births	6	1%
Negative	Finance	FMBUs offer better value for money (e.g. better outcomes, less postnatal care)	6	1%
Positive	Staff	Staff at hospital have provided good care	5	1%
Observation	Quality of care	Consider doing more research into low-risk pregnancy (e.g. Ockenden reports have slowed progress down into this research)	5	1%
Negative	Staff	Concern over staff losing their jobs due to closure of maternity services (e.g. FMBUs)	5	1%
Positive	Quality of care	Hospital setting is a safer place to give birth (e.g. staff all in one location)	4	0.4%

Sentiment	Main theme	Sub-theme	No.	%
Observation	Staff	Consider creating more jobs for midwives in FMBUs	4	0.4%
Observation	Quality of care	Standard of care is more important than distance	4	0.4%
Negative	Quality of care	The FMBU at Royal Stoke University Hospital is not an equivalent alternative (e.g. it's being used as an induction suite, more clinical, not as good staff)	4	0.4%
Negative	Quality of care	FMBU allows you to create bonds with other new mothers	3	0.3%
Observation	Quality of care	Low-risk births should be supported at community hospitals	3	0.3%
Negative	Service delivery and efficiency	Concern that the FMBUs are not being utilised to justify keeping them open	2	0.2%
Negative	Access to services	Concern over the loss of services in Tamworth (e.g. lack of local service)	2	0.2%
Negative	Quality of care	Concern over communication between community midwives and consultant	2	0.2%
-	General	N/A	3	0.3%
-	-	Base	1,051	-

Top themes for each respondent group

This section presents the top theme raised by each cohort in the sub-groups included in the equalities analysis.

Individual respondent type:

- **Patient or member of the public:** Access to services – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (299 / 966 = 31%)
- **Carer:** No top theme raised
- **NHS employee:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (19 / 56 = 34%)
- **From another public sector organisation, charity or voluntary organisation:** Quality of care – Negative – The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened (e.g. calmer environment, good facilities, good location, good experiences of midwife-led services) (3 / 11 = 27%); Service delivery and efficiency – Negative – Concern that the proposal is going to negatively affect women and children (e.g. do not close the FMBUs, this proposal is a bad idea, re-open the units) (3 / 11 = 27%)

Users of maternity services:

- **Yes:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (247 / 795 = 31%)
- **No:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (63 / 236 = 27%)

Service user type:

- **I was using them myself:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (181 / 560 = 32%)
- **My partner was using them:** Quality of care – Negative – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (9 / 36 = 25%)
- **A family member or friend was using them:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (58 / 198 = 29%)

Birth location:

- **Royal Stoke University Hospital, Stoke-on-Trent:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (117 / 335 = 35%)
- **Queen's Hospital, Burton:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (58 / 207 = 28%)
- **County Hospital, Stafford:** Quality of care – Negative – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (9 / 20 = 45%)
- **Samuel Johnson Community Hospital, Lichfield:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (10 / 39 = 26%)
- **Hospital sites from the surrounding area:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (44 / 133 = 33%)
- **Other:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (12 / 42 = 29%)

Age:

- **34 and under:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (152 / 459 = 33%)
- **35–49:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (116 / 410 = 28%)
- **Over 50:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (37 / 161 = 23%)

Pregnancy (pregnant at the time of the consultation):

- **Yes:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (48 / 126 = 38%)
- **No:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (248 / 884 = 28%)

Maternity (recently given birth):

- **Yes:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (34 / 111 = 31%)
- **No:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (263 / 900 = 29%)

Local authority (LA):

- **Lichfield:** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (84 / 340 = 25%)
- **Stafford:** Quality of care – Negative – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (142 / 376 = 38%)
- **Cannock Chase:** Quality of care – Negative – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (28 / 80 = 35%)
- **East Staffordshire:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (19 / 47 = 40%)
- **Tamworth:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (9 / 30 = 30%)
- **Stoke-on-Trent:** Quality of care – Negative – Closure of FMBU will negatively impact other hospitals (e.g. increased pressure on hospitals, less personal care, sick patients could fall through the cracks) (11 / 22 = 50%)
- **South Staffordshire:** Quality of care – Negative – Closure of FMBU will negatively impact other hospitals (e.g. increased pressure on hospitals, less personal care, sick patients could fall through the cracks) (6 / 16 = 38%)
- **Staffordshire Moorlands:** Quality of care – Negative – Closure of FMBU will negatively impact other hospitals (e.g. increased pressure on hospitals, less personal care, sick patients could fall through the cracks) (4 / 19 = 21%); Quality of care – Negative – Concerns over the safety of the mother and baby when travelling long distances to access care (e.g. from Stafford to Stoke-on-Trent, may require ambulance to travel, stressful, not the best care, newborn in car seat) (4 / 19 = 21%)
- **Newcastle-under-Lyme:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (2 / 7 = 29%); Quality of care – Negative – Concern over capacity of NHS/hospital services (e.g. Royal Stoke University Hospital, blossom suites, maternity care, long waiting times, feel like a number)) (2 / 7 = 29%)
- **Neighbouring LA area:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (8 / 25 = 32%)
- **Out of area:** Quality of care – Negative – Concern over the lack of choice (e.g. reduced access to midwife-led units for low-risk births, less patient autonomy, not enough information provided to patients) (2 / 3 = 67%)

Index of Deprivation:

- **Most deprived (IMD 1–5):** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (62 / 204 = 30%)
- **Least deprived (IMD 6–10):** Access to service – Negative – Concern over location (e.g. lack of choice due to where maternity services are located, not local, further to travel, not desired location, traffic) (229 / 759 = 30%)

6.2.3 The impact on people using maternity services without birthing services being available at the FMBU at Samuel Johnson Hospital in Lichfield

Summary of consultation survey feedback

Table 29 shows that the majority of the respondents (964 / 1,374 = 70%) said they would see the impact as very negative. The area where most respondents said they saw the impact as very negative was Lichfield (423 / 524 = 81%), while the area with the smallest percentage of respondents giving this answer was Stoke-on-Trent (9 / 25 = 36%).

Table 29. To what extent do you think the proposal to close the birthing services at the FMBU at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Very positively	30 (2%)	2%	0%	6%	0%	4%	1%	2%	3%	0%	0%	4%	0%	0%	0%	0%	3%
Positively	25 (2%)	2%	0%	6%	0%	1%	1%	2%	6%	2%	4%	0%	4%	0%	6%	0%	3%
Neither positively or negatively	123 (9%)	9%	0%	9%	0%	2%	19%	8%	6%	2%	20%	4%	24%	22%	3%	0%	5%
Negatively	232 (17%)	17%	0%	15%	8%	13%	20%	12%	14%	22%	40%	40%	24%	22%	9%	20%	18%
Very negatively	964 (70%)	70%	100%	65%	92%	81%	59%	76%	70%	73%	36%	52%	48%	56%	82%	80%	70%

Base	1,374	1,272	1	68	13	524	412	98	63	41	25	23	25	9	33	5	116
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Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing, the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Individual respondent type:

- A significantly lower proportion of respondents who identified as patients or members of the public (21 / 1,272 = 2%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be positive compared to respondents who were NHS employees (4 / 68 = 6%)

Users of maternity services:

- A significantly lower proportion of respondents who were users of maternity services (15 / 1,036 = 1%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be very positive compared to respondents who were not users of maternity services (12 / 313 = 4%)

Service user type:

- A significantly higher proportion of respondents who had used the service themselves (80 / 723 = 11%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be neither positive or negative, compared to those reporting on behalf of a family member or friend (11 / 262 = 4%)
- A significantly higher proportion of respondents who had used the service themselves (136 / 723 = 19%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be negative, compared to those reporting on behalf of a partner (3 / 48 = 6%)
- A significantly lower proportion of respondents who had used the service themselves (489 / 723 = 68%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be very negative, compared to those reporting on behalf of a family member or friend (197 / 262 = 75%)

Birthing location:

- A significantly higher proportion of respondents who identified their birthing location as Royal Stoke University Hospital (81 / 383 = 21%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be neither negative or positive compared to those who gave their birthing location as Queen's Hospital (5 / 320 = 2%) and hospital sites from surrounding areas (7 / 184 = 4%)
- A significantly higher proportion of respondents who identified their birthing location as Royal Stoke University Hospital (84 / 383 = 22%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be negative compared to those who gave their birthing location as Queen's Hospital (50 / 320 = 16%) and Samuel Johnson Community Hospital (3 / 59 = 5%)
- A significantly lower proportion of respondents who identified their birthing location as Royal Stoke University Hospital (209 / 383 = 55%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be very negative compared to those who gave their birthing location as Queen's Hospital (254

/ 320 = 79%), County Hospital (18 / 20 = 90%) and Samuel Johnson Community Hospital (53 / 59 = 90%)

Age:

- A significantly lower proportion of those aged 34 and under (9 / 628 = 1%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be very positive, compared to those aged over 50 (13 / 202 = 6%)

Pregnancy (pregnant at the time of the consultation):

- There were no significant differences between sub-groups

Maternity (recently given birth):

- A significantly higher proportion of those who had recently given birth or knew someone who had given birth recently (23 / 151 = 15%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be neither negative nor positive, compared to those who had not given birth recently (96 / 1,176 = 8%)
- A significantly lower proportion of those who had recently given birth (89 / 151 = 59%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be very negative, compared to those who had not given birth recently (842 / 1,176 = 72%)

Local authority (LA):

- A significantly higher proportion of those who live in Stoke-on-Trent (10 / 25 = 40%) and South Staffordshire (9 / 23 = 39%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be negative compared to those who live in Lichfield (66 / 524 = 13%), Stafford (84 / 412 = 20%), Cannock (12 / 98 = 12%), East Staffordshire (9 / 63 = 14%) and neighbouring LA areas (3 / 33 = 9%)
- A significantly higher proportion of those who live in Lichfield (423 / 524 = 81%), neighbouring LA areas (27 / 33 = 82%), Cannock (74 / 98 = 76%), Tamworth (30 / 41 = 73%) and East Staffordshire (44 / 63 = 70%) said the impact of closing the birthing service at Samuel Johnson Community Hospital in Lichfield would be very negative compared to those who live in South Staffordshire (12 / 23 = 52%), Stafford (243 / 412 = 59%), Staffordshire Moorlands (12 / 25 = 48%) and Stoke-on-Trent (9 / 25 = 36%)

Index of Deprivation:

- There were no significant differences between sub-groups

6.2.4 Reasons why the ratings were chosen

After sharing their views on whether the proposal to close the birthing services at the FMBU would positively or negatively impact people using maternity services, respondents were then asked to comment in more detail. They were asked:

‘Why do you think the proposal to close the birthing services at the FMBU at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services?’

This question received 960 responses. Overall, the top three sub-themes raised were:

- Negative – Access to services – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (225 / 960 = 23%)

- Negative – Access to services – Concern over the lack of choice / patients' ability to choose is being taken away (119 / 960 = 12%)
- Observation – Quality of care – The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed (118 / 960 = 12%)
- Observation – Service efficiency and delivery – The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area) (106 / 960 = 11%).

Table 30 presents the full list of themes raised in response to this question by consultation survey respondents.

Table 30. Why do you think the proposal to close the birthing services at the FMBU at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services?

Sentiment	Main theme	Sub-theme	No.	%
Negative	Access to services	Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work)	225	23%
Negative	Access to services	Concern over the lack of choice / patients' ability to choose is being taken away	119	12%
Observation	Quality of care	The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed	118	12%
Observation	Service efficiency and delivery	The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area)	106	11%
Negative	Quality of care	The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good (e.g. safe, personalised, good record)	100	10%
Negative	Quality of care	The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful)	88	9%
Observation	Quality of care	Patients should have the choice to give birth in a midwife-led unit (e.g. holistic approach / home-away-from-home setting)	88	9%
Negative	Quality of care	Removal of these services will have a negative impact on other hospitals (e.g. as seen during COVID, more cases being transferred to consultant-led care)	85	9%
Observation	Access to services	Women should be given a choice (e.g. to give birth more locally, where they feel most confident)	78	8%
Negative	Access to services	Concern over location (e.g. no local services, too far to travel)	67	7%
Negative	Service efficiency and delivery	The proposal will negatively impact the local population (e.g. care will be less personalised, increased risk to mothers and babies, minority groups)	58	6%
Negative	Quality of care	Patients had a positive experience when giving birth at the FMBU at Samuel Johnson Community Hospital	57	6%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is a good option for local people (e.g. living in Lichfield, Rugeley)	56	6%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	Larger facilities / hospitals do not provide the same level of care as the FMBUs (e.g. less personalised)	43	5%
Observation	Quality of care	Patients want to give birth in local midwife-led units (e.g. relaxed, calmer environment)	42	4%
Negative	Service efficiency and delivery	This proposal will negatively impact those with low-risk pregnancies (e.g. put them through unnecessary trauma)	41	4%
Negative	Quality of care	Patients had a negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital)	40	4%
Observation	Access to services	Ensure patients do not have to travel long distances to access these services (e.g. local appointments)	33	3%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is a good option for low-risk patients (e.g. good outcomes, allows larger hospitals to focus on high-risk cases)	28	3%
Negative	Service efficiency and delivery	More pressure on other hospitals	27	3%
Observation	Access to services	Would have preferred to access FMBU at Samuel Johnson Community Hospital as it was more local and atmosphere is more relaxing	26	3%
Negative	Access to services	Concern over the travel to other hospitals for those without transportation	25	3%
Observation	Quality of care	Greater medicalisation of births could mean patients require more intervention	24	3%
Observation	Quality of care	FMBUs reduce pressure on other hospital services	24	3%
Negative	Staff	The quality of care provided by staff at the FMBU at Samuel Johnson Community Hospital was good (e.g. caring, attentive)	23	2%
Negative	Quality of care	Concern that larger hospital sites create fear and stress in patients	22	2%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is easy to get to (e.g. in the heart of Lichfield)	21	2%
Negative	Access to services	Concern this proposal could result in patients experiencing delays in accessing care (e.g. delays caused by lack of availability at other hospitals)	20	2%
Observation	Finance	Consider investing in improving healthcare facilities in the local area	20	2%
Observation	Quality of care	Patients should be able to choose non-medicalised options	18	2%
Negative	Access to services	Concern over increased travel costs	16	2%
Negative	Staff	The midwives at the FMBU at Samuel Johnson Community Hospital spend more time supporting patients (e.g. helping with breastfeeding)	16	2%
Negative	Finance	This is considered a money-saving exercise	15	2%

Sentiment	Main theme	Sub-theme	No.	%
Observation	Quality of care	It's important women give birth in a hospital where there is continuity of care and the staff know patients well	14	2%
Negative	Staff	Concern over the poor quality of care provided by staff at other hospitals (e.g. poor continuity of care during shift changes)	13	1%
Negative	Access to services	Concern over the loss of services in Lichfield	11	1%
Negative	Staff	Concern over lack of staff to care for women in other hospitals	11	1%
Negative	Service efficiency and delivery	Clinical research shows the positive impact of midwife-led births	9	1%
Negative	Access to services	Concerns over parking at larger hospital sites (e.g. Good Hope Hospital)	8	1%
Negative	Access to services	Concern over the travel to other hospitals due to roadworks and blocks	8	1%
Observation	Access to services	Consider moving these services to other local hospitals	8	1%
Observation	Quality of care	Local postnatal support is important (mental health)	8	1%
Positive	Quality of care	The quality of care provided in other hospitals is good	8	1%
Observation	Quality of care	More FMBUs are required, not less	7	1%
Observation	Quality of care	Positive births reduce the risk postnatally	6	1%
Positive	Service efficiency and delivery	The proposal reduces the function of a poorly utilised service	6	1%
Observation	Staff	Keeping the FMBU at Samuel Johnson Community Hospital open would create more jobs for midwives	6	1%
Negative	Access to services	Concern over the lack of suitable facilities available in Lichfield	5	1%
Negative	Access to services	Appointments at Samuel Johnson Community Hospital were easier to access with newborn	5	1%
Negative	Quality of care	Concern that requirement for medical interventions is higher than in the past	5	0.5%
Negative	Quality of care	Concern that larger hospitals do not have the same equipment as the FMBU at Samuel Johnson Community Hospital (e.g. Queen's Hospital, Burton)	5	0.5%
Negative	Staff	This proposal would just increase the work for other staff who are already overworked	5	1%
Negative	Access to services	Patients may have to call ambulance services to reach the hospital	4	0.4%
Observation	Access to services	Consider reducing appointment waiting times and access to care	4	0.4%
Positive	Service efficiency and delivery	This proposal is going to positively affect women and their delivery	4	0.4%
Positive	Staff	Better to have one fully staffed maternity ward	4	0.4%
Negative	Access to services	Concern over the lack of suitable facilities available in Burton	3	0.3%

Sentiment	Main theme	Sub-theme	No.	%
Observation	Service efficiency and delivery	People local to the area will have to search for better choice for themselves. Meaning going further afield to give birth or having a birth they don't want. Surely they have a right to choose?	3	0.3%
Observation	Staff	Consider the impact this proposal will have on staff at the other hospital sites (e.g. increased pressure)	3	0.3%
Observation	Finance	Consider reallocating any money saved through this proposal to other hospitals in the area	3	0.3%
Observation	Quality of care	Patients miss the FMBU at Samuel Johnson Community Hospital	2	0.2%
Negative	Service efficiency and delivery	Will affect families choosing to live in local area if it has no services	2	0.2%
Observation	Service efficiency and delivery	More patients may opt for a home birth if birthing services are not provided by FMBUs	2	0.2%
Observation	Service efficiency and delivery	Consider providing all the antenatal and postnatal services in Lichfield	2	0.2%
Negative	Staff	Concern the FMBU closures are being driven by lack of available staff	2	0.2%
Observation	Staff	Consider the impact this proposal will have on how midwives are viewed	2	0.2%
Negative	Training and awareness	Patients are less likely to attend antenatal classes if they are moved to other locations	2	0.2%
Negative	Access to services	Patients accessing Good Hope Hospital are on a different patient record system which doesn't communicate with GPs in Lichfield causing more travel to Good Hope for a prescription or to re-do test in Lichfield	1	0.1%
Negative	Access to services	If they are able to have home births, why can they not use the FMBU?	1	0.1%
Negative	Access to services	Concern over the lack of suitable facilities available in Tamworth	1	0.1%
Negative	Access to services	A large part of the Staffordshire population will not have midwives at their local hospital	1	0.1%
Observation	Access to services	If midwife-led services are available at both Burton and Good Hope Hospital then this is not that far from Lichfield	1	0.1%
Negative	Quality of care	People want a place they can rely on	1	0.1%
Negative	Service efficiency and delivery	The proposal is a poor response to the Ockenden review	1	0.1%
Negative	Service efficiency and delivery	Samuel Johnson Community Hospital has already lost a number of acute services / undermine use of hospital	1	0.1%
Negative	Staff	Reduced job satisfaction	1	0.1%
Negative	Staff	Minimising job opportunities in the local area	1	0.1%
Observation	Staff	Hopefully will give midwives more time to care for new mothers and babies	1	0.1%
Positive	Staff	Midwives can gain more experience as they are fully utilised	1	0.1%

Sentiment	Main theme	Sub-theme	No.	%
Observation	Finance	The services haven't been running since the pandemic, so no change	1	0.1%
Observation	Finance	Not used since the pandemic – must be costing a fortune to maintain	1	0.1%
-	General	N/A (e.g. as above, same as before, same as previous answer regarding Stafford)	154	16%
-	General	No opinion on the FMBU birthing services at Samuel Johnson Community Hospital (e.g. not local to this)	37	4%
-	-	Base	960	-

Top themes for each respondent group

This section presents the top theme raised by each cohort in the sub-groups included in the equalities analysis.

Individual respondent type:

- **Patient or member of the public:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (215 / 888 = 24%)
- **Carer:** No top theme raised
- **NHS employee:** Access to services – Negative – Concern over the lack of choice / patients' ability to choose is being taken away (8 / 41 = 20%)
- **From another public sector organisation, charity or voluntary organisation:** Quality of care – Observation – The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed (3 / 12 = 25%); Service efficiency and delivery – Observation – The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area) (3 / 12 = 25%)

Users of maternity services:

- **Yes:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (158 / 709 = 22%)
- **No:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (62 / 230 = 27%)

Service user type:

- **I was using them myself:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (110 / 476 = 23%)
- **My partner was using them:** Quality of care – Observation – The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed (8 / 36 = 22%)
- **A family member or friend was using them:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (40 / 195 = 21%)

Birth location:

- **Royal Stoke University Hospital, Stoke-on-Trent:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (30 / 210 = 14%)
- **Queen's Hospital, Burton:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (58 / 249 = 23%)
- **County Hospital, Stafford:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (3 / 11 = 27%)
- **Samuel Johnson Community Hospital, Lichfield:** Quality of care – Negative – The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful) (16 / 50 = 32%)
- **Hospital sites from the surrounding area:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (41 / 133 = 31%)
- **Other:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (11 / 39 = 28%)

Age:

- **34 and under:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (96 / 401 = 24%)
- **35–49:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (88 / 369 = 24%)
- **Over 50:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (35 / 170 = 21%)

Pregnancy (pregnant at the time of the consultation):

- **Yes:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (28 / 103 = 27%)
- **No:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (191 / 819 = 23%)

Maternity (recently given birth):

- **Yes:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional

stress from being far from home, stress of using public transport, taking time off work) (19 / 95 = 20%)

- **No:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (199 / 832 = 24%)

Local authority (LA):

- **Lichfield:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (121 / 429 = 28%)
- **Stafford:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (45 / 238 = 19%)
- **Cannock Chase:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (23 / 68 = 34%)
- **East Staffordshire:** Quality of care – Negative – The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful) (10 / 45 = 22%)
- **Tamworth:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (6 / 32 = 19%)
- **Stoke-on-Trent:** Quality of care – Negative – Removal of these services will have a negative impact on other hospitals (e.g. as seen during COVID, more cases being transferred to consultant-led care) (3 / 15 = 20%)
- **South Staffordshire:** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (4 / 11 = 36%)
- **Staffordshire Moorlands:** Access to service – Negative – Concern over the lack of choice / patients' ability to choose is being taken away (3 / 20%); Quality of Care – Negative – Removal of these services will have a negative impact on other hospitals (e.g. as seen during COVID, more cases being transferred to consultant-led care) (3 / 15 = 20%)
- **Newcastle-under-Lyme:** Quality of Care – Negative – Removal of these services will have a negative impact on other hospitals (e.g. as seen during COVID, more cases being transferred to consultant-led care) (2 / 4 = 50%)
- **Neighbouring LA area:** Access to service – Negative – Concern over the lack of choice / patients' ability to choose is being taken away (8 / 24 = 33%)
- **Out of area:** No top theme raised

Index of Deprivation:

- **Most deprived (IMD 1–5):** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (36 / 172 = 21%)

- **Least deprived (IMD 6–10):** Access to services – Negative – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (172 / 710 = 24%)

6.2.5 Any further ideas or suggestions

Respondents were asked to share any other ideas or suggestions:

‘Do you have any other ideas or suggestions you think we should consider?’

This question received 536 responses. Overall, the top three sub-themes raised were:

- Negative – Disagree with proposal – do not close birthing services (265 / 536 = 49%)
- Observation – Increase staffing and training (79 / 536 = 15%)
- Negative – Concern over the impact on local residents (49 / 9%)
- Observation – Provide more wraparound services locally – mental health/phlebotomy/breastfeeding support (48 / 536 = 9%)

Table 31 presents the full list of themes raised in response to this question by consultation survey respondents.

Table 31. Do you have any other ideas or suggestions you think we should consider?

Sentiment	Sub-theme	No.	%
Negative	Disagree with proposal – do not close birthing services	265	49%
Observation	Increase staffing and training	79	15%
Negative	Concern over the impact on local residents	49	9%
Observation	Provide more wraparound services locally – mental health/phlebotomy/breastfeeding support	48	9%
Observation	Open more units at hospitals	36	7%
Observation	Re-open the FMBUs	35	7%
Observation	Increase funding for the units	35	7%
Negative	Concern over removal of service in an area growing in housing and families	35	7%
Observation	Run a reduced service	32	6%
Observation	Improve the birthing services that will remain	29	5%
Observation	Put patients and their viewpoints first	26	5%
Observation	Increase home birth services	25	5%
Observation	More information needed on pregnancy, birthing and birthing services	23	4%
Observation	Look at providing alternative proposals	21	4%
Negative	Closing the birthing units will increase pressure on hospitals	20	4%
Observation	Improve continuity of care and research into birthing	11	2%
Observation	Create more maternity assessment units	10	2%
Observation	Give women the choice of where to give birth (e.g. FMBU, hospital, at home)	8	2%
Negative	Fewer birthing locations will cause transport issues	7	1%
Positive	Agree with proposal – it's the best option	7	1%

Sentiment	Sub-theme	No.	%
Observation	Consider improving the services provided in other hospitals (e.g. birthing pool, travelling birthing units)	5	1%
Observation	Consider providing more midwife-led services	4	1%
Observation	Consider having a consultant on call at FMBUs	4	1%
Negative	The FMBU provides an excellent service (e.g. Samuel Johnson Community Hospital)	4	1%
Negative	Concern about overlong journeys to other hospitals (e.g. giving birth in the car, for non-drivers)	4	1%
Observation	Consider using the unit for at least prenatal and postnatal care	3	1%
Observation	Would have preferred to give birth in an FMBU	2	0.4%
Observation	Reduce inductions and free up capacity	2	0.4%
Observation	Consider working alongside community birth workers (e.g. like doulas)	2	0.4%
Negative	Staff will lose jobs	2	0.4%
Observation	Have a travelling birthing unit, e.g. in a big truck fitted out in the correct way. Use JIT services for women who wish to book the service of local midwives and let them make the choice.	2	0.4%
Observation	Would have liked maternity services at Cannock	1	0.2%
Observation	Staff the unit with one midwife and one maternity support worker, calling in community midwives when needed	1	0.2%
Observation	Staff at the unit get to know you as a person	1	0.2%
Observation	Offer a transportation service from midwife-led unit to hospital	1	0.2%
General	N/A	29	5%
General	No further comments	5	1%
-	Base	536	-

Top themes for each respondent group

This section presents the top theme raised by each cohort in the sub-groups included in the equalities analysis.

Individual respondent type:

- **Patient or member of the public:** Negative – Disagree with proposal – do not close birthing services (247 / 487 = 51%)
- **Carer:** Observation – Put patients and their viewpoints first (1 / 1 = 100%)
- **NHS employee:** Observation – Increase staffing and training (7 / 30 = 23%)
- **From another public sector organisation, charity or voluntary organisation:** Negative – Disagree with proposal – do not close birthing services (4 / 10 = 40%); Negative – Concern over the impact on local residents (4 / 10 = 40%)

Users of maternity services:

- **Yes:** Negative – Disagree with proposal – do not close birthing services (192 / 391 = 49%)
- **No:** Negative – Disagree with proposal – do not close birthing services (71 / 138 = 51%)

Service user type:

- **I was using them myself:** Negative – Disagree with proposal – do not close birthing services (125 / 244 = 51%)

- **My partner was using them:** Negative – Disagree with proposal – do not close birthing services (11 / 25 = 44%)
- **A family member or friend was using them:** Negative – Disagree with proposal – do not close birthing services (55 / 120 = 46%)

Birthing location:

- **Royal Stoke University Hospital, Stoke-on-Trent:** Negative – Disagree with proposal – do not close birthing services (58 / 125 = 46%)
- **Queen’s Hospital, Burton:** Negative – Disagree with proposal – do not close birthing services (74 / 128 = 58%)
- **County Hospital, Stafford:** Negative – Disagree with proposal – do not close birthing services (5 / 9 = 56%)
- **Samuel Johnson Community Hospital, Lichfield:** Negative – Disagree with proposal – do not close birthing services (11 / 22 = 50%)
- **Hospital sites from the surrounding area:** Negative – Disagree with proposal – do not close birthing services (32 / 77 = 41%)
- **Other:** Negative – Disagree with proposal – do not close birthing services (9 / 22 = 41%)

Age:

- **34 and under:** Negative – Disagree with proposal – do not close birthing services (109 / 210 = 52%)
- **35–49:** Negative – Disagree with proposal – do not close birthing services (108 / 214 = 51%)
- **Over 50:** Negative – Disagree with proposal – do not close birthing services (44 / 102 = 43%)

Pregnancy (pregnant at the time of the consultation):

- **Yes:** Negative – Disagree with proposal – do not close birthing services (28 / 55 = 51%)
- **No:** Negative – Disagree with proposal – do not close birthing services (227 / 460 = 49%)

Maternity (recently given birth):

- **Yes:** Negative – Disagree with proposal – do not close birthing services (24 / 42 = 57%)
- **No:** Negative – Disagree with proposal – do not close birthing services (228 / 472 = 49%)

Local authority (LA):

- **Lichfield:** Negative – Disagree with proposal – do not close birthing services (116 / 226 = 51%)
- **Stafford:** Negative – Disagree with proposal – do not close birthing services (80 / 156 = 51%)
- **Cannock Chase:** Negative – Disagree with proposal – do not close birthing services (16 / 35 = 46%)
- **East Staffordshire:** Negative – Disagree with proposal – do not close birthing services (10 / 24 = 42%)
- **Tamworth:** Negative – Disagree with proposal – do not close birthing services (13 / 24 = 54%)
- **Stoke-on-Trent:** Negative – Disagree with proposal – do not close birthing services (5 / 6 = 83%)

- **South Staffordshire:** Negative – Disagree with proposal – do not close birthing services (5 / 8 = 62%)
- **Staffordshire Moorlands:** Negative – Disagree with proposal – do not close birthing services (2 / 8 = 25%); Negative – losing the birthing units will increase pressure on hospitals (2 / 8 = 25%)
- **Newcastle-under-Lyme:** Negative – Disagree with proposal – do not close birthing services (2 / 2 = 100%)
- **Neighbouring LA area:** No top theme raised
- **Out of area:** No top theme raised

Index of Deprivation:

- **Most deprived (IMD 1–5):** Negative – Disagree with proposal – do not close birthing services (54 / 98 = 55%)
- **Least deprived (IMD 6–10):** Negative – Disagree with proposal – do not close birthing services (197 / 403 = 49%)

6.3 Event feedback

Participants were asked to share their experience of using maternity services:

‘We would like to know more about your experience of using maternity services in Staffordshire and Stoke-on-Trent.’

This question received 3 responses. Overall, the top three sub-themes raised were:

- Observation – General – The statistics for a third of women transferring from Samuel Johnson Community Hospital in labour, do not match what I had when I did these figures (1 / 3 = 33%)
- Observation – Staff – Staffing used to be one midwife, one support worker and one on-call midwife, where does the need for two midwives come from? (1 / 3 = 33%)
- Observation – Staff – Concern over the level of staff if they close the birthing service at the FMBUs (1 / 3 = 33%)

Table 32 presents the full list of themes raised in response to this question by consultation event participants.

Table 32. We would like to know more about your experience of using maternity services in Staffordshire and Stoke-on-Trent

Sentiment	Main theme	Sub-theme	No.	%
Observation	General	The statistics for a third of women transferring from Samuel Johnson Community Hospital in labour, do not match what I had when I did these figures	1	33%
Observation	Staff	Staffing used to be one midwife, one support worker and one on-call midwife, where does the need for two midwives come from?	1	33%
Observation	Staff	Concern over the level of staff if they close down the FMBUs	1	33%
Observation	Service efficiency and delivery	The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area)	1	33%
Observation	Quality of care	Positive births reduce the risk postnatally	1	33%
Observation	Quality of care	Patients should have the choice to give birth in a midwife-led unit (e.g. holistic approach / home-away-from-home setting)	1	33%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good (e.g. safe, personalised, good record)	1	33%
Negative	Quality of care	The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed	1	33%
Observation	Access to services	Need more promotion of the public events before decisions are made	1	33%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is a good option for low-risk patients (e.g. good outcomes, allows larger hospitals to focus on high-risk cases)	1	33%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is a good option for local people (e.g. living in Lichfield, Rugeley)	1	33%
Negative	Access to services	Concern over the lack of choice / patients' ability to choose is being taken away	1	33%
Negative	Access to services	Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work)	1	33%
Negative	Access to services	Concern over location (e.g. no local services, too far to travel)	1	33%
-	General	N/A (e.g. as above, same as before, same as previous answer regarding Stafford)	2	67%
-	-	Base	3	-

Participants were asked: **‘How likely are you or your partner, family member or friend to use maternity services in Staffordshire and Stoke-on-Trent in the future?’**

This question received 3 responses. Overall, the top sub-theme raised was:

- Negative – Quality of care – Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital) (2 / 3 = 67%)

Table 33 presents the full list of themes raised in response to this question by consultation event participants.

Table 33. How likely are you or your partner, family member or friend to use maternity services in Staffordshire and Stoke-on-Trent in the future?

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital)	2	67%
Positive	Access to services	Two Burton families expressed preference for Queen's Hospital, Burton	1	33%
Positive	Access to services	Preference to use New Cross Hospital (Cannock families)	1	33%
Positive	Access to services	Preference from five Stafford families to use Royal Stoke University Hospital	1	33%
Negative	Access to services	Would have preferred to access FMBU at Samuel Johnson Community Hospital as it was more local and atmosphere is more relaxing	1	33%
Negative	Access to services	Too far to access services in Lichfield from Derby	1	33%

Sentiment	Main theme	Sub-theme	No.	%
-	General	N/A (e.g. as above, same as before, same as previous answer regarding Stafford)	1	33%
-	-	Base	3	-

Participants were asked to give their views on the proposal to permanently close the birthing service at the FMBU at County Hospital in Stafford.

This question received 14 responses. Overall, the top three sub-themes raised were:

- Positive – Quality of care – The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful) (5 / 14 = 36%)
- Negative – Quality of care – Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital) (4 / 14 = 29%)
- Observation – Access to services – Women should be given a choice (e.g. to give birth more locally, where they feel most confident) (4 / 14 = 29%)
- Negative – Access to services – Concern over location (e.g. no local services, too far to travel) (4 / 14 = 29%)
- Observation – Access to services – Keep services open at County Hospital, Stafford (3 / 14 = 21%)

Table 34 presents the full list of themes raised in response to this question by consultation event participants.

Table 34. Participants were asked to give their views on the proposal to permanently close the birthing service at the FMBU at County Hospital in Stafford

Sentiment	Main theme	Sub-theme	No.	%
Positive	Quality of care	The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful)	5	36%
Negative	Quality of care	Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital)	4	29%
Observation	Access to services	Women should be given a choice (e.g. to give birth more locally, where they feel most confident)	4	29%
Negative	Access to services	Concern over location (e.g. no local services, too far to travel)	4	29%
Observation	Access to services	Keep services open at County Hospital, Stafford	3	21%
Negative	Quality of care	Positive experience when giving birth at the FMBU at Samuel Johnson Community Hospital	2	14%
Observation	Quality of care	Patients should have the choice to give birth in a midwife-led unit (e.g. holistic approach / home-away-from-home setting)	2	14%
Observation	Quality of care	Local postnatal support is important (mental health)	2	14%
Negative	Access to services	Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work)	2	14%
Negative	Service efficiency and delivery	More pressure on other hospitals	2	14%

Sentiment	Main theme	Sub-theme	No.	%
Positive	Quality of care	Positive experience at Good Hope Hospital	1	7%
Positive	Quality of care	Positive experience at another hospital (Queen's Hospital, Burton)	1	7%
Negative	Quality of care	The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed	1	7%
Negative	Quality of care	FMBUs reduce pressure on other hospital services	1	7%
Negative	Quality of care	Birth trauma can have long-lasting effects	1	7%
Observation	Quality of care	Positive births reduce the risk postnatally	1	7%
Observation	Quality of care	Patients want to give birth in local midwife-led units (e.g. relaxed, calmer environment)	1	7%
Observation	Quality of care	Patients should be able to choose non-medicalised options	1	7%
Observation	Access to services	Would prefer to have birthing services in Stafford	1	7%
Observation	Access to services	No preference between Stafford and Stoke	1	7%
Observation	Access to services	Need to promote the shuttle bus for women going to Stoke Hospital	1	7%
Observation	Access to services	As an alternative to home births, use the FMBU site with an on-call service	1	7%
Negative	Access to services	Concern this proposal could result in delays in accessing care (e.g. caused by lack of availability at other hospitals)	1	7%
Negative	Access to services	Concern over the travel to other hospitals for those without transportation	1	7%
Negative	Access to services	Concern over the lack of choice / patients' ability to choose is being taken away	1	7%
Negative	Access to services	Concern over increased travel costs	1	7%
Negative	Access to services	Burton is not a midwife-led unit	1	7%
Observation	Service efficiency and delivery	The Stafford area is growing and needs services to support the growth	1	7%
Observation	Service efficiency and delivery	The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area)	1	7%
Observation	Service efficiency and delivery	Clinical research shows the positive impact of midwife-led births	1	7%
Negative	Service efficiency and delivery	Ockenden studies encourage women's choice, closing services takes that choice away	1	7%
Observation	Staff	Stafford is not the focus for UHDB staff	1	7%
Observation	Staff	Midwife-led unit can attract experienced midwives who prefer community care models	1	7%
Observation	Staff	If re-opened, not enough staff to cover	1	7%
Positive	Staff	Staff positive about current set-up to remain in place	1	7%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Staff	Staff disappointed for local population if service not re-opened	1	7%
Negative	Finance	Narrow lens in cost benefit	1	7%
-	General	N/A (e.g. as above, same as before, same as previous answer regarding Stafford)	1	7%
-	-	Base	14	-

Participants were asked to give their views on the proposal to permanently close the birthing service at the FMBU at Samuel Johnson Hospital in Lichfield.

This question received 12 responses. Overall, the top three sub-themes raised were:

- Negative – Access to services – Concern over location (e.g. no local services, too far to travel) (7 / 12 = 58%)
- Negative – Access to services – Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work) (6 / 12 = 50%)
- Negative – Quality of care – The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful) (5 / 12 = 42%)
- Negative – Quality of care – Positive experience when giving birth at the FMBU at Samuel Johnson Community Hospital (5 / 12 = 42%)
- Observation – Quality of care – Patients should have the choice to give birth in a midwife-led unit (e.g. holistic approach / home-away-from-home setting) (5 / 12 = 42%)

Table 35 presents the full list of themes raised in response to this question by consultation event participants.

Table 35. Participants were asked to give their views on the proposal to permanently close the birthing service at the FMBU at Samuel Johnson Hospital in Lichfield

Sentiment	Main theme	Sub-theme	No.	%
Negative	Access to services	Concern over location (e.g. no local services, too far to travel)	7	58%
Negative	Access to services	Concern over pregnant patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work)	6	50%
Negative	Quality of care	The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful)	5	42%
Negative	Quality of care	Positive experience when giving birth at the FMBU at Samuel Johnson Community Hospital	5	42%
Observation	Quality of care	Patients should have the choice to give birth in a midwife-led unit (e.g. holistic approach / home-away-from-home setting)	5	42%
Negative	Quality of care	The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good (e.g. safe, personalised, good record)	4	33%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	Negative experience when giving birth in other hospitals (e.g. Queen's Hospital, Burton, Royal Stoke University Hospital, Derby Hospital)	4	33%
Negative	Access to services	Concern this proposal could result in delays in accessing care (e.g. caused by lack of availability at other hospitals)	3	25%
Observation	Access to services	Women should be given a choice (e.g. to give birth more locally, where they feel most confident)	3	25%
Negative	Quality of care	Concern that larger hospital sites create fear and stress in patients	3	25%
Observation	Quality of care	Local postnatal support is important (mental health)	3	25%
Negative	Staff	Concern over risk of de-skilling midwifery staff	3	25%
Negative	Access to services	There's only one room at Queen's Hospital, Burton's midwife-led unit	2	17%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is a good option for low-risk patients (e.g. good outcomes, allows larger hospitals to focus on high-risk cases)	2	17%
Negative	Access to services	The FMBU at Samuel Johnson Community Hospital is a good option for local people (e.g. living in Lichfield, Rugeley)	2	17%
Observation	Quality of care	People want a place they can rely on	2	17%
Observation	Quality of care	Patients want to give birth in local midwife-led units (e.g. relaxed, calmer environment)	2	17%
Observation	Service efficiency and delivery	More patients may opt for a home birth if birthing services are not provided by FMBUs	2	17%
-	General	The services haven't been running since the pandemic, so no change	2	17%
Negative	Finance	This is considered a money-saving exercise	2	17%
Negative	Access to services	Would have preferred to access FMBU at Samuel Johnson Community Hospital as it was more local and atmosphere is more relaxing	1	8%
Negative	Access to services	Concerns over parking at larger hospital sites (e.g. Good Hope Hospital)	1	8%
Negative	Access to services	Concern over the travel to other hospitals for those without transportation	1	8%
Negative	Access to services	Concern over the lack of choice / patients' ability to choose is being taken away	1	8%
Negative	Access to services	Concern over increased travel costs	1	8%
Observation	Access to services	Not aligned with 10 Year Plan for community care	1	8%
Observation	Access to services	Introduce an on-demand offer for low-risk births	1	8%
Negative	Quality of care	The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed	1	8%
Negative	Quality of care	Patients miss the FMBU at Samuel Johnson Community Hospital	1	8%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	Larger facilities / hospitals do not provide the same level of care as the FMBUs (e.g. less personalised)	1	8%
Observation	Quality of care	It's important to have continuity of care and that the staff know patients well	1	8%
Positive	Quality of care	The quality of care provided in other hospitals is good	1	8%
Negative	Staff	Midwives leaving profession due to units being closed	1	8%
Negative	Staff	Concern over lack of staff to care for women in other hospitals	1	8%
Positive	Staff	The quality of care provided by staff at the FMBU at Samuel Johnson Community Hospital was good (e.g. caring, attentive)	1	8%
Observation	Service efficiency and delivery	The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area)	1	8%
Observation	Service efficiency and delivery	Clinical research shows the positive impact of midwife-led births	1	8%
Negative	Service efficiency and delivery	This proposal will negatively impact those with low-risk pregnancies (e.g. put them through unnecessary trauma)	1	8%
Negative	Service efficiency and delivery	The proposal will negatively impact the local population (e.g. care will be less personalised, increased risk to mothers and babies, minority groups)	1	8%
-	General	Engagement needs more promotion	1	8%
-	-	Base	12	-

Participants were asked:

‘Do you have any other ideas or suggestions you think we should consider?’

This question received 10 responses. Overall, the top sub-themes raised were:

- Negative – Quality of care – The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good (e.g. safe, personalised, good record) (3 / 10 = 30%)
- Observation – Service efficiency and delivery – The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area) (2 / 10 = 20%)
- Observation – Service efficiency and delivery – Consider the on-demand model (2 / 10 = 20%)
- Negative – Access to services – Concern over location (e.g. no local services, too far to travel, climate change) (2 / 10 = 20%)

Table 36 presents the full list of themes raised in response to this question by consultation event participants.

Table 36. Do you have any other ideas or suggestions that you think we should consider?

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good (e.g. safe, personalised, good record)	3	30%
Observation	Service efficiency and delivery	The Lichfield area is expanding so should have more provision, not less (e.g. new housing developments, more people moving to the area)	2	20%
Observation	Service efficiency and delivery	Consider the on-demand model	2	20%
Negative	Access to services	Concern over location (e.g. no local services, too far to travel, climate change)	2	20%
Negative	Quality of care	The FMBUs provide a calm experience / environment for giving birth (e.g. water birth, less stressful)	1	10%
Negative	Quality of care	The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed	1	10%
Negative	Quality of care	FMBUs reduce pressure on other hospital services	1	10%
Negative	Quality of care	Concern that larger hospital sites create fear and stress in patients	1	10%
Observation	Quality of care	Three of the Stafford families felt strongly that the services at County Hospital, Stafford, should be reinstated	1	10%
Observation	Quality of care	Patients want to give birth in local midwife-led units (e.g. relaxed, calmer environment)	1	10%
Observation	Quality of care	Local postnatal support is important (mental health)	1	10%
Observation	Service efficiency and delivery	NHS should review why most women are high-risk and address this issue instead	1	10%
Observation	Service efficiency and delivery	Better education on how to communicate with patients is needed (e.g. the way staff talk to patients – tone, language used, compassion, use of jargon/explanations, etc.)	1	10%
Observation	Access to services	Women should be given a choice (e.g. to give birth more locally, where they feel most confident)	1	10%
Observation	Access to services	Triage system could be introduced in Lichfield to stop unnecessary travel	1	10%
Observation	Access to services	Three of the Cannock families felt that Cannock Hospital should at least offer some maternity services	1	10%
Observation	Access to services	Midwife-led service at Burton	1	10%
Negative	Access to services	Would have preferred to access FMBU at Samuel Johnson Community Hospital as it was more local and atmosphere is more relaxing	1	10%
Negative	Access to services	Postnatal care at Samuel Johnson is always a good thing	1	10%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Access to services	Concern over the lack of choice / patients' ability to choose is being taken away	1	10%
Negative	Access to services	Concern over patients having to travel further to other locations to access these services (e.g. travelling while in labour, additional stress from being far from home, stress of using public transport, taking time off work)	1	10%
Observation	Staff	Utilise student midwives to fill posts, create retention and reduce burnout	1	10%
Observation	Staff	Midwives rotation to keep low-risk and water birth skills up – we were the experts in that field	1	10%
Negative	Staff	Concern over risk of de-skilling midwifery staff	1	10%
-	General	Facilitator form does not allow capture of full discussion	1	10%
Observation	Finance	Put more finance into services	1	10%
-	General	N/A (e.g. as above, same as before, same as previous answer regarding Stafford)	1	10%
-	-	<i>Base</i>	10	-

7 Additional focused engagement – glucose tolerance testing (GTT) and anti-D injections

7.1 Introduction

While birthing services at the FMBUs remained temporarily closed after March 2020, antenatal and postnatal care continued at both sites, except for glucose tolerance testing (GTT) and anti-D injections, which have not been offered at Samuel Johnson Community Hospital since the pandemic.

GTT is a blood test used to diagnose gestational diabetes, which can occur during pregnancy.

Anti-D is offered at 28 weeks gestation to pregnant people with a RD- negative blood group. This is a preventative safety measure, that protects against small, unpredictable fetal blood exposure that could otherwise cause the mother to develop antibodies and affect her current pregnancy.

Based on the feedback gathered in the consultation, the ICB undertook a further four weeks of engagement in February 2026 to seek additional views from the public and stakeholders on antenatal and postnatal care. The aim was to understand any potential impact of the unavailability of GTT and anti-D injections at Samuel Johnson Community Hospital and identify necessary mitigations.

The ICB's team engaged with patients at antenatal and postnatal clinics at Queen's Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital. They also spoke to members of parent and toddler groups (and other similar groups) during February 2026.

The findings from this additional engagement are incorporated into this section (7), which will go through ICB and NHS England governance processes and inform the development of a Decision-Making Business Case.

7.2 Communications and engagement

7.2.1 Overview of communications and engagement

People were asked to share their views on the additional engagement by completing a survey on the availability of GTT and anti-D injections.

A new survey was developed to take to a series of engagement sessions across the county. A total of 160 survey responses were gathered.

35 sessions were attended, ranging from antenatal clinics at Queen's Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital, to parent and toddler groups and other similar groups.

7.2.2 Collateral

As this was an additional targeted engagement focused on a particular group of people, briefings and posters were used to promote the events. All work was done face-to-face in existing community settings.

However, the webpages created for the main birthing services consultation were still available for people to view, and the original consultation materials could still be downloaded. Visits to the website and downloads of materials were monitored during the additional focused engagement period of 2 February to 2 March 2026. The data is shown in tables 37 and 38 below. The equivalent data for the main consultation period can be seen in section 3.4.5.1 of this document.

Table 37. Webpages created for the original birthing services consultation – views and users between 2 February and 2 March 2026

Page name	Site	Date published	Views	Total users	New users
Birthing services at midwife-led units	ICS	19 August 2025	137	60	47
Birthing services at midwife-led units	ICB	12 May 2025	202	79	62
Midwife-led birthing units (landing page)	ICB	12 May 2025	48	20	13
Maternity transformation (transformation page with consultation info, updated before consultation launch)	ICB	14 March 2025	88	29	18
Birthing services available locally	ICS	19 August 2025	90	35	31
Birthing services available locally	ICB	12 May 2025	1	1	1
Birthing services proposal – Advantages and disadvantages of the proposal and we reached this	ICS	19 August 2025	23	10	7
Birthing services proposal – Advantages and disadvantages of the proposal and we reached this	ICB	12 May 2025	-	-	-
Birthing Services consultation – What is the proposal and why is it needed	ICB	12 May 2025	1	1	1
Birthing services consultation – What is the proposal and why is it needed?	ICS	19 August 2025	45	12	7

Notes:

- Most pages are listed twice because pages originally hosted on the ICB site were later copied onto the Staffordshire and Stoke-on-Trent ICS website. The publication date for pages on the ICS website are the dates at which they first appeared on that site, and the publication dates for ICB pages are the dates of original publication.
- **'Users'** refers to the total number of unique visitors to the webpages during the reporting period.
- **'New users'** are unique visitors who had not previously visited the ICB website at all (on that device/browser).

Table 38. Downloads of documents between 2 February and 2 March 2026

Document name	Downloads from landing page
Consultation document	12
Easy Read consultation document	11
FAQs	13
Pre-Consultation Business Case	12

7.2.3 Target audience

For this engagement we were looking to speak to people who were pregnant or who had recently given birth in the Lichfield, Burton and Tamworth areas. We visited several antenatal and postnatal clinics at Queen's Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital, as well as parent and toddler groups (and other similar groups) in the area.

7.3 Summary of reach

7.3.1 Survey

The key focus of the additional engagement was to gather information via a second survey specifically targeted at gathering feedback on the provision of GTT and anti-D injections and the potential impact of these not being available at Samuel Johnson Community Hospital.

Surveys were conducted with individuals at every event attended.

There were 160 responses to the survey.

7.3.2 Events

Table 39. Summary of events attended.

Date of group	Organisation / Location	Group name / reason for visit	Engagement type
2 February	Lichfield Family Hub	Health visitor clinics	Community engagement
2 February	Leyfields Family Hub	Health visitor clinics	Community engagement
3 February	Tamworth Family Hub	Musical Babies session and health visitor drop-in	Community engagement
3 February	Samuel Johnson Hospital	Postnatal sessions every morning	Provider site visit
3 February	Sir Robert Peel Hospital	Antenatal sessions	Provider site visit
4 February	Queen's Hospital, Burton	GTT & Anti D clinics	Provider site visit
4 February	Samuel Johnson Hospital	Postnatal sessions every morning	Provider site visit
4 February	Tamworth Family Hub	Antenatal sessions	Community engagement
4 February	Sir Robert Peel Hospital	Antenatal sessions	Provider site visit
5 February	Lichfield Family Hub	Baby Steps support group drop-in 10am–12pm Baby clinic drop-in with health visitors in family room 1–3pm	Community engagement
5 February	Samuel Johnson Hospital	Longton catchment (all day) antenatal clinic Yoxall catchment (am) antenatal clinic Postnatal sessions every morning	Provider site visit
5 February	Sir Robert Peel Hospital	Antenatal sessions all day	Provider site visit

Date of group	Organisation / Location	Group name / reason for visit	Engagement type
6 February	Queen's Hospital, Burton	GTT in Maternity Triage and Assessment Unit	Provider site visit
9 February	Leyfields Family Hub	Antenatal sessions (afternoon)	Community engagement
10 February	Samuel Johnson Hospital	Alrewas catchment (all day) Postnatal sessions every morning	Provider site visit
10 February	Tamworth Family Hub	Antenatal sessions all day Sensory play group (am) Health visitor baby clinic (afternoon in wellbeing room) Musical babies (afternoon in creche room)	Provider site visit
10 February	Sir Robert Peel Hospital	Antenatal sessions all day	Provider site visit
12 February	Queen's Hospital, Burton	GTT in Maternity Triage and Assessment Unit	Provider site visit
12 February	Samuel Johnson Hospital	Longton catchment (all day) Yoxall catchment (am) Postnatal sessions every morning	Provider site visit
13 February	Lichfield Family Hub	Simply play sessions and baby checks in the morning	Community engagement
18 February	Queen's Hospital, Burton	Anti D in antenatal clinic	Provider site visit
19 February	Sir Robert Peel Hospital	Antenatal sessions all day	Provider site visit
20 February	Queen's Hospital Burton	GTT in Maternity Triage and Assessment Unit	Provider site visit
23 February	Lichfield Family Hub	Baby clinic drop-in 9.30–11.30am	Community engagement

Date of group	Organisation / Location	Group name / reason for visit	Engagement type
23 February	Leyfields Family Hub	Antenatal sessions (afternoon)	Community engagement
24 February	Queen's Hospital, Burton	GTT in Maternity Triage and Assessment Unit	Provider site visit
24 February	Tamworth Family Hub	Antenatal sessions all day Sensory play group (am) HV baby clinic (afternoon) Musical Babies (afternoon)	Community engagement
24 February	Samuel Johnson Hospital	Alrewas catchment (all day) Postnatal sessions every morning	Provider site visit
24 February	Sir Robert Peel Hospital	Antenatal sessions all day	Provider site visit
25 February	Samuel Johnson Hospital	Barton catchment (am) Postnatal sessions every morning	Provider site visit
25 February	Sir Robert Peel Hospital	Antenatal sessions all day	Provider site visit
26 February	Lichfield Family Hub	Baby Steps support group drop-in 10am–12pm Baby clinic drop-in 1–3pm	Community engagement
26 February	Samuel Johnson Hospital	Longton catchment (all day) Yoxall catchment (am) Postnatal sessions every morning	Provider site visit
26 February	Sir Robert Peel Hospital	Antenatal sessions all day	Provider site visit
27 February	Spark Burntwood Centre	Families living in Burntwood	Community engagement

7.4 Demographic profile of survey respondents

7.4.1 Respondent type

Respondents were asked: ‘Are you answering as an individual or as an organisation?’

Summary of survey feedback

Table 40 shows that all the respondents answered the survey as an individual (160 / 160 = 100%) and not as an organisation.

Table 40. Are you answering as an individual or as an organisation?

Survey responses	No.	%
Individual	160	100%
Organisation	0	0%
Base	160	-

Respondents were asked: ‘As an individual answering this survey, which of the following best describes you?’

Summary of survey feedback

Table 41 shows that the majority of the respondents (154 / 159 = 97%) answered the survey as a patient or a member of the public while significantly fewer (3 / 159 = 2%) said they would describe themselves as an NHS employee.

Table 41. As an individual answering this survey, which of the following best describes you?

Survey responses	No.	%
Patient or member of the public	154	97%
Carer	1	0.5%
NHS employee	3	2%
From another public sector organisation	1	0.5%
From a health-related group, charity or organisation	0	0%
From a non-health voluntary group, charity or organisation	0	0%
Base	159	-

Respondents were asked: ‘As an organisation answering this survey, which of the following best describes you?’

Summary of survey feedback

Table 42 shows that none of the respondents (0 / 160 = 0%) answered the survey as an organisation.

Table 42. As an organisation answering this survey, which of the following best describes you?

Survey responses	No.	%
An NHS organisation	0	0%
Another public sector organisation	0	0%

A health-related group, charity or organisation	0	0%
A non-health voluntary group, charity or organisation	0	0%
Other	0	0%
<i>Base</i>	0	-

7.4.2 Demographic profiling

Table 43 presents a demographic profile of survey respondents.

Table 43. Demographic profile

Ethnicity	No.	%
Asian/Asian British: Indian	2	1%
Asian/Asian British: Pakistani	0	0%
Asian/Asian British: Bangladeshi	0	0%
Asian/Asian British: Chinese	0	0%
Asian/Asian British: Any other Asian background	0	0%
Black/African/Caribbean/Black British: African	2	1%
Black/African/Caribbean/Black British: Caribbean	2	1%
Black/African/Caribbean/Black British: Any other Black/African/Caribbean background (please specify below)	0	0%
Mixed/Multiple ethnic groups: White and Black Caribbean	3	2%
Mixed/Multiple ethnic groups: White and Black African	0	0%
Mixed/Multiple ethnic groups: White and Asian	0	0%
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background (please specify below)	1	1%
White: English/Welsh/Scottish/Northern Irish/British	119	86%
White: Irish	0	0%
White: Gypsy or Irish Traveller	4	3%
White: Any other White background	3	2%
Other ethnic group: Arab	0	0%
Any other ethnic group	2	1%
Prefer not to say	1	1%
<i>Base</i>	139	-

Sexual orientation	No.	%
Heterosexual	129	99%
Lesbian	0	0%
Gay	0	0%
Bisexual	0	0%
Asexual	0	0%
Other	0	0%

Prefer not to say	1	1%
<i>Base</i>	130	-

Religion	No.	%
No religion	87	64%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	40	30%
Buddhist	0	0%
Hindu	1	1%
Jewish	0	0%
Muslim	2	2%
Sikh	1	1%
Any other religion (please specify)	0	0%
Prefer not to say	4	3%
<i>Base</i>	135	-

Gender	No.	%
Male	1	1%
Female	133	99%
Trans-man	0	0%
Trans-woman	0	0%
Non-binary	0	0%
Gender-non-conforming	0	0%
Other	0	0%
Prefer not to say	0	0%
<i>Base</i>	134	-

Carer	No.	%
Yes - Care for young person(s) aged 24 and under	6	5%
Yes - Care for adult(s) aged 25 to 49	1	1%
Yes - Care for older person(s) aged 50 and over	3	2%
No	119	91%
Prefer not to say	2	2%
<i>Base</i>	131	-

Age	No.	%
16–19	1	1%
20–24	11	8%
25–29	41	30%
30–34	50	36%
35–39	22	16%
40–44	6	4%
45–49	1	1%
50–54	1	1%
55–59	0	0%
60–64	0	0%
65–69	1	1%
70–74	2	1%
75–79	1	1%
80 and over	0	0%
Prefer not to say	1	1%
<i>Base</i>	138	-

Relationship status	No.	%
Married	70	55%
Civil partnership	4	3%
Single	8	6%
Divorced	1	1%
Lives with partner	37	29%
Separated	2	2%
Widowed	1	1%
Other	2	2%
Prefer not to say	3	2%
<i>Base</i>	128	-

Pregnancy	No.	%
Yes	71	53%
No	64	47%
Prefer not to say	0	0%
<i>Base</i>	135	-

Recently given birth (within the last 26 weeks)	No.	%
Yes	43	32%
No	91	68%
Prefer not to say	0	0%
<i>Base</i>	134	-

Disability	No.	%
Sight – I'm blind, partially sighted or colour blind	0	0%
Hearing – I'm deaf or hard of hearing	0	0%
Speech – I have difficulty speaking clearly	0	0%
Thinking and understanding – I have autism, dyslexia, ADHD, a mental health condition, or learning difficulties	0	0%
Mobility – I have difficulty getting around, or moving a mouse or using a keyboard	3	2%
Temporary – I have an injury	1	1%
Invisible condition – e.g. menopause, mental health condition or something else	6	5%
Other (please specify below)	4	3%
No, I do not have any conditions or disabilities that impact my day-to-day life	109	87%
Prefer not to say	4	3%
<i>Base</i>	<i>126</i>	<i>-</i>

Limitation on day-to-day activities	No.	%
Yes, limited a lot	1	1%
Yes, limited a little	7	5%
No	119	91%
Prefer not to say	4	3%
<i>Base</i>	<i>131</i>	<i>-</i>

7.4.3 Geographical profiling

Figure 7 maps the location of survey respondents. The map has been created using the postcodes shared by respondents.

Figure 7. Map of engagement participants' locations. Mapped using postcodes, therefore some dots may represent more than one response because multiple responses could be received from each postcode area.

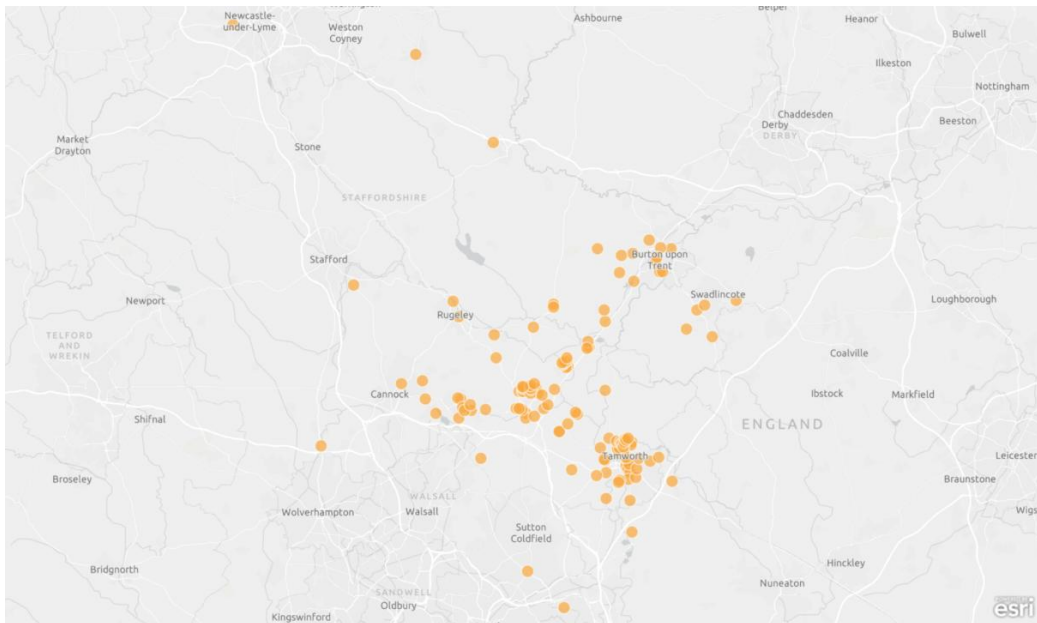


Table 44. Responses by local authority area – profiled using respondents' postcodes

Local authority area	No.	%
Lichfield	61	38%
Tamworth	35	22%
East Staffordshire	17	11%
Cannock Chase	6	4%
South Derbyshire	5	3%
North Warwickshire	2	1%
Birmingham	1	1%
Newcastle-under-Lyme	1	1%
Solihull	1	1%
South Staffordshire	1	1%
Stafford	1	1%
Staffordshire Moorlands	1	1%
Unable to profile / no postcode provided	28	18%
Base	160	-

7.4.3.1 Index of Multiple Deprivation (IMD)

The IMD is a measure of relative deprivation, meaning it is used to compare how deprived one area is compared to another, rather than measuring absolute deprivation, where 1 is the most deprived and 10 is the least deprived.

Table 45. Deprivation profiling

Profile	No.	%
1 (most deprived)	0	0%
2	12	8%
3	7	4%
4	10	6%
5	16	10%
6	9	6%
7	14	9%
8	24	15%
9	18	11%
10 (least deprived)	22	14%
No postcode provided	28	18%
<i>Base</i>	<i>160</i>	<i>-</i>

7.5 Feedback on focused engagement

7.5.1 The utilisation of maternity services in Staffordshire and Stoke-on-Trent in the past five years

Respondents were asked: ‘Have you, a family member or friend(s) used maternity services in Staffordshire and Stoke-on-Trent in the past 5 years?’

Summary of survey feedback

Table 46 shows that the majority of respondents, a family member or a friend (152 / 160 = 95%) had used maternity services in Staffordshire and Stoke-on-Trent in the past 5 years. The areas in which most respondents said they had used maternity services were Lichfield (56 / 61 = 92%) and Tamworth (35 / 35 = 100%).

Table 46. Have you, a family member or friend(s) used maternity services in Staffordshire and Stoke-on-Trent in the past 5 years?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Yes	152 (95%)	96%	100%	0%	0%	92%	100%	100%	94%	100%	0%	100%	100%	100%	0%	100%	93%
No	8 (5%)	4%	0%	0%	0%	8%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	7%
Base	160	154	1	0	0	61	1	6	17	35	0	1	1	1	0	9	28

7.5.2 The individual who was using maternity services in Staffordshire and Stoke-on-Trent in the past five years

Respondents were asked: ‘Please tell us who was using the maternity services in Staffordshire and Stoke-on-Trent in the past 5 years.’

Summary of survey feedback

Table 47 shows that the majority of respondents had used maternity services themselves (145 / 158 = 92%). The areas in which most respondents said this were Lichfield (58 / 61 = 95%), Tamworth (34 / 35 = 97%) and East Staffordshire (15 / 17 = 88%).

Table 47. Please tell us who was using the maternity services in Staffordshire and Stoke-on-Trent in the past 5 years.

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
I was using them myself	145 (92%)	94%	0%	0%	0%	95%	0%	67%	88%	97%	0%	100%	100%	100%	0%	89%	89%
My partner was using them	2 (1%)	1%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%
A family member was using them	7 (4%)	4%	0%	50%	0%	3%	0%	17%	0%	3%	0%	0%	0%	0%	0%	11%	8%
A friend was using them	4 (3%)	1%	100%	50%	0%	0%	100%	17%	12%	0%	0%	0%	0%	0%	0%	0%	0%
Base	158	154	1	2	0	61	1	6	17	35	0	1	1	1	0	9	26

7.5.3 The number of births that occurred in the county / due to occur in the county

Respondents were asked: **Did you / they give birth, or are you / they due to give birth in Staffordshire and Stoke-on-Trent?**

Summary of survey feedback

Table 48 shows that the majority of respondents (104 / 157 = 66%) gave birth or are due to give birth, or know someone who gave birth or is due to give birth in Staffordshire and Stoke-

on-Trent. Whereas (52 / 157 = 33%) stated the birth was, or is planned to be, at a location outside Staffordshire and Stoke-on-Trent.

The places where most respondents answered 'yes' were East Staffordshire (15 / 17 = 88%), Lichfield (41 / 60 = 68%) and Tamworth (19 / 35 = 54%).

Table 48. Did you / they give birth, or are you / they due to give birth in Staffordshire and Stoke-on-Trent?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Yes	104 (66%)	67%	100%	50%	0%	68%	100%	33%	88%	54%	0%	100%	100%	100%	0%	67%	65%
No	52 (33%)	33%	0%	50%	0%	32%	0%	67%	12%	46%	0%	0%	0%	0%	0%	33%	31%
Don't know	1 (1%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Base	157	153	1	2	0	60	1	6	17	35	0	1	1	1	0	9	26

7.5.4 Birthing locations

Respondents were asked: 'Where did you / they give birth or where are you / they planning to give birth?'

Summary of survey feedback

Table 49 shows that the majority of respondents (96 / 155 = 62%) gave birth or are planning to give birth at Queen's Hospital, Burton, while the respondents' second most popular choice is Good Hope Hospital in Sutton Coldfield (32 / 155 = 21%). The area with the highest percentage of respondents who answered Queen's Hospital, Burton, was East Staffordshire (14 / 16 = 88%).

Table 49. Where did you or they give birth?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Royal Stoke	2 (1%)	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	0%	0%	0%
Queen's Hospital, Burton	96 (62%)	62%	100%	0%	0%	67%	0%	17%	88%	46%	0%	0%	0%	0%	0%	78%	72%
County Hospital, Stafford	1 (1%)	1%	0%	0%	0%	0%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Samuel Johnson	2 (1%)	1%	0%	0%	0%	0%	0%	17%	6%	0%	0%	0%	0%	0%	0%	0%	0%
New Cross Hospital	2 (1%)	1%	0%	50%	0%	0%	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
Good Hope Hospital	32 (21%)	21%	0%	50%	0%	18%	0%	17%	0%	31%	0%	0%	0%	0%	0%	22%	28%
Walsall Manor Hospital	6 (4%)	4%	0%	0%	0%	5%	0%	33%	0%	3%	0%	0%	0%	0%	0%	0%	0%
Heartlands Hospital	4 (3%)	3%	0%	0%	0%	3%	0%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%
Birmingham Women's Hospital	2 (1%)	1%	0%	0%	0%	2%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%
Royal Derby Hospital	6 (4%)	4%	0%	0%	0%	5%	0%	0%	0%	9%	0%	0%	0%	0%	0%	0%	0%
Other	2 (1%)	1%	0%	0%	0%	0%	0%	0%	6%	3%	0%	0%	0%	0%	0%	0%	0%
Base	155	151	1	2	0	60	1	6	16	35	0	1	1	1	0	9	25

7.5.5 Antenatal care locations

Respondents were asked: 'Where did you / they receive antenatal care?'

Summary of survey feedback

Table 50 shows that the majority of respondents (107 / 154 = 70%) stated that antenatal care was received at the local hospital, while the least number of respondents stated antenatal care was received at a family hub (12 / 154 = 8%).

The area with the highest percentage of respondents who said antenatal care was received at the local hospital was East Staffordshire (15 / 17 = 88%).

Table 50. Where did you / they receive antenatal care?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
GP practice	35 (23%)	23%	0%	0%	0%	36%	0%	50%	12%	12%	0%	0%	0%	100%	0%	11%	12%
Family hub	12 (8%)	7%	0%	50%	0%	0%	100%	0%	0%	15%	0%	0%	0%	0%	0%	33%	12%
Local hospital	107 (70%)	69%	100%	50%	0%	64%	0%	50%	88%	73%	0%	100%	100%	0%	0%	56%	77%
Base	154	150	1	2	0	59	1	6	17	33	0	1	1	1	0	9	26

7.5.6 Antenatal care venues

Respondents were asked: 'Please tell us the name of the place you or they went to.'

Summary of survey feedback

This question received 140 responses. Overall, the top three sub-themes raised were:

- Location – Samuel Johnson Community Hospital (37 / 140 = 26%)
- Location – Queen's Hospital, Burton (30 / 140 = 21%)
- Location – Sir Robert Peel Community Hospital (25 / 140 = 18%)

Table 51 presents the full list of themes raised in response to this question by survey respondents.

Table 51. Please tell us the name of the place you or they went to.

Main theme	Sub-theme	No.	%
Location	Samuel Johnson Community Hospital	37	26%
Location	Queen's Hospital, Burton	30	21%
Location	Sir Robert Peel Community Hospital	25	18%
Location	Good Hope Hospital	18	13%
Location	GP	13	9%
Location	Westgate Practice	10	7%
Location	Royal Derby Hospital	4	3%
Location	Walsall Manor Hospital	3	2%
Location	Tamworth Family Hub	3	2%
Location	Leyfields Family Hub	3	2%
Location	Hospital	3	2%
Location	Family hub	3	2%
Location	Aldergate Medical Practice	3	2%
Location	Woodville Children's Centre	2	1%
Location	Langton Medical Group	2	1%
Location	Darwin Medical Practice	2	1%
Location	Birmingham Women's Hospital	2	1%
Location	Tri-Links Medical Practice	1	1%
Location	Trent Meadows Medical Practice, Branston	1	1%
Location	Telford	1	1%
Location	Tamworth	1	1%
Location	Royal Stoke University Hospital	1	1%
Location	New Cross Hospital	1	1%
Location	Measham Medical Unit	1	1%
Location	Mansfield	1	1%
Location	Local midwife	1	1%
Location	George Eliot Hospital	1	1%
Location	County Hospital, Stafford	1	1%
Location	Cannock Chase Hospital	1	1%
Location	Appletree Medical Practice	1	1%
Location	Alrewas Surgery	1	1%
	<i>Base</i>	<i>140</i>	

7.5.7 Receiving the glucose tolerance test during pregnancy

Respondents were asked: ‘Did you or they receive a GTT (glucose tolerance test) during the pregnancy?’

Summary of survey feedback

Table 52 shows that the majority of respondents (89 / 156 = 57%) stated that they had received a GTT during the pregnancy.

The areas with the highest percentage of respondents who answered ‘yes’ were Lichfield (33 / 60 = 55%), Tamworth (20 / 35 = 57%) and East Staffordshire (12 / 17 = 71%).

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Table 52. Did you or they receive a GTT (glucose tolerance test) during the pregnancy?

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Yes	89 (57%)	57%	100%	50%	0%	55%	100%	17%	71%	57%	0%	0%	100%	100%	0%	56%	60%
No	61 (39%)	39%	0%	50%	0%	37%	0%	83%	29%	43%	0%	100%	0%	0%	0%	44%	36%
Unsure	6 (4%)	4%	0%	0%	0%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Base	156	153	1	2	0	60	1	6	17	35	0	1	1	1	0	9	25

7.5.8 Glucose tolerance test locations

Respondents were asked: ‘Where did you or they receive the GTT?’

Summary of survey feedback

Table 53 shows a significant number of respondents (96 / 98 = 98%) received a GTT at their local hospital.

All the respondents (76 / 76 = 100%) from Stafford, Cannock Chase, East Staffordshire, Tamworth, Staffordshire Moorlands and Newcastle-under-Lyme stated that they received the GTT at their local hospital.

Only residents from Lichfield (2 / 37 = 5%) stated that they also visited a family hub or GP practice.

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Table 53. Where did you or they receive the GTT?

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
GP practice	1 (1%)	1%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Family hub	1 (1%)	1%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local hospital	96 (98%)	98%	100%	100%	0%	95%	100%	100%	100%	100%	0%	0%	100%	100%	0%	100%	100%
Base	98	95	1	1	0	37	1	1	15	20	0	0	1	1	0	6	16

7.5.9 Glucose tolerance test venues

Respondents were asked: ‘Please tell us the name of the place you or they went to.’

Summary of survey feedback

This question received 98 responses. Overall, the top three sub-themes raised were:

- Location – Queen's Hospital, Burton (54 / 98 = 55%)
- Location – Good Hope Hospital (17 / 98 = 17%)
- Location – Walsall Manor Hospital (4 / 98 = 4%); Location – Royal Derby Hospital (4 / 98 = 4%)

Table 54 presents the full list of themes raised in response to this question by survey respondents.

Table 54. Please tell us the name of the place you or they went to.

Main theme	Sub-theme	No.	%
Location	Queen's Hospital, Burton	54	55%
Location	Good Hope Hospital	17	17%
Location	Walsall Manor Hospital	4	4%
Location	Royal Derby Hospital	4	4%
Location	Mansfield	2	2%
Location	County Hospital, Stafford	2	2%
Location	Birmingham Women's Hospital	2	2%
Location	Samuel Johnson Community Hospital	1	1%
Location	New Cross Hospital	1	1%
Location	George Eliot Hospital	1	1%
Location	Derbyshire	1	1%
Location	Completed at home due to difficulty reaching Queen's Hospital, Burton	1	1%
Location	Alrewas Surgery	1	1%
General	Not sure if needed	4	4%
General	N/A	4	4%
	Base	98	

7.5.10 Receiving anti-D injections during the pregnancy

Respondents were asked: 'Did you or they receive anti-D injections during the pregnancy?'

Summary of survey feedback

Table 55 shows a significant number of respondents (127 / 157 = 81%) did not require an anti-D injection during the pregnancy, compared to those who said they did (16 / 156 = 10%).

The local authority area with the largest percentage of respondents stating they had received an anti-D injection was East Staffordshire (3 / 17 = 18%).

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Table 55. Did you or they receive anti-D injections during the pregnancy?’

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Yes	16 (10%)	11%	0%	0%	0%	10%	0%	0%	18%	14%	0%	0%	0%	0%	0%	11%	4%
No	127 (81%)	81%	100%	100%	0%	82%	100%	100%	71%	77%	0%	100%	100%	100%	0%	89%	83%
Unsure	13 (8%)	9%	0%	0%	0%	8%	0%	0%	12%	9%	0%	0%	0%	0%	0%	0%	13%
Base	156	153	1	2	0	61	1	6	17	35	0	1	1	1	0	9	24

7.5.11 Anti-D injection locations

Respondents were asked: ‘Where did you / they receive the anti-D injection?’

Summary of survey feedback

Table 56 shows the majority of respondents (25 / 26 = 96%) received the anti-D injection at their local hospital.

All respondents from East Staffordshire (4 / 4 = 100%) and Tamworth (7 / 7 = 100%), and the majority of the respondents from Lichfield (8 / 9 = 89%) said they received the anti-D injection at their local hospital.

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Table 56. Where did you / they receive the anti-D injection?

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided		
GP practice	1	4%	0%	0%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Family hub	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local hospital	25	96%	0%	0%	0%	89%	0%	0%	100%	100%	0%	0%	0%	0%	0%	100%	100%		
Base	26	25	0	0	0	9	0	0	4	7	0	0	0	0	0	1	5		

7.5.12 Anti-D injection venues

Respondents were asked: ‘Please tell us the name of the place you or they went to.’

Summary of survey feedback

This question received 36 responses. Overall, the top sub-theme raised was:

- Location – Queen's Hospital, Burton (14 / 36 = 39%)

Table 57 presents the full list of themes raised in response to this question by survey respondents.

Table 57. Please tell us the name of the place you or they went to.

Main theme	Sub-theme	No.	%
Location	Queen's Hospital, Burton	14	39%
Location	Royal Derby Hospital	2	6%
Location	Good Hope Hospital	2	6%
Location	Samuel Johnson Community Hospital	1	3%
Location	Birmingham Women's Hospital	1	3%
General	N/A	12	33%
General	Unsure if needed	5	14%
	Base	36	

7.5.13 Considering future maternity service users in Staffordshire and Stoke-on-Trent

Respondents were asked: ‘Are you or a family member or friend likely to need to use maternity services in the future?’

Summary of survey feedback

Table 58 shows a significantly higher percentage of respondents said they were very likely to need maternity services in the future. The area with the highest percentage was East Staffordshire (13 / 17 = 77%).

The highest percentage of respondents who said they were very unlikely to need maternity services in the future were from Tamworth (4 / 31 = 13%) or out of the area (1 / 8 = 13%).

Table 58. Are you or a family member or friend likely to need to use maternity services in the future?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Very likely	85 (56%)	56%	100%	0%	0%	55%	0%	50%	77%	58%	0%	0%	0%	0%	0%	75%	44%
Likely	28 (18%)	18%	0%	67%	0%	12%	100%	50%	18%	19%	0%	100%	100%	0%	0%	0%	22%
Neither likely nor unlikely	23 (15%)	15%	0%	33%	0%	22%	0%	0%	6%	7%	0%	0%	0%	0%	0%	13%	22%
Unlikely	8 (5%)	5%	0%	0%	0%	7%	0%	0%	0%	3%	0%	0%	100%	0%	0%	0%	7%
Very unlikely	9 (6%)	6%	0%	0%	0%	5%	0%	0%	0%	13%	0%	0%	0%	0%	0%	13%	4%
Base	153	148	1	3	0	60	1	6	17	31	0	1	1	1	0	8	27

7.5.14 The preferred location of future maternity services

Respondents who answered they were very likely or likely to use maternity services in Staffordshire and Stoke-on-Trent, were then asked: **'Where do you think you / they would go for maternity services?'**

Summary of survey feedback

Table 59 shows the majority of respondents (83 / 121 = 69%) thought they would use Queen's Hospital in Burton for maternity services in future, with the next most popular choice being Good Hope Hospital in Sutton Coldfield (18 / 121 = 15%).

The highest percentage of respondents who said they would use Queen's Hospital were from East Staffordshire (14 / 16 = 88%).

Table 59. Where do you think you / they would go for maternity services?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey responses	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Royal Stoke	2 (2%)	2%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%
Queen's Hospital	83 (69%)	68%	100%	50%	0%	69%	0%	17%	88%	72%	0%	0%	0%	0%	0%	71%	74%
County Hospital	0 (0%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Samuel Johnson	6 (5%)	5%	0%	0%	0%	7%	0%	17%	6%	0%	0%	0%	0%	0%	0%	0%	5%
New Cross Hospital	2 (2%)	2%	0%	0%	0%	0%	0%	17%	0%	0%	0%	100%	0%	0%	0%	0%	0%
Good Hope	18 (15%)	15%	0%	50%	0%	11%	100%	17%	0%	24%	0%	0%	0%	0%	0%	29%	16%

Survey responses	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Walsall Manor	2 (2%)	2%	0%	0%	0%	2%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%	0%
George Eliot Hospital	1 (1%)	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%
Royal Derby Hospital	3 (3%)	3%	0%	0%	0%	4%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%
Other	4 (3%)	3%	0%	0%	0%	4%	0%	17%	6%	0%	0%	0%	0%	0%	0%	0%	0%
<i>Base</i>	121	117	1	2	0	45	1	6	16	25	0	1	0	1	0	7	19

7.5.15 Reasons respondents would choose a particular location

After sharing where they would go for maternity services, respondents were asked: ‘**Please tell us why you or they would go there**’. This question received 93 responses. Overall, the top three sub-themes raised were:

- Neutral – Location – Closest hospital to home and family (47 / 93 = 51%)
- Positive – Quality of care – The quality of service received was good (e.g. good previous experience) (29 / 93 = 31%)
- Neutral – Quality of care – The birth needs to be consultant-led (e.g. C-section) (7 / 93 = 8%)

Table 60 presents the full list of themes raised in response to this question by survey respondents.

Table 60. Please tell us why you or they would go there.

Sentiment	Main theme	Sub-theme	No.	%
Neutral	Location	Closest hospital to home and family	47	51%
Positive	Quality of care	The quality of service received was good (e.g. good previous experience)	29	31%

Sentiment	Main theme	Sub-theme	No.	%
Neutral	Quality of care	The birth needs to be consultant-led (e.g. C-section)	7	8%
Negative	Location	Concerned over Samuel Johnson Community Hospital being unavailable	6	7%
Negative	Quality of care	Quality of care received was poor	2	2%
Positive	Quality of care	Prefer midwife-led birth	2	2%
Negative	Location	Were directed to Derby as there were no beds at Burton, leading to further travel	1	1%
Positive	Quality of care	It has a calming atmosphere	1	1%
Positive	Quality of care	Experience at Queen's Hospital, Burton, was good	1	1%
Negative	Quality of care	Negative experience at Walsall Manor Hospital	1	1%
Negative	Quality of care	Negative experience at Good Hope Hospital	1	1%
Negative	Quality of care	Negative experience at Derby Hospital	1	1
Positive	Staff	Staff at Queen's Hospital, Burton, were good	1	1%
Negative	Staff	Staff at Good Hope Hospital were not caring and helpful	1	1%
		Base	93	

7.5.16 The impact on people using maternity services without GTT and anti-D clinics at Samuel Johnson Community Hospital in Lichfield

Summary of survey feedback

Table 61 shows that some respondents stated that people would be very negatively (25 / 158 = 16%) or negatively (66 / 158 = 42%) affected by not having GTT and anti-D clinics available as part of maternity services at Samuel Johnson Community Hospital in Lichfield.

Of the respondents, Lichfield and Cannock Chase residents would be most negatively impacted.

Lichfield residents said they would be negatively (29 / 61 = 48%) or very negatively (17 / 61 = 28%) affected by not having GTT and anti-D clinics available as part of maternity services at Samuel Johnson Community Hospital.

Cannock Chase residents said they would be negatively (3 / 6 = 50%) or very negatively (2 / 6 = 17%) affected by not having GTT and anti-D clinics available at Samuel Johnson Community Hospital.

Table 61. To what extent do you think the changes to GTT and anti-D clinics at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services?

Note: The columns with a light blue header show the responses by individual respondent type, and the columns with a purple header show the responses by local authority area.

Survey response	Total	Patient or member of the public	Carer	NHS employee	Other public sector organisation, charity or voluntary organisation	Lichfield	Stafford	Cannock Chase	East Staffordshire	Tamworth	Stoke-on-Trent	South Staffordshire	Staffordshire Moorlands	Newcastle-under-Lyme	Neighbouring local authority area	Out of area	No postcode provided
Very positively	8 (5%)	5%	0%	0%	0%	3%	0%	0%	18%	6%	0%	0%	0%	0%	0%	0%	4%
Positively	9 (6%)	5%	100%	0%	0%	2%	0%	0%	18%	0%	0%	0%	0%	0%	0%	22%	11%
Neither positively or negatively	50 (32%)	32%	0%	33%	0%	20%	0%	33%	29%	50%	0%	0%	100%	0%	0%	33%	37%
Negatively	66 (42%)	43%	0%	0%	100%	48%	0%	50%	18%	41%	0%	100%	100%	0%	0%	44%	41%
Very negatively	25 (16%)	15%	0%	67%	0%	28%	100%	17%	18%	3%	0%	0%	0%	0%	0%	0%	7%
Base	158	153	1	3	1	61	1	6	17	34	0	1	1	1	0	9	27

7.5.17 Reasons why the ratings were chosen

After sharing their views on the proposal to permanently make GTT and anti-D injections unavailable at Samuel Johnson Hospital in Lichfield, respondents were then asked to comment in more detail. They were asked:

‘Why do you think there will be a positive or negative impact? Include details of any specific groups or people you think will be impacted, who they are, why they will be impacted and how any negative impacts could be reduced or avoided?’

This question received 145 responses. Overall, the top three sub-themes raised were:

- Observation – Location – Concern over long travel to the hospital (63 / 145 = 43%)
- Observation – Location – A local service would be more beneficial (e.g. Samuel Johnson Community Hospital) (54 / 145 = 37%)

- Positive – Access – Accessing the service at Queen's Hospital, Burton, seems fine (27 / 145 = 19%)

Table 62 presents the full list of themes raised in response to this question by survey respondents.

Table 62. Why do you think there will be a positive or negative impact? Include details of any specific groups or people you think will be impacted, who they are, why they will be impacted and how any negative impacts could be reduced or avoided??

Sentiment	Main theme	Sub-theme	No.	%
Observation	Location	Concern over long travel to the hospital	63	43%
Observation	Location	A local service would be more beneficial (e.g. Samuel Johnson Community Hospital)	54	37%
Positive	Access	Accessing the service at Queen's Hospital, Burton, seems fine	27	19%
Negative	Access	Concern over difficulty parking at the hospital	13	9%
Negative	Access	Concern for those who don't have access to a car	7	5%
Observation	Access	Consider providing more choices	7	5%
Negative	Access	Getting to the hospital using public transport can be very long	6	4%
Positive	Location	Would choose Good Hope Hospital	4	3%
Observation	Location	Concerned about long travel for women who have caring duties for other children	4	3%
Observation	Location	Live close to Good Hope Hospital	2	1%
Positive	Location	Would choose Walsall Manor Hospital	1	1%
Negative	Access	Concern over the pressure this will cause to the hospital	2	1%
Observation	Access	Consider providing multiple appointments for scans and tests during the same visit	1	1%
Negative	Communication	Concern over lack of information about GTT and anti-D injection	1	1%
	General	Not affected (e.g. no need of the service)	8	6%
	General	N/A	3	2%
		Base	145	

7.5.18 Any further ideas or suggestions

Respondents were asked to share any other ideas or suggestions:

'Do you have any other ideas or suggestions you think we should consider?'

This question received 55 responses. Overall, the top three sub-themes raised were:

- Observation – Location – Consider providing all antenatal services at Samuel Johnson Community Hospital, including the anti-D injections and GTTs (18 / 55 = 33%)
- Observation – Location – Consider providing a local service (15 / 55 = 27%)
- Observation – Location – Consider providing these services at a GP practice (4 / 55 = 7%)

Table 63 presents the full list of themes raised in response to this question by survey respondents.

Table 63. Do you have any other ideas or suggestions you think we should consider?

Sentiment	Main theme	Sub-theme	No.	%
Observation	Location	Consider providing all antenatal services at Samuel Johnson Community Hospital, including the anti-D injections and GTTs	18	33%
Observation	Location	Consider providing a local service	15	27%
Observation	Location	Consider providing these services at a GP practice	4	7%
Negative	Location	Concern over long travel to the hospital	3	6%
Observation	Location	Consider providing multiple appointments for scans and tests during the same visit	2	4%
Positive	Quality of care	The experience at Queen's Hospital, Burton, was good	2	4%
Negative	Quality of care	The experience at Good Hope Hospital was not good	2	4%
Negative	Staff	Concern over lack of staff	1	2%
Observation	Communication	Consider providing more information online about the GTTs	1	2%
	General	N/A	11	20%
		Base	55	

8 Conclusion

This report of findings provides an in-depth analysis and presentation of the feedback received during the main consultation and the additional 4-week targeted engagement.

The engagement activities undertaken during the main consultation period were geared towards gathering feedback from a wide range of people and groups. This was to gain as wide an understanding as possible of the needs of the population, with the overall aim of improving care and making services easier to access.

The engagement that was undertaken during the additional focused 4-week period was targeted specifically on the provision of GTT and anti-D injections. Pregnant women and those who had recently given birth were asked to share information on where they had attended for services and what they thought the impact would be in future on local maternity services if these were not made available at Samuel Johnson Community Hospital.

The highlights from the main survey and event feedback are listed below:

Patient and public experience:

- More than 75% of respondents had used or knew someone who had used maternity services in Staffordshire and Stoke-on-Trent in the past five years.
- More respondents said that their pregnancies were classed as low-risk or midwife-led, than those who said their pregnancies were high-risk or consultant-led.
- 70% of respondents said they or someone they knew were likely or very likely to use maternity services in the future.
- When asked for their preferred birthing location, 53% said Samuel Johnson Community Hospital and 24% said County Hospital, Stafford.

Impact of proposal:

- **88% of respondents** said that the closure of birthing services at County Hospital, Stafford, would impact people very negatively or negatively.
- Most of those respondents said that County Hospital was the nearest to where they live.
- Most of those respondents said the community would lose the high standard of care provided at County Hospital, Stafford.
- **87% of respondents** said that the closure of birthing services at Samuel Johnson Community Hospital, Lichfield, would impact people very negatively or negatively.
- Most of those respondents said that Samuel Johnson Community Hospital was the nearest to where they live, and that people would have to travel a lot further for birthing services.
- Respondents also said that as Lichfield has grown in population and housing has increased, local services should remain for the expanding population.

Other ideas and suggestions:

Respondents were asked to share any ideas or suggestions that need to be considered. The top responses were:

- Do not close birthing services at Lichfield and Stafford.
- Increase staffing and training.
- Consider the impact on residents.
- Consider running an on-demand model at the FMBUs.
- Provide more wraparound services, such as mental health, phlebotomy and breastfeeding support.

The highlights from the additional engagement are listed below:

Patient and public experience:

- **95% of respondents** said they, a family member or a friend had used maternity services in Staffordshire and Stoke-on-Trent in the past five years.
- Of the 57% of respondents who said they received a GTT, **98% stated they had received it at their local hospital.**
- All the respondents from Stafford, Cannock Chase, East Staffordshire, Tamworth, Staffordshire Moorlands and Newcastle-under-Lyme stated that they received the GTT at their local hospital.
- Some respondents from Lichfield stated that they visited a family hub or GP practice for their GTT.
- **81% of respondents** did not require an anti-D injection during the pregnancy.
- **More than 50%** of respondents said they would choose the location closest to their home and family to access maternity services.

Impact of proposal:

- **58% of respondents** stated that people would be very negatively or negatively affected by not having GTT and anti-D clinics available as part of maternity services at Samuel Johnson Hospital in Lichfield.
- **37% of respondents** said a local service would be more beneficial (e.g. Samuel Johnson Community Hospital).
- Almost half of the respondents said they would be concerned over long journeys and travel issues to another destination further away from their local hospital.
- **19% of respondents** said that they were satisfied with accessing the service at Queen's Hospital, Burton.

Other ideas and suggestions:

Respondents were asked to share any ideas or suggestions that need to be considered. The top responses were:

- Consider providing all antenatal services at Samuel Johnson Community Hospital, including the anti-D injections and GTTs.
- Consider providing a local service.
- Consider providing these services from GP practices.

Summary

In summary, the consultation feedback and the additional engagement feedback shows the most important factors and key considerations are around user experience and quality of care, keeping services local, and travel and transport.

The majority of the feedback received from the consultation and additional engagement presents a preference for birthing services and antenatal GTT/anti-D injections to remain a part of the services offered at the FMBUs.

Those who had used birthing services themselves in the past said their experience had been very positive and they favoured the environment significantly over a clinical setting – such as an acute hospital.

Of those commenting on GTT and anti-D injections at Samuel Johnson Community Hospital, the majority said that they would rather be able to receive these services locally or in the community.

Main themes from the consultation on birthing services:

- The high standard and quality of care received at both FMBUs for birthing compared to negative experiences of giving birth in other hospitals, both in Staffordshire and Stoke-on-Trent and in neighbouring areas.
- The proposal removes the element of choice for expectant mothers who want to choose where they give birth and how they are supported.
- There is a need to retain local birthing services in areas growing in housing and population.
- Transport and travel to birthing locations further away from home is a concern. They said that the thought of travelling further, using motorways, getting stuck in traffic and the stress of a longer journey while in labour would cause a very negative impact on service users.
- There was little feedback received in favour of the proposal to permanently close birthing services at the FMBUs.

Main themes from the focused engagement on GTT and anti-D injections:

- Concern over the long travel, parking and those who don't have access to a car.
- The desire to keep all services at Samuel Johnson Community Hospital, including GTT and anti-D injections.
- The requirement for a locally based service to fill the gap in Lichfield created by an increasing population and reduction in services.

9 Appendix

9.1 Appendix A – Consultation survey questions

Appendix A is a list of the survey questions that were asked as part of the consultation:

Question	Question type
Tell us who you are	
<ul style="list-style-type: none"> Are you answering as an individual or an organisation? 	Closed
<ul style="list-style-type: none"> As an individual answering this survey, which of the following best describes you? 	Closed
<ul style="list-style-type: none"> As an organisation answering this survey, which of the following best describes you? 	Closed
<ul style="list-style-type: none"> Please provide the name of your organisation 	Open
Your experiences of maternity services in Staffordshire and Stoke-on-Trent	
<ul style="list-style-type: none"> Have you, a family member or friend(s) used maternity services in Staffordshire and Stoke-on-Trent in the past 5 years? 	Closed
<ul style="list-style-type: none"> Please tell us who was using the maternity services in Staffordshire and Stoke-on-Trent in the past 5 years 	Closed
<ul style="list-style-type: none"> Did you / they give birth in Staffordshire and Stoke-on-Trent? 	Closed
<ul style="list-style-type: none"> Where did you / they give birth? 	Closed
<ul style="list-style-type: none"> Was your / their pregnancy classed as low-risk or high-risk? 	Closed
<ul style="list-style-type: none"> Was your / their birth midwife- led or consultant-led? 	Closed
<ul style="list-style-type: none"> Are you or a family member or friend likely to need to use maternity services in the future? 	Closed
<ul style="list-style-type: none"> Where do you think you / they would go for maternity services? 	Closed
<ul style="list-style-type: none"> Please tell us why you / they would go there 	Open
Our proposal for the future of the freestanding midwife-led birthing units (FMBUs) in Staffordshire and Stoke-on-Trent	

Question	Question type
<ul style="list-style-type: none"> To what extent do you think the proposal to close the birthing services at the FMBU at County Hospital in Stafford will positively or negatively impact people using maternity services? 	Closed
<ul style="list-style-type: none"> How do you think the proposal to close the birthing services at the FMBU at County Hospital in Stafford will positively or negatively impact people using maternity services 	Open
<ul style="list-style-type: none"> To what extent do you think the proposal to close the birthing services at the FMBU at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services? 	Closed
<ul style="list-style-type: none"> How do you think the proposal to close the birthing services at the FMBU at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services 	Open
<ul style="list-style-type: none"> Do you have any other ideas or suggestions you think we should consider? 	Open

9.2 Appendix B – Additional focused engagement survey

Respondents were asked:

Question	Question type
Tell us who you are	
<ul style="list-style-type: none"> Are you answering as an individual or an organisation? 	Closed
<ul style="list-style-type: none"> As an individual answering this survey, which of the following best describes you? 	Closed
<ul style="list-style-type: none"> As an organisation answering this survey, which of the following best describes you? 	Closed
<ul style="list-style-type: none"> Please provide the name of your organisation 	Open
Your experiences of maternity services in Staffordshire and Stoke-on-Trent	
<ul style="list-style-type: none"> Have you, a family member or friend(s) used maternity services in Staffordshire and Stoke-on-Trent in the past 5 years? 	Closed
<ul style="list-style-type: none"> Please tell us who was using the maternity services in Staffordshire and Stoke-on-Trent in the past 5 years 	Closed
<ul style="list-style-type: none"> Did you / they give birth in Staffordshire and Stoke-on-Trent? 	Closed
<ul style="list-style-type: none"> Where did you / they give birth? 	Closed
<ul style="list-style-type: none"> Where did you / they receive antenatal care? Antenatal care is the care you get from health professionals during pregnancy. 	Closed
<ul style="list-style-type: none"> Please provide the name of the place you/they went to 	Closed
<ul style="list-style-type: none"> Did you / they receive a GTT (Glucose Tolerance Test) during the pregnancy? 	Closed
<ul style="list-style-type: none"> Where did you / they receive the GTT? Please provide the name of the place you / they went to. 	Open
<ul style="list-style-type: none"> Did you / they have anti-D injections during the pregnancy? 	Closed
<ul style="list-style-type: none"> Where did you / they receive the anti-D injection? Please provide the name of the place you / they went to. 	Open
<ul style="list-style-type: none"> Are you or a family member or friend likely to need to use maternity services in the future? 	Closed
<ul style="list-style-type: none"> Where do you think you / they would go for maternity services? 	Closed
<ul style="list-style-type: none"> Please tell us why you / they would go there 	Open

Question	Question type
<p>Our proposal for the future of the freestanding midwife-led birthing units (FMBUs) in Staffordshire and Stoke-on-Trent</p>	
<ul style="list-style-type: none"> To what extent do you think the changes to GTT and anti-D clinics at Samuel Johnson Hospital in Lichfield will positively or negatively impact people using maternity services? 	Open
<ul style="list-style-type: none"> Explain why you think there will be a positive or negative impact, including details of any specific groups or people you think will be impacted, who they are, why they will be impacted and how any negative impacts could be reduced or avoided. 	Open
<ul style="list-style-type: none"> Do you have any other ideas or suggestions you think we should consider? 	Open

9.3 Appendix C - Social media paid ads comments

Appendix B is a screen grab of the comments received on social media paid adverts during the consultation:

The following table summarizes the content of the social media comments shown in the screenshots:

User	Comment Text	Engagement
Abbie Hughes, Katie Jayne Gri	Local midwife-led birthing services could change - and your views matte...	9w Like Reply Hide
Joanne Magiy	We've building more and more homes but closing services? Makes no sense! Hospitals can't cope as it is!	11w Like Reply Hide 3
Laura Jane Bishton	Reopen lichfield! Should have never even been a thought not to reopen.	11w Like Reply Hide 7
Amy Green	Completed This would be an absolute waste - your local maternity services and teams are incredible in comparison to the offer in neighbouring counties. Women and people of childbearing potential need these vital local services. Please don't remove ... See more	11w Like Reply Hide 5
Hannah Stubbs	Filled in already reference Lichfield - reopen it! I couldn't give birth here because it was closed during covid I had to travel elsewhere which was really stressful and uncomfortable when I could have been down the road in couple of minutes in a beaut... See more	11w Like Reply Hide 7
Ria Trickett-Hill	The services need reinstating not closing down!	12w Like Reply Hide 14