



**NHS Coventry
NHS Warwickshire**

PRE-ENGAGEMENT REPORT

**For Maternity and Children's Services
in Coventry and North Warwickshire**

April 2012

Produced by the Arden Cluster Public and
Patient Engagement Team
(NHS Coventry and NHS Warwickshire)

PRE-ENGAGEMENT - What did we find out?

- As part of the pre-engagement process for sustainable maternity and children’s services in Coventry and North Warwickshire, in November/December 2011 we met with local people and asked them about their pregnancy, plans for delivery and what were the most important things to them when choosing a high quality maternity service.
- Around 300 people took part in discussions, meetings and if appropriate, were also invited to complete a questionnaire (Appendix 1).
- The questionnaire was completed by 111 participants.
- Where did the participants live?

34	-	Nuneaton or Bedworth
33	-	Rugby
20	-	Coventry
12	-	Leamington Spa
3	-	Atherstone
3	-	Warwick
3	-	Stratford upon Avon
1	-	Outside Coventry and Warwickshire
1	-	Leicestershire
1	-	Did not state their area of residence

- Questionnaire participants’ ages ranged from 19 to 44 years. The average age of participants was 30 years.
- The majority of participants (87) were white and of British nationality. As shown in Appendix 1, the questionnaire included an Equality Data Collection form and a breakdown of the demographics of the questionnaire participants can be found in Appendix 2.
- Where were participants planning/had planned to give birth?

38	-	University Hospital, Coventry
28	-	George Eliot Hospital, Nuneaton
23	-	Warwick Hospital, Warwick
14	-	Outside Coventry and Warwickshire, or did not state their planned birth venue
8	-	Home birth across Coventry and Warwickshire

- In answer to the question relating to the preferred type of maternity service, the results showed that the Consultant Unit and the alongside Birthing unit were the

more generally preferred option, with the results almost equally divided. More details are given on page 7 of the report.

- The overall finding from these responses was that the majority of mothers would like to give birth in a facility which had medical care available on the same site, in case something unexpected was to occur during labour. However, it is worth noting that a significant number of women would also value being able to give birth at home or in a more homely environment such as a Stand Alone Birthing Unit.
- As well as the survey, 32 women and 2 men took part in two separate focus groups which focused on their views of what they would like from high quality maternity services. All women reinforced the message about a preference for antenatal care being close to home.
- One focus group was held at the Camp Hill Early Year’s Centre in Nuneaton and the other in Dunchurch, near Rugby.
- The National Childbirth Trust helped with the engagement by distributing copies of the questionnaire and hosting discussion events and MAMPTA in Coventry also supported the engagement with Asian women, both in discussing the issues and returning completed questionnaires.
- At both focus groups, the main emphasis was on the importance of having maternity services as local as possible, with transport and travelling time being raised in both groups.
- However, people also wanted clinical excellent and high quality services at the location they chose.

1.0 Background and Introduction

- 1.1 Currently maternity and children’s services in Coventry and North Warwickshire are provided by University Hospital Coventry and Warwickshire (UHCW, based in Coventry) and George Eliot Hospital (GEH, based in Nuneaton).
- 1.2 Over the years with continuous advances in medicine, we have seen a significant decrease in the number of children needing admission to acute hospitals. Consequently, a number of hospitals across the Country are seeing very low admission rates to their paediatric services, with only a limited range of illnesses and conditions. This means that the paediatricians in these hospitals are not always getting a broad enough range of experience to maintain their skill levels and expertise.

- 1.3 This is a challenge which is also facing George Eliot Hospital – the issue is particularly affecting the training that the hospital can provide to their Junior Doctors, who play a vital role in providing paediatric services at GEH.
- 1.4 These doctors at GEH also provide essential support to maternity services, when babies are born unwell and need neonatal medical care. Any change to the paediatric services at GEH will also impact upon their provision of maternity services.
- 1.5 For the past year, UHCW have been providing support to GEH for paediatric care as a temporary solution. However, these temporary measures now need to be replaced with a long term, clinically sustainable model of paediatric care (and therefore maternity provision) across North Warwickshire and Coventry.
- 1.6 This report covers a set of pre-engagement activities which have been carried out by the Arden Cluster in order to gain insight into the preferences of the public, particularly in relation to maternity service provision.
- 1.7 This pre-engagement has been carried out with a variety of women and mothers currently residing in Coventry, North Warwickshire and Leicestershire and highlights what these women would like to see prioritised when devising a model of maternity and children’s services for this area.
- 1.8 This report also briefly discusses the outcomes of a ‘non-financial options appraisal’ carried out with key stakeholders in the County. This gives further insight into what people would like to see prioritised for these services, if a service redesign is to be undertaken.

2.0 Approach

- 2.1 During November/December 2011 we asked people in Coventry and North Warwickshire to take part in various discussions around maternity and children’s services in the area. These included meetings and focus groups and were mainly conducted in Children’s Centres and Sure Start Centres across Warwickshire. We identified groups of pregnant women and mothers who would be likely to have an interest in available maternity services.
- 2.2 We asked people to complete a questionnaire which focused on their preferences with regard to the type of maternity services they would like to receive. Questionnaires were circulated to groups such as the National Childbirth Trust and MAMPTA in Coventry and in total 110 questionnaires were completed across Coventry, North Warwickshire and Leicestershire. (A copy of the questionnaire can be found in Appendix 1).

- 2.3 In addition to the questionnaires, 2 focus groups were held with mothers, pregnant women and their partners residing in Coventry and North Warwickshire. 32 women and 2 men in total took part. The aim of the focus groups was to understand the views and experiences of mothers using Maternity Services currently available in Coventry and North Warwickshire.
- 2.4 In addition to these patient focused pre-engagement activities, a ‘Non-Financial Options Appraisal’ was held on 20th October 2011. The aim of this session was to gather key stakeholders within the community to understand and review the potential options for maternity and children’s services in Coventry and North Warwickshire.

3.0 Questionnaire

3.1 Questionnaire Sample

- 3.1.1 The questionnaire was completed by 110 participants.
- 3.1.2 33 of the questionnaire participants resided in Rugby, 20 in Coventry, 34 in Nuneaton & Bedworth, and 3 in Atherstone. 12 participants resided in Leamington Spa, 3 in Warwick, 3 resided in Stratford upon Avon and 1 in Leicestershire. Only 1 of the participants resided outside of Coventry and Warwickshire, and 1 did not state their area of residence.
- 3.1.3 Although 19 out of 110 participants did not specify their gender due to the other answers (about pregnancy etc) in their questionnaires all participants were assumed to be female. All were either already mothers or currently expecting their first child.
- 3.1.4 Questionnaire participant’s ages ranged from 19 to 44. The average age of participants was 30.
- 3.1.5 The majority of participants (87) were white and of British nationality. As shown in Appendix 1, the questionnaire contains an ‘Equality Data Collection Form’. A breakdown of the demographics of the questionnaire participants can be found in Appendix 2.
- 3.1.6 The questionnaires were distributed within existing women’s groups across the county by hand, email and post out to Children’s Centres across Coventry, North Warwickshire and Hinckley/Bosworth, with pre-paid envelopes.

3.2 Questionnaire Findings – Planned Birth Location

- 3.2.1 We asked women which hospitals they were planning/had planned to give birth in. 38 planned to have their babies at University Hospital Coventry & Warwickshire (UHCW), 27 planned to have their babies at George Eliot Hospital (GEH) and 23 planned to have their babies at Warwick Hospital (SWFT). 8 mothers planned to have a home birth. The remaining 14 participants planned to give birth at an alternative location outside of Coventry and Warwickshire, or had not stated their planned birth location.
- 3.2.2 Out of all the pregnant women who gave a response for this question and lived in Atherstone, Nuneaton or Bedworth, 87% were planning to give birth at GEH (26 out of 30). Out of all the pregnant women who lived in Coventry, 100% of the women who gave an answer to this question were planning to give birth at UHCW (17 out of 17).
- 3.2.3 Out of the pregnant women residing in Rugby, the planned birth locations were spread between UHCW, Warwick Hospital and having a home birth. It was evident amongst comments from Rugby residents that they would prefer to have a local facility in which they could give birth (comments are reviewed in more detail later in this report).
- 3.2.4 Out of all 110 questionnaire participants, 31 had considered having a home birth. From this group of people, only 8 planned to have or did have a home birth.
- 3.2.5 Each participant who did not choose to have a home birth was asked to give reasons for this choice. A common reason women gave for not choosing a home birth was because they wanted to be in hospital with access to medical support if something unexpected were to occur during labour. Their comments show that they feel a hospital birth would be ‘safe’. Several other people said they had a high risk pregnancy or had experienced unexpected problems during previous childbirth so had been advised/wanted to have their babies in a facility with medical support.
- 3.2.6 A small number of people mentioned that they had not received enough information about having a home birth to be able to make a decision on it. One lady gave the reason that she ‘wanted the support of a midwife’ so chose not to have a home birth; this implies that she has been misinformed about the nature of a home birth, or has made an assumption based on a lack of information. The following table (Table 1) gives an overview of reasons given for not choosing a home birth.

Comment Type	Comments
Safety	<ul style="list-style-type: none"> Many first time mothers want immediate medical support available – “This was my first baby so was worried”

	<ul style="list-style-type: none"> • “Dangerous” • “Wanted to feel I was in a safe place” • “Scared of needing a doctor” • “Little bit scary and unknown for first baby”
Practicalities	<ul style="list-style-type: none"> • “It is a shame living in Rugby that there is no local service to support the many women that would consider a home birth but would be concerned about the long trip to Coventry or Warwick in case of an emergency.” • “Too noisy because of having other children at home” • “Home not suitable” • Concern about messiness
Risk	<ul style="list-style-type: none"> • “Advised not to have a home birth due to difficulties with previous labour” • “Have a heart and lung disorder so need to be in hospital” • “Advised not to have a home birth due to my age” • “Closeness to professionals in case anything went wrong”
Informed	<ul style="list-style-type: none"> • “Not given enough information about it” • “Never thought about it with my first [baby]”

Table 1: Reasons for choosing not to have a home birth

3.2.7 Each participant was asked to indicate how important giving birth in a **local** hospital was to them by choosing either ‘Very’, ‘Moderately’, or ‘Not important’. Out of the 106 women who gave a response for this question, the majority of women (63%) felt it was very important to be able to give birth in a local hospital, whilst only 10% felt it was not important. 27% felt it was moderately important.

3.2.8 Interestingly, 92% of the residents of Nuneaton, Bedworth & Atherstone felt it was either very or moderately important to be able to give birth in a local hospital (34 out of 37 participants).

3.3 Questionnaire Findings – Preferred Type of Maternity Service

3.3.1 As part of the questionnaire women were asked to rate four different maternity service options on a scale of 1 – 4, where 1 is the most preferred option, and 4 is the least preferred option. The four maternity service options were:

- **Consultant Unit** – Midwifery and medical care with full doctor back up if required.
- **Alongside Birthing Unit** – Midwifery led care with full doctor back up on site if required.
- **Stand Alone Birthing Unit** – Midwifery led care with no doctor back up on side, with ambulance transfer to hospital if required.
- **Home Birth** – Midwifery led care with ambulance transfer to hospital for medical care if required.

3.3.2 Overall, the results of these ratings show the Consultant Unit and the Alongside Birthing Unit to be the more generally preferred options with the majority of participants rating them as 1 or 2. For the Stand Alone Birthing Unit and Home Birth (the two options with no on-site medical care) these are generally rated as the least preferred options for the majority of women. The figure below (Figure 1) breaks down the responses into most and least preferred.

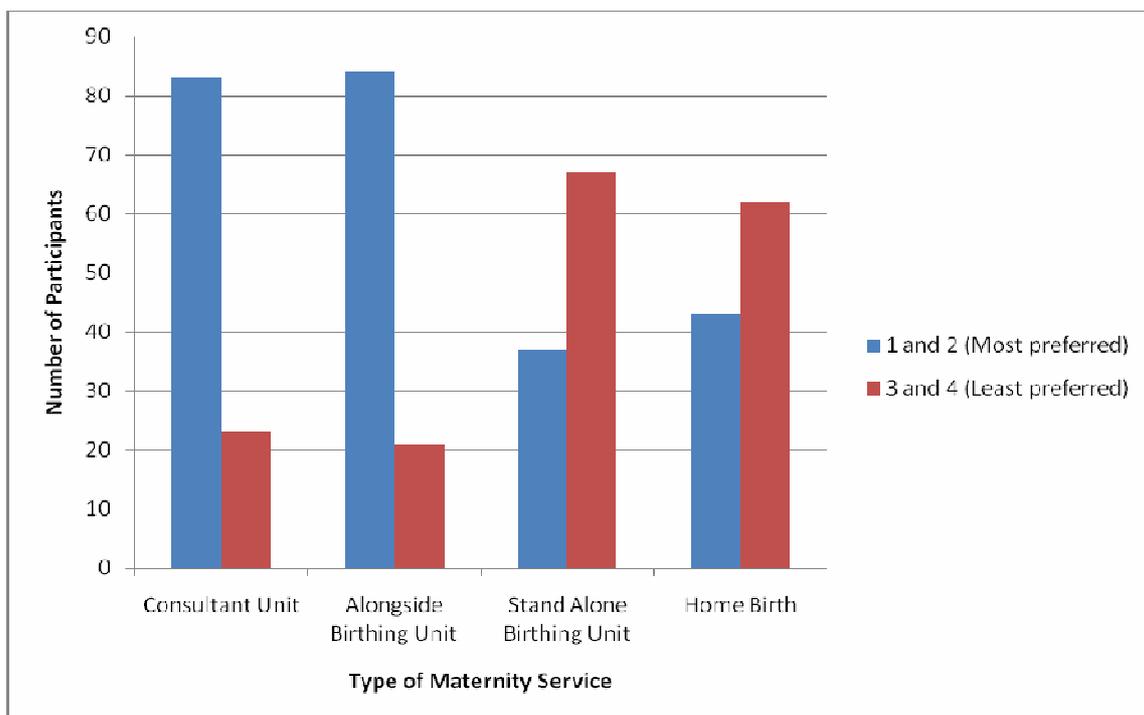


Figure 1: Ratings of maternity services options

3.3.3 The overall finding from these ratings is that the majority of mothers would like to give birth in a facility which has medical care available on the same site in case something unexpected was to occur during labour. However it is worth noting that a significant number of mothers would also value being able to give birth at home or in a more homely environment such as a Stand Alone Birthing Unit.

3.4 Questionnaire Findings – Important Factors

3.4.1 Each participant was asked to give additional information on the most important factors for them when choosing where to give birth. A wide variety of responses were given for this question, highlighting the diversity in women’s priorities when devising their birth plan.

3.4.2 The following table (Table 2) gives an overview of some of the common comments made across the different priority areas for mothers:

Comment Type	Comments
Location	<ul style="list-style-type: none"> • “Distance from home” • “Do not want to have a long journey whilst in labour” • Convenient • “Location – near to home”
Safety	<ul style="list-style-type: none"> • Close to medical care if necessary • “Being close to consultant for my disorder”
Hospital Standards & Atmosphere	<ul style="list-style-type: none"> • “Homely atmosphere, pictures on walls, no spot lights” • “Being comfortable” • “Clean, safe hospital” • Up-to-date facilities and trained, professional staff • “Relaxing birthing environment”
Birthing Equipment	<ul style="list-style-type: none"> • Opportunity to have water birth
Attitude & Familiarity	<ul style="list-style-type: none"> • “My views, opinions and feelings being taken into account” • Friendliness of staff • “Individual support from midwife” • “Personal support from a midwife who knows me throughout whole pregnancy”
Reputation	<ul style="list-style-type: none"> • “Other mother’s experiences” • “Hospital has a good reputation for care given”

Table 2: Most important factors when choosing where to give birth

3.5 Questionnaire Findings – Other Views on Maternity Services

3.5.1 The final question on the questionnaire asked participants to give any additional views they wanted to express on the maternity services. 24 out of 54 women chose to answer this question. The following table (Table 3) gives an overview of the kind comments made:

Comment Type	Comments
Location	<ul style="list-style-type: none"> • “Very important that baby is born in local hospital but no option for this – all hospitals are 30 minutes drive away” (<i>Rugby Resident</i>) • “Maternity services and children services that are local are very important, my baby is very poorly and is under the care of a paediatrician at GEH who is fantastic, if I had to travel to another hospital the stress on the family would be unbearable” (<i>Nuneaton Resident</i>) • Many Nuneaton residents stated that they did not want to lose the maternity services at GEH, and said positive things about their experiences there.
Attitude & Familiarity	<ul style="list-style-type: none"> • “My husband felt that once I had had the babies he should leave very soon after” • “I have had one child at UHCW and one at GEH, I preferred the GEH birth as it was a friendlier hospital and knowing the midwives made me feel very comfortable and confident” • “Really important to know the midwife throughout pregnancy and labour” • “Really wish I’d had the same midwife throughout pregnancy” • “Community midwives and home birth extremely positive, whereas felt less encouraged and more frightened in hospital – felt like a small part of a big machine” (<i>Rugby resident – mother who gave birth to first child at UHCW, and had home birth for second</i>) • “Don’t want to give birth in a huge maternity unit where I’m just a number”
Number of midwives	<ul style="list-style-type: none"> • Want more midwives to be available for patients
Communication	<ul style="list-style-type: none"> • “At the moment there appears to be a lack of continuity of care between district midwifery and hospital/consultant care. I have had to chase a lot of things up myself.”
Information	<ul style="list-style-type: none"> • “I would like to see more facilitation of parents’

	<p>informed decision making, rather than negotiating or coercing. Greater support for homebirth, water birth etc.”</p> <ul style="list-style-type: none"> • “I would like to see a change in antenatal classes that are offered by the NHS, as women should be provided with better information, guidance and support than it is currently the case.” • I wanted to go and have a look around before I gave birth, but was told I couldn’t. Not even a DVD to look at.”
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Table 3: Other views on maternity services

3.6 Questionnaire Findings – Conclusion

- 3.6.1 It is clear that residents of Nuneaton, Bedworth and Atherstone are making use of the existing maternity services at GEH when planning childbirth. A significant number of comments were made by these women indicating that they would be disappointed to see the GEH maternity services discontinued. Additionally, those mothers who are not currently located near to any available maternity services (e.g. Rugby residents) have made it clear in their responses that they would like to have such services available in their residential area, and that not having these services negatively impacts on their experiences of childbirth in a number of ways. These trends are supported by the majority of the entire participant sample indicating that it is important to be able to give birth in a local facility.
- 3.6.2 The questionnaire responses show that only a small number of women consider having a home birth. The justification given for not considering a home birth suggests that the majority of women feel that it would be much safer to give birth in a facility which has medical support available on site if required – this notion is supported by mother’s ratings of prospective maternity services showing that the most preferred options are to give birth in services which have medical support available. As mentioned though, these women seem to have several misconceptions about home births, and it is apparent that there is discouragement of the concept on the part of the midwives – this may be something that could be addressed with community midwives.
- 3.6.3 Throughout the responses for the qualitative questions, there were several themes come out in terms of the factors that women place importance on when having their babies – one of the foremost of these factors is the location of the birthing unit; the vast majority of women want a maternity unit that is based near to their homes. In addition to this, mothers’ priorities for maternity services include the safety of mother and baby, cleanliness and comfort within the unit, and familiarity with midwives who are supportive and encouraging throughout pregnancy and labour.

4.0 Focus Groups: Findings and Analysis

The following additional comments were made during the two focus groups. 18 women and 2 men took part in Dunchurch, Rugby and 14 women took part in Camp Hill, Nuneaton.

CAMP HILL EARLY YEARS CENTRE, NUNEATON Comment Type	Comments
Location	<ul style="list-style-type: none"> • “I always have quick labours and don’t want to have to travel far in case the baby is born on the way”. • “Taxi drivers will not take women in labour to hospital”.
Safety	<ul style="list-style-type: none"> • I thought all hospitals would be safe.”
Hospital Standards & Atmosphere	<ul style="list-style-type: none"> • “I want the birth to be as ‘normal’ as possible. People have babies all the time, don’t they?” • “I have only just moved to Nuneaton and have been impressed by George Eliot.” • “I have had one baby in a Birthing Unit and another one in the labour ward and they were completely different. I preferred the birth in my own room with no doctors because it was much more relaxed and it didn’t occur to me that something might go wrong.” • I want more homely rooms in the hospital.”
Birthing Equipment	<ul style="list-style-type: none"> • “I want a water birth in hospital. I would prefer a home birth, but don’t want the mess.”
Attitude & Familiarity	<ul style="list-style-type: none"> • “I’m quite laid back and don’t care if it’s a midwife or doctor who looks after me.” • “They keep talking about me as a ‘patient’ and all I am is pregnant, there’s nothing wrong with me.”

Reputation	<ul style="list-style-type: none"> • “I asked other people where they went and what it was like” • “I asked my friends and my mum what they thought.”
Support	<ul style="list-style-type: none"> • “Children’s Centres are great because there is so much going on. I can meet other women and mums, knowing the children are safe. I am going to a Zumba class this afternoon to get rid of my baby fat and muffin top!”

DUNCHURCH BABES AND BUMPS GROUP Comment Type	Comments
Location	<ul style="list-style-type: none"> • “I want to go somewhere as close to home as possible to have my baby. I am due in December and live out in the sticks and am worried that I won’t be able to get out of the village to get to hospital while in labour.” • “I have recently found out that I could have gone to Warwick and am slightly annoyed that no-one told me before I planned to have my baby at Coventry. Not sure whether it is too late to change my mind.” • “Home birth should be offered, no-one mentioned it to me. The midwife asked me, “Which hospital do you want your baby in” without giving me the options.” • “I had a home birth with 2 midwives, 1 of whom I had met during my ante-natal care and it was great.” • I did some research on the Internet around how many babies were delivered each year at the different hospitals. • “Access is not so important to me as the facilities and expertise once you get there.” • “Taxis won’t take you to hospital once you are in labour and you don’t really need a 999 ambulance. “ • “I am planning a home birth, but will go to hospital if needed.” • “I would have liked to have my baby at Rugby, but they closed the maternity ward there some time ago.”
Safety	<ul style="list-style-type: none"> • “My baby was breech and so I couldn’t have a home birth. At 38 weeks the Consultant said that I would have to have a caesarean, but I wanted to try and

	deliver vaginally. I changed hospital and was not induced. I did end up having a caesarean, but felt as though I had tried to have the baby naturally.”
Hospital Standards & Atmosphere	<ul style="list-style-type: none"> • “I felt really well supported after the delivery and had lots of help to establish breast-feeding.” • “There was no tour available before the birth, not even a DVD to watch.” • “I was left and felt abandoned during delivery.” • “I looked at the size of the birthing units and chose a small one which didn’t feel so medicalised.” • “I also looked at the ratio of midwives to women.”
Birthing Equipment	<ul style="list-style-type: none"> • “Flexibility of position during labour is important to me.”
Attitude & Familiarity	<ul style="list-style-type: none"> • “They should keep people waiting outside the labour ward informed of what is going on inside.”
Reputation	<ul style="list-style-type: none"> • “Children’s services at Walsgrave are excellent.” •

5.0 Non-Financial Options Appraisal

5.1 On 20th October 2011, the Arden Cluster held a ‘Non Financial Options Appraisal’ of potential maternity and children’s services in Coventry and North Warwickshire. The aim of this event was to include key stakeholders within the area to review the possible options for the provision of maternity and children’s services.

5.2 The stakeholders invited to the event included;

- GP and Primary Care Trust Commissioners
- Consultants and other clinicians from UHCW and GEH
- Patient Group Representatives; LINKS, GEH Patient Panel, Maternity Services Liaison Committees
- Health Overview and Scrutiny Committees for Coventry and Warwickshire

5.3 The Arden Cluster presented the potential options at that time to the event delegates. Following the presentation these options were debated.

5.4 Relevant criteria for service provision (sourced from a standard list devised by the Department of Health) were reviewed and arranged according to priority during the event. The results showed that the most important criteria for the provision of maternity and children’s services among the delegates were Clinical Safety and Accessibility.

- 5.4 Each delegate was then asked to rate each of the presented service options against the list of criteria.
- 5.6 The outcomes of this session will be compiled with other options appraisals which are due to take place (e.g. financial options appraisal, economic options appraisal, and equality impact assessment) to show what will be the most viable service model going forward.
- 5.7 In terms of the discussion on the day, as stipulated above, a lot of it centred around:
- Discussing the evaluation criteria and in particular, how patient experience was captured – it was agreed that whilst patient experience wasn’t specifically mentioned, it was implicit across a number of the criteria that were being used. One change to the Evaluation Criteria was agreed – ie to remove the word “cash” from the criteria looking at “effective use of resources”. With this exception, the criteria was signed off;
 - In discussing the weighting of the criteria, there were some weights that some members of the panel did not agree with, in which case, it was agreed to go with the overall consensus, but conduct sensitivity tests to see whether changing the weights would affect the scores – the sensitivity tests that were ran and their results were captured.
- 5.7 The following issues were covered in the presentation and discussion took place on:
- The background to GEH and UHCW and the Paediatric and Obstetric services they both deliver;
 - The background to why services at GEH were being reviewed and re-configuration explored, and the benefits that were being sought;
 - The process that was being undertaken to underpin the Business Case – it was made clear that in parallel to the non financial appraisal that was being undertaken, a financial and economic appraisal was also being taken, and that the results of both exercises would be brought together;
 - The process for the non financial appraisal;
 - As discussed above, the evaluation criteria being used was signed off, and the weightings for the criteria agreed;
 - The long-list of options were discussed, and the reasons as to why 2 options had been discounted before the non financial options appraisal workshop had taken place.
 - A presentation on the shortlisted options was made in order that members could score; and
 - Next steps were outlined.

5.8 Other points that were raised were in response to queries or issues raised by members in attendance were:

- Members asked that all constituent groups would be given equal notice of when the public consultation exercise would begin;
- A query was raised about why GEH Paediatric blue lights were directed to UHCW – it was stated that the original decision was based on it being felt that GEH did not have the staffing levels to manage the blue lights, and that this decision had not been revisited since;
- There was a view expressed that the public would have preferred one of the options that had been discounted. The reasons for this were explained by clinicians present.
- There were concerns about whether UHCW would be able to deal with the additional Obstetric capacity in addition to any further increases in their own birth rates – the Panel were advised that UHCW felt comfortable that they would. The query was raised however, as to what Coventry's plans would be to accommodate any increase in local births, and how sustainable the model being put forward is in the long term.

5.9 Points of clarification given on the options included:

- It was stipulated that the Midwifery Led Unit put forward under two of the options would be part of a joint service across GEH and UHCW, and managed by UHCW;
- Under one Option, Doctors' competencies at GEH would be maintained by working with another tertiary provider.
- The question was raised as to who would be making the final decision on which options would be taken out to formal Consultation and it was noted that this decision would ultimately be made by the Arden Cluster Board.

6.0 Thank you

6.1 On behalf of the Arden Cluster I would like to express gratitude to everyone who took part in the pre-engagement activities and particularly the following organisations and individuals within these groups for taking the time to partake in focus group sessions, and distribute and undertake questionnaires.

- Children's Centres in Coventry and Warwickshire
- Camp Hill Early Years Centre, Nuneaton
- Dunchurch Babes and Bumps
- MAMPTA, Coventry
- National Childbirth Trust across Coventry and Warwickshire

I would also like to thank Rebecca Coates, Emma Shiers, Alice Nason and Wilma Bristow for their support and help during the pre engagement activities.

Esther Peapell,
Head of Public and Patient Involvement,
Arden Cluster.

APPENDIX 1 – QUESTIONNAIRE



**NHS Coventry
NHS Warwickshire**

November 2011

Coventry and Northern Warwickshire Maternity Services User Questionnaire

The NHS in Coventry and Warwickshire is looking at developing a new approach for maternity and Children’s services. We know patient choice is really important and so before we go to consultation we are looking for the views of expectant mothers on what is important for them when choosing a maternity service. The results of this research will form part of a paper on patient views we have gathered which will go to NHS Coventry and NHS Warwickshire’s Board.

Please fill in the questionnaire below. All your views will be kept anonymously and confidentially. We also hope you will take the time to participate in the formal public consultation on maternity and children’s services later in the year. More information on this will be sent out as soon as the consultation is launched.

Esther Peapell
Head of Patient & Public Involvement

Please return completed questionnaire in pre-paid envelope provided by 30 November 2011

THANK YOU VERY MUCH FOR YOUR HELP

APPENDIX 2 – QUESTIONNAIRE PARTICIPANT DEMOGRAPHICS

Total Number of Participants = 54

Is this your first pregnancy?	Number	Percentage
Yes	22	41%
No	19	35%
Not currently pregnant	13	24%

Table 1: Pregnancy status

Gender	Number	Percentage
Female	45	83%
Not stated	9	17%

Table 2: Participant Gender (NB: Due to question responses regarding pregnancy status in each questionnaire, all participants were assumed to be female).

Participant Age	Number	Percentage
Under 18	0	0%
18-29	29	54%
30-39	23	42%
40-49	2	4%

Table 3: Participant Age

Residential Area	Number	Percentage
Rugby	20	37%
Nuneaton	16	30%
Bedworth	3	5%
Atherstone	2	4%
Coventry	11	20%
Elsewhere (outside Coventry & Warwickshire)	1	2%
Not stated	1	2%

Table 4: Participants’ Residential Area

Race/Nationality	Number	Percentage
White	2	4%
White - British	38	70%
White - Irish	1	2%
White - German	1	2%
White - Polish	1	2%

Asian - Indian	6	11%
Asian - Pakistani	2	4%
Black - African	1	2%
Not stated	2	4%

Table 5: Participants’ Race and Nationality

Main Language	Number	Percentage
English	37	68%
Punjabi	1	2%
Gujarati	2	4%
Polish	1	2%
Urdu	1	2%
Other	1	2%
Not stated	11	20%

Table 6: Participants’ Main Language

English Speaking Proficiency	Number	Percentage
Very well	33	61%
Well	8	15%
Not well	2	4%
Not stated	11	20%

Table 7: Participants’ English Proficiency

Religious Belief	Number	Percentage
No religion	10	18%
Christian	27	50%
Agnostic	1	2%
Sikh	3	6%
Muslim	2	4%
Hindu	1	2%
Not stated	10	18%

Table 8: Participants’ Religious Beliefs

Disability	Number	Percentage
No disability	20	37%
Physical impairment	1	2%
Speech impairment	1	2%
Learning disability	1	2%
Long standing illness	3	5%
Mental health condition	1	2%

Not stated	27	50%
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Table 9: *Participants’ Disability Status*

Sexual Orientation	Number	Percentage
Heterosexual	36	67%
Not stated	18	33%

Table 10: *Participants’ Sexual Orientation*

Caring Responsibilities	Number	Percentage
Carer	3	5%
Not carer	40	74%
Not stated	11	21%

Table 11: *Participants’ Caring Responsibilities*