Liverpool Women's Hospital Prevention and Equity Population Profile

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Aim and methods

We aimed to **understand the key characteristics of the patient population using LWH maternity services to inform internal and system-wide service planning and delivery** that better meets patients' needs**.**

We analysed aggregated April 2023-March 2024 LWH data. We sought alternative timescales, local authority and national data where needed. We consulted national health inequalities approaches and senior LWH staff to guide development.

Highlighted Findings

1. Who uses LWH maternity services?

Age: 26.4% of bookers were aged 35+.

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. In healthcare, this may be differences in access, safety, experiences and outcomes. Reasonable adjustments could reduce inequalities. The most vulnerable experience multiple risk factors.

2. Who has risk factors for health inequalities?

64% of bookers lived in the 20% most deprived areas nationally. 29% were from an ethnic minority background. 70% had at least 1 of these risk factors.

Additional or diverse needs: 29 admissions per month across LWH with a recorded autism or learning disability diagnosis.

Adverse life experiences: >40 internal, >50 police and >250 local authority referrals to the LWH safeguarding team per month related to domestic violence.

3. What are the major preventable clinical risks?

Our local context and inequalities mean LWH has to manage high levels of preventable clinical risk.

Health literacy: 47% of people aged 16-65 in Liverpool are likely to have difficulties understanding or interpreting health information.

Comorbidities: 20-25% of bookers had a BMI 30-35. 8.68% of deliveries were to women with gestational diabetes.

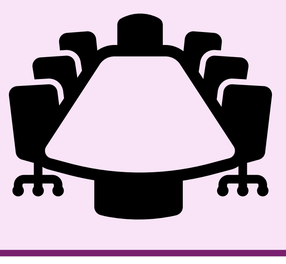
4. What should we expect in the future?

Available projections to 2040 suggest significant increases in complexity due to increasing age and comorbidities.

Age: ONS project a national 23% increase in mothers aged 35-39 and an 81% increase in ages 40+.

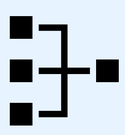
Comorbidities: The Health Foundation estimate a 37% increase in the number of people living with major illness if current trends continue.

10% of bookers were recorded as White British and living in the least deprived 40%. This means most of our patients have demographics and/or life experiences that are very different to our senior decision-makers. How does this affect service design?

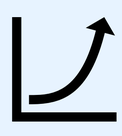


Impact and what's next

Internal impact: Changes in leadership and governance on health inequalities, including in quality and risk governance. Changes to routine data analysis. Pilots of interventions to reduce the impact of key risks, including Health Literate Organisation and trauma-informed care approaches.



System impact: Equity criteria developed and applied to options appraisal in an NHS major change programme



We are sharing our work locally, regionally and nationally as an example of a public health approach and population health and inequalities data informing service planning. What will your example be?

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External data sources:
University of Southampton. Health Literacy: Prevalence Estimates for Local Authorities. 2025.
Office for National Statistics. National population projections: 2021-based. 2024.
The Health Foundation. Health inequalities in 2040: current and projected patterns of illness by deprivation in England. 2024.