

Appendix 1 - Public alternative proposals, suggestions and mitigation

The following are suggestions and ideas put forward by respondents in written and verbal form. These are extracted from qualitative questions in the survey as well as public meetings, collaborative forums, focus groups, long-form written submissions.

Overall service configuration – Alternative proposals

Comment	Response
<ul style="list-style-type: none"> Keep Ormskirk children’s A&E open in its current form. 	<ul style="list-style-type: none"> This has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle criteria and was discounted by consensus – see PCBC page 47 Table 2
<ul style="list-style-type: none"> Restore or create full adult A&E at Ormskirk, including rebuilding or expanding adult emergency facilities there. 	<ul style="list-style-type: none"> This option was one of the proposals put forward as part of consultation
<ul style="list-style-type: none"> Have full adult and children’s A&E on both sites (two site model) to share demand, reduce waits and improve access. 	<ul style="list-style-type: none"> This has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle criteria and was discounted by consensus – see PCBC page 47 Table 2
<ul style="list-style-type: none"> Reinstate or extend children’s A&E at Ormskirk to operate 24/7 	<ul style="list-style-type: none"> Co-locating a 24/7 adults and children’s A&E at Ormskirk was one of the proposals put forward as part of consultation. Reinstating 24/7 children’s A&E <u>only</u> at Ormskirk was considered and discounted as part of the options appraisal process – see PCBC page 47 Table 2
<ul style="list-style-type: none"> Expand the Ormskirk site by demolishing or redeveloping older, unused buildings and building a new A&E there. 	<ul style="list-style-type: none"> Ormskirk as a site has already been considered as part of the proposals put forward in the consultation. The proposal and associated costs are the most cost-effective solution to house A&E and clinical adjacencies
<ul style="list-style-type: none"> Keep both hospitals open and renovate both, rather than closing or downgrading one to fund the other. 	<ul style="list-style-type: none"> This has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle

	<p>criteria and was discounted by consensus – see PCBC page 47 Table 2</p>
<ul style="list-style-type: none"> Move everything to a completely new hospital on a large, more central site, for example a new build between Southport and Ormskirk or a new hospital in Formby, funded in part by selling existing land. 	<ul style="list-style-type: none"> New Build was considered as part of the SCT options appraisal and was discounted See Appendix 7 because: Require substantial financial investment which cannot be secured at present. This option would require new hospital with currently no available funding and clinical co-dependencies would need to be duplicated for all three hospital sites with no funding or staff available. Required significantly longer than 3-5 years as specified by the ‘implementation’ criterion. As this would require new build and internal reconfiguration, it would be expected this would take significantly longer to implement.
<ul style="list-style-type: none"> Separate facilities for different groups, such as a dedicated elderly assessment unit, so minor falls and frailty issues do not block A&E beds. 	<p>We have carefully considered this feedback and can reassure that delivery of A&E services would incorporate national best practice e.g. GIRFT and SDEC standards to improve flow in hospital. Other initiatives to support this include utilisation of virtual ward and support Urgent Care Response (UCR).</p>
<ul style="list-style-type: none"> Skelmersdale residents call for A&E site due to population size. 	<ul style="list-style-type: none"> New Build was considered as part of the SCT options appraisal and was discounted See Appendix 7
<ul style="list-style-type: none"> Create / expand urgent treatment centres (UTCs) or walk-in centres 	<ul style="list-style-type: none"> This was considered as part of the SCT options appraisal and was discounted See Appendix 7
<ul style="list-style-type: none"> Address access issues through transport improvements rather than service relocation 	<ul style="list-style-type: none"> As this would fall under the BAU option, this has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle criteria and was discounted by consensus – see PCBC page 47 Table 2 While the programme cannot resolve longstanding travel and transport issues, as these fall outside the remit of health, we

	<p>have established a Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services</p>
<ul style="list-style-type: none"> Keep both children’s emergency care and maternity services at Ormskirk as linked services 	<ul style="list-style-type: none"> The Shaping Care Together consultation proposals are for urgent and emergency care. It is important to note that, at this phase of the SCT programme, maternity and neonatal services are outside the scope of this consultation. These services remain the subject of interconnected but separate regional and national reviews and service change programmes. A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. We have been clear about this throughout the consultation material. The consultation document was explicit on changes to local urgent and emergency care and referred to in the case for change and PCBC, which included further details on the scope of this consultation, the separate maternity and neonatal reviews, and clinical co-dependencies.
<ul style="list-style-type: none"> Co-location at Southport hospital should include the relocation of paediatrics, maternity and neonatal services 	<ul style="list-style-type: none"> The SCT clinical sub-group supporting the programme includes input from clinicians in paediatrics and neonatology. The options have considered the impact on workforce and the ability for neonatal and paediatric clinicians to provide separate rotas. This is strengthened by the closer working of clinicians across MWL neonatal units. The impact of paediatrics is already included as part of the SCT proposals. Within the consultation, we compared the differences between the Southport and Ormskirk options, in terms of service relocations, workforce implications, real estate development,

timescales and costs. We heard from some consultees that this comparison should have included the relocation of maternity and neonatal services too, due to co-dependencies with emergency care. It is important to note that, at this phase of the Shaping Care Together programme, we are not taking a decision on maternity and neonatal services. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, and outside the scope of this consultation. Nonetheless, in carefully considering this feedback, we have evaluated whether including maternity and neonatal services in the comparison would significantly affect the balance of the options. Even if these services were included, the Southport option would only involve the movement of three additional services (rather than seven for the Ormskirk option), with corresponding implications for development, workforce, timescales and costs. Therefore, we do not consider that doing so would significantly affect the comparison of the options, and the overall benefits of the Southport option.

- A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. Our evaluation of whether including maternity and neonatal services in the comparison would significantly affect the balance of the options in this consultation, as detailed above, does not pre-determine the outcome of the separate regional and national neonatal and maternity reviews. It has been undertaken solely to conscientiously consider and address the concerns raised through this consultation.

	<ul style="list-style-type: none"> We acknowledge and understand people’s concerns and uncertainty about these services; however, we do not consider that any further meaningful detail could be provided at this stage. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, which are ongoing and outside the scope of this consultation on urgent and emergency care. We have been clear about this throughout: the consultation document was explicit on changes to local urgent and emergency care and referred to the Case for Change and Pre-Consultation Business Case (PCBC) which included further details on the scope of this consultation, the separate maternity and neonatal reviews, and clinical co-dependencies. The relationship between these services was raised by a variety of people (including patients, general public, staff and elected members), from a range of places, and through various channels (responses to the consultation, public events and surveys). We are therefore satisfied that consultees had sufficient information to consider and respond to this consultation.
<ul style="list-style-type: none"> If adult A&E were ever moved to Ormskirk, ensure it comes with ICU, operating theatres and adequate inpatient beds, not a standalone front door without critical care. 	<ul style="list-style-type: none"> This has been considered as part of the clinical co-dependencies required to move from Southport to Ormskirk and is part of the Ormskirk proposal put forward as part of consultation

Suggestions and mitigations

Transport, travel and parking

Comment	Response
<ul style="list-style-type: none"> Improve bus services to both hospitals, including direct buses from Formby to Ormskirk, better bus links to Southport hospital, and more frequent and later running services. 	<ul style="list-style-type: none"> While the programme cannot resolve longstanding travel and transport issues, as these fall outside the remit of health, we have established a TAG. The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience. We also recognise the importance of working closely with Local Authorities and transport providers to explore mitigations and improvements. While health services have a limited remit in transport matters, this collaborative approach helps us identify solutions that support safe, convenient, and equitable access for all communities, regardless of location.

<ul style="list-style-type: none"> • Introduce shuttle buses between Southport and Ormskirk hospitals, from rail stations to hospital entrances, and from off-site staff car parks. 	<ul style="list-style-type: none"> • We welcome the suggestions for mitigating travel challenges, including shuttle buses between sites, enhanced evening and weekend bus services, clearer information on ambulance travel times, and closer collaboration with transport providers should services be consolidated. These proposals highlight the importance of ensuring access is as straightforward and equitable as possible for patients, staff, and visitors. • To address these considerations, we have established a dedicated Travel Advisory Group (TAG). This group brings together NHS organisations, local councils, transport authorities, and Healthwatch representatives to review travel analyses, consultation feedback, and provide practical recommendations. Potential solutions - such as a shuttle bus service - fall within the TAG's remit and will be actively explored. In addition, a shuttle bus service has already been identified within the Integrated Impact Assessment and Quality Impact Assessment included in the pre-consultation business case.
<ul style="list-style-type: none"> • Create dedicated hospital transport schemes, such as a 24 hour free hospital transport service when ambulances are not available, and community or volunteer transport for people who do not drive or have mobility problems. 	<ul style="list-style-type: none"> • To make sure these concerns are explored, we have established a dedicated Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined

	<p>Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience.</p>
<ul style="list-style-type: none"> • Improve road infrastructure, including better, faster and safer roads to Ormskirk and significant upgrades to the local highway network (for example, a dual carriageway across the moss between Formby and Ormskirk). 	<ul style="list-style-type: none"> • To make sure these concerns are considered, we have established a dedicated Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience.
<ul style="list-style-type: none"> • A number of concerns in relation to car parking provision 	<ul style="list-style-type: none"> • Parking is an important practical consideration for patients, visitors, and staff. While it may not be the primary factor influencing decisions, it remains a key area of focus. • We have carefully noted all feedback on parking as part of this consultation. Some of the specific actions people have suggested can only be fully developed during the implementation stage, and we will use this feedback to shape that work. Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any changes align with the latest NHS guidance, Health Technical Memorandum 07-03 (updated March 2022), to support fair and accessible parking arrangements.

	<ul style="list-style-type: none"> In addition, any improvements will be discussed with patient and public participation through the MWL Patient Participation Group (PPG) as part of the implementation stage.
<ul style="list-style-type: none"> Build more parking at both sites, especially if activity is concentrated on one hospital. 	<ul style="list-style-type: none"> As part of the proposals, the Southport option includes an additional 266 car parking spaces, and the Ormskirk option includes an additional 200 spaces. Further details on current provision and potential improvements are outlined in the pre-consultation business case (section 6.2.3) and the consultation document (pages 25–26).
<ul style="list-style-type: none"> Construct multistorey car parks, suggested for Southport and also for Ormskirk. 	<ul style="list-style-type: none"> Both proposals include provision for additional car parking capacity through construction of a multistorey car park. The Southport option includes an additional 266 car parking spaces, and the Ormskirk option includes an additional 200 spaces. Further details on current provision and potential improvements are outlined in the pre-consultation business case (section 6.2.3) and the consultation document (pages 25–26).
<ul style="list-style-type: none"> Increase disabled parking and involve disabled people in deciding the best locations for bays. 	<ul style="list-style-type: none"> In terms of car parking the building regulations for planning approval on the overall scheme would require the Trust to have a robust and viable car parking expansion plan to meet the anticipated additional demands on this service. Compliance with building regulations, Health care building notes, DDA and Health technical memorandums would dictate the provision of adequate drop off zones, accessible parking, lighting and special requirements.
<ul style="list-style-type: none"> Provide dedicated parking for staff, including safe off site staff parking with shuttle transport. 	<ul style="list-style-type: none"> To make sure these concerns are reviewed and considered appropriately, we have established a dedicated Travel

	<p>Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services.</p> <ul style="list-style-type: none"> • Parking is an important practical consideration for patients, visitors, and staff. While it may not be the primary factor influencing decisions, it remains a key area of focus.
<ul style="list-style-type: none"> • Designate short stay and drop off bays close to A&E and outpatient entrances, with clear signage and covered drop off zones for bad weather. 	<ul style="list-style-type: none"> • In terms of car parking the building regulations for planning approval on the overall scheme would require the Trust to have a robust and viable car parking expansion plan to meet the anticipated additional demands on this service. Compliance with building regulations, Health care building notes, DDA and Health technical memorandums would dictate the provision of adequate drop off zones, accessible parking, lighting and special requirements. • Mersey and West Lancashire Teaching Hospitals NHS Trust will ensure that any changes comply with the latest guidance, Health Technical Memorandum 07-03: NHS Car Parking Management (updated March 2022), to support fair and accessible parking arrangements.
<ul style="list-style-type: none"> • Reduce parking charges, extend grace periods before payment is needed and install more pay stations. 	<ul style="list-style-type: none"> • We recognise the cost burden of car parking charges, and car parking charges across the Trust are regularly reviewed to keep them as low as possible.
<ul style="list-style-type: none"> • Consider park and ride options from nearby supermarket or off site car parks for patients and visitors. 	<ul style="list-style-type: none"> • To make sure these concerns are reviewed and considered appropriately, we have established a dedicated Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel

	<p>and transport and to explore what strategies or investments might be required to improve patient and staff access to key services.</p> <ul style="list-style-type: none"> • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience. • In addition, any improvements will be discussed with patient and public participation through the MWL Patient Participation Group (PPG) as part of the implementation stage.
<ul style="list-style-type: none"> • Clearer directional signage and navigation at sites. 	<ul style="list-style-type: none"> • We acknowledge the request for better wayfinding, including clearer signage to A&E, site maps with colour-coded zones, and clearly marked drop-off bays close to entrances. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust has already addressed this issue and implemented improvements across sites within the last 12 months, although further work continues as part of the Trust Wayfinding Strategy. This strategy ensures that signage, maps, and navigation aids are consistent, accessible, and user-friendly. • Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Future developments will take all necessary information into consideration to ensure safe and easy navigation for patients and visitors.

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| | <ul style="list-style-type: none">• To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities. |
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A&E environment, waiting areas, estates and facilities

Comment	Response
<ul style="list-style-type: none"> • Increase the overall footprint of A&E, particularly at Southport, to reduce corridor care and overcrowding. 	<ul style="list-style-type: none"> • This has been considered as part of the proposals that have been put forward as part of the consultation
<ul style="list-style-type: none"> • Provide larger waiting rooms with more seating, including different seat heights and arms for older or less mobile people. 	<ul style="list-style-type: none"> • We acknowledge the feedback regarding the need for larger, better-designed waiting areas with sufficient seating, improved ventilation, and natural light. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is based on a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, comfortable, and accessible environments for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
<ul style="list-style-type: none"> • Create overflow areas or adjoining rooms that can be opened at busy times. 	<ul style="list-style-type: none"> • We have carefully noted all feedback as part of this consultation. Some of the specific actions people have suggested can only be fully developed during the implementation stage, and we will use this feedback to shape that work. Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any changes align with the latest NHS guidance.
<ul style="list-style-type: none"> • Separate children and adults more clearly in waiting and treatment areas, including fully separate child friendly spaces. 	<ul style="list-style-type: none"> • This has already been considered as part of the proposals put forward in the consultation

<ul style="list-style-type: none"> • Provide quiet rooms and calmer spaces for people with mental health problems, autism or learning disabilities, and for very vulnerable patients. 	<ul style="list-style-type: none"> • We recognise the importance of providing quiet or low-stimulus areas for people with autism, learning disabilities, or mental health needs. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is informed by a comprehensive risk analysis (including condition surveys) and strict compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, appropriate, and welcoming environments for neurodiverse patients and those with additional needs. • To support this, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
<ul style="list-style-type: none"> • Provide more comfortable, hygienic seating that people can tolerate for long waits. 	<ul style="list-style-type: none"> • We acknowledge the feedback. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is based on a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, comfortable, and accessible environments for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition,

	<p>Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.</p>
<ul style="list-style-type: none"> • Improve toilet facilities, including stoma friendly toilets and reliable access to emergency stoma supplies. 	<ul style="list-style-type: none"> • We acknowledge the feedback. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is based on a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, comfortable, and accessible environments for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities
<ul style="list-style-type: none"> • Improve refreshment facilities such as water dispensers, affordable vending that takes cards as well as cash, and better on site café or restaurant options with 24/7 access to drinks and snacks. 	<ul style="list-style-type: none"> • We acknowledge the feedback. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • Appropriate water amenities are available in line with infection control guidance, and toilets are located within waiting rooms. Refreshment options include a refreshment dispenser in the Southport waiting room, and 24/7 vending machines in the entrance of the restaurant at Ormskirk. We will review the suitability and activity of these provisions to ensure they remain demand-driven. • Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with

	<p>current building regulations. To ensure these enhancements reflect patient priorities, we maintain strong patient and public representation through the Patient Participation Group (PPG), have established close links with Healthwatch, and utilise Trust-trained volunteers to carry out patient-led assessments of the care environment (PLACE).</p>
<ul style="list-style-type: none"> Consider outdoor or garden style waiting spaces where practical, to make long waits more tolerable. 	<ul style="list-style-type: none"> We have carefully considered the suggestion for outdoor or garden-style waiting spaces. When a decision is made on the recommended way forward, this will be taken into the next stage of detailed design and implementation planning, where practical options can be explored fully as part of developing the final detailed design.
<ul style="list-style-type: none"> Provide continuous updates on waiting times, for example via display boards or screens. 	<ul style="list-style-type: none"> We will share these points with our system UEC groups for their review and consideration as part of potential future implementation
<ul style="list-style-type: none"> Improve signage and maps, including clearer colour coded zones and more detailed site maps. 	<ul style="list-style-type: none"> We acknowledge the recurring request for better wayfinding, including clearer signage to A&E, site maps with colour-coded zones, and clearly marked drop-off bays close to entrances. NHS building specifications mandate that these requirements must be incorporated into any future modifications. The Trust has already addressed this issue and implemented improvements across sites within the last 12 months, although further work continues as part of the Trust Wayfinding Strategy. This strategy ensures that signage, maps, and navigation aids are consistent, accessible, and user-friendly. Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Future developments will take all

	<p>necessary information into consideration to ensure safe and easy navigation for patients and visitors.</p> <ul style="list-style-type: none"> To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
<ul style="list-style-type: none"> Ensure security staff presence in adult A&E to protect vulnerable patients from aggression or antisocial behaviour. 	<ul style="list-style-type: none"> Nationally, it is recognised that staff in emergency departments are being exposed to aggression, antisocial behaviours and violence. MWL has a zero-tolerance approach and will request police presence where staff are unable to de-escalate a situation. Vulnerable patients should be safeguarded by ensuring staff follow relevant processes, and where patients have specific needs and pose a risk to themselves or others, we utilise a service who provide specifically trained staff to safeguard the individual to ensure they do not harm themselves or others.
<ul style="list-style-type: none"> Carry out a structural survey and feasibility study on the old PCT HQ and other recently acquired Ormskirk buildings. 	<ul style="list-style-type: none"> A high-level feasibility study has already been undertaken as part of the options appraisal. This confirmed that the Southport option is the most cost-effective solution for accommodating A&E and the required clinical adjacencies. Appendix 8 of the PCBC sets out opportunities for both new build and refurbishment across the Ormskirk site, along with information associated linked to the preferred option. A high-level review of the previously provided data on service adjacencies within the Shaping Care Together proposals indicates that current timescales and spatial requirements remain representative at this stage of the RIBA process. These may be refined as the project progresses, but if the

	<p>service scope remains comparable, associated timescales and cost estimates are expected to remain broadly consistent.</p>
<ul style="list-style-type: none"> Use refurbished buildings to house departments that would otherwise need new build. 	<ul style="list-style-type: none"> We have undertaken a high-level feasibility study as part of the options appraisal process. This work demonstrated that the Southport option offers the most cost-effective solution to accommodate A&E and the required clinical adjacencies. Appendix 8 of the PCBC outlines the opportunities for both new build and refurbishment across the Ormskirk site, as well as information associated with the preferred option.
<ul style="list-style-type: none"> Share the detailed specification given to builders, the total interior space of the reclaimed Ormskirk buildings and full audits of costs for both the Southport and Ormskirk options. 	<ul style="list-style-type: none"> At this stage in the process, we are not able to provide detailed building specifications, full interior space plans for the Ormskirk buildings, or final costed comparisons for the options. This is because the purpose of the public consultation and the Decision-Making Business Case (DMBC) is to gather views, assess the options, and support an informed decision about the way forward — not to move into detailed design or procurement. If a preferred option is approved after the consultation and decision-making process, we would then begin the next phase of work. This includes carrying out full surveys, developing technical designs, and obtaining detailed costings through the appropriate procurement routes. All of this would take place during the implementation stage, once a formal decision has been made. At that point, more detailed information would be made available
<ul style="list-style-type: none"> Provide comprehensive interior photographs of empty buildings on the website. 	<ul style="list-style-type: none"> This has been provided within the FAQs on the SCT website



Community, primary care and urgent care services

Comment	Response
<ul style="list-style-type: none"> • Create new urgent treatment centres, for example a centre for children and one for adults in Maghull with x ray on site, and another in the Southport area. 	<ul style="list-style-type: none"> • Improving urgent care remains a priority across Sefton and is being taken forward through the Programme Board and wider UEC improvement groups. However, creating new urgent treatment centres - such as separate children’s and adult centres in Maghull, or a new centre in Southport - would require commissioning entirely new services, which is outside the scope of this programme. • These suggestions will be passed to the ICB through the “You Said, We Did” process for consideration alongside the wider urgent and emergency care programme.
<ul style="list-style-type: none"> • Develop walk in or minor injuries centres in Maghull and Ormskirk, co located with GP and primary care network staff. 	<ul style="list-style-type: none"> • Developing new walk-in or minor injuries centres in Maghull or Ormskirk, co-located with GP or Primary Care Network teams, would require the commissioning of entirely new services. As these are not currently commissioned, they fall outside the scope of this programme. • These ideas will be shared with the ICB through the “You Said, We Did” process and can be considered separately through the wider urgent and emergency care programme. •
<ul style="list-style-type: none"> • Open walk in centres in Formby, Ainsdale and central Southport, ideally with extended or 24-hours opening where possible. 	<ul style="list-style-type: none"> • Opening new walk-in centres in Formby, Ainsdale or central Southport — including extended or 24-hour services — would require the commissioning of wholly new services, which is outside the scope of this programme. • These suggestions will be shared with the ICB through the “You Said, We Did” process and can be considered separately as part of the wider urgent and emergency care programme.

<ul style="list-style-type: none"> • Develop better local health centres using empty buildings in Formby, with x-ray and blood tests available so fewer people need to attend A&E. 	<ul style="list-style-type: none"> • Creating new local health centres in Formby with services such as x-ray and blood tests would require commissioning entirely new provision, which is outside the scope of this programme. • These suggestions will be shared with the ICB through the “You Said, We Did” process and can be considered separately through the wider urgent and emergency care programme.
<ul style="list-style-type: none"> • Improve GP access, including more face to face appointments, better out of hours provision and fewer telephone only consultations, to reduce unnecessary A&E use. 	<ul style="list-style-type: none"> • Improving GP access, including increasing face-to-face appointments, strengthening out-of-hours provision and reducing reliance on telephone-only consultations, sits within the remit of the Primary Care Strategy. While this programme does not directly lead this work, we can provide assurance that these elements are being actively progressed through primary care and GP partners.
<ul style="list-style-type: none"> • Increase mental health and social care capacity so patients can be discharged sooner, and vulnerable people can be treated in more suitable settings rather than in general A&E. 	<ul style="list-style-type: none"> • Increasing mental health and social care capacity to support earlier discharge and ensure vulnerable people are cared for in more appropriate settings is part of the wider system Urgent and Emergency Care (UEC) programme. This work is already being progressed as a core system priority and continues irrespective of the SCT programme. It is therefore considered a key system enabler and forms part of business-as-usual delivery. • Feedback will be provided to the groups as part of consultation
<ul style="list-style-type: none"> • Introduce outreach or street based services for weekend night time issues (for example, nightlife related problems), so not everything goes through main A&E. 	<ul style="list-style-type: none"> • The review of outreach or street-based services to support weekend night-time issues, including those associated with the night-time economy, sits within the wider system Urgent

	<p>and Emergency Care (UEC) programme. This work is being progressed as part of ongoing system responsibilities and continues irrespective of the SCT programme. It is therefore considered a key system enabler and forms part of business-as-usual activity.</p> <ul style="list-style-type: none">• Feedback will be provided to the groups as part of consultation
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Staffing, training and workforce

Comment	Response
<ul style="list-style-type: none"> Increase staffing levels in A&E and on wards, particularly more senior decision makers and experienced doctors. 	<ul style="list-style-type: none"> Increasing senior staffing in A&E and on wards is consistent with the Shaping Care Together PCBC, which highlights workforce, safety and sustainability pressures in the current configuration. Co-locating key urgent and emergency services on a single, better-staffed site strengthens senior decision-making, improves initial assessment and streaming, and enables faster access to diagnostics and specialist in-reach. This supports safer care, reduces delays, and improves patient flow - all core aims of the SCT UEC case for change MWL continuously review ward function to ensure they have appropriate staffing levels and capacity for the bed base and will continue to do so.
<ul style="list-style-type: none"> Increase triage staff so people are assessed and streamed faster. 	<ul style="list-style-type: none"> Increasing triage staff will help ensure patients are assessed and streamed more quickly. MWL already use a flexible triage model, aligned to Royal College guidance and best practice, which allows to draw on different skill sets to maintain safe triage activity and meet performance standards. This flexibility means we can adapt staffing to demand in real time, ensuring patients are seen, prioritised and treated as quickly and safely as possible.
<ul style="list-style-type: none"> Strengthen out of hours medical cover, including more out of hours doctors to reduce pressure on emergency departments. 	<ul style="list-style-type: none"> Strengthening out-of-hours medical cover is already a core element of the wider system urgent and emergency care (UEC) programmes. This work is progressing regardless of Shaping Care Together, as it is a key enabler and part of business-as-usual improvements across the system. Your feedback on the need for more out-of-hours doctors and

	<p>reduced pressure on emergency departments will be fed back to these programme groups to support ongoing delivery. This is also one of the key benefits of the clinical model.</p>
<ul style="list-style-type: none"> • Improve recruitment and training offers, for example better training and development opportunities locally and financial support or grants for professional training. 	<ul style="list-style-type: none"> • In MWL, ongoing collaboration with higher learning institutions continues to strengthen the local health workforce. This includes a growing number of training programmes delivered in partnership with Edge Hill University, supporting a wide range of allied health professionals, nurses, and, more recently, medical students
<ul style="list-style-type: none"> • Reduce reliance on less qualified roles such as physician associates in place of doctors, and ensure appropriate pay and scope of practice. 	<ul style="list-style-type: none"> • MWL complies with national guidance and contractual terms and conditions relating to rates of pay and scope of practice. We celebrate a diverse workforce and skill-mix aiming to meet the needs of our patients
<ul style="list-style-type: none"> • Support staff safety with clear protocols, a visible security presence and safe working arrangements, including protection from violence and aggression in A&E. 	<ul style="list-style-type: none"> • We recognise the importance of supporting staff safety and understand the feedback regarding clear protocols, visible security presence and safe working arrangements, particularly in areas such as A&E where the risk of violence and aggression can be higher. • At MWL, we continue to take this seriously and are actively working within our organisational policies and wider NHS guidance on violence prevention, security and safe staffing. This includes reviewing current arrangements, listening to staff experiences, and ensuring that the measures in place are practical, consistent and aligned with best practice. • We remain committed to strengthening how we protect colleagues and creating an environment where staff feel safe, supported and confident in the systems around them.
<ul style="list-style-type: none"> • Consult staff on practical changes (for example, design of waiting areas and car parks) before finalising plans. 	<ul style="list-style-type: none"> • We recognise the importance of ensuring staff are consulted on practical changes to the environment, including the design of waiting areas, car parks and other facilities. Staff insight is

	<p>essential in shaping spaces that are safe, functional and supportive of both patient care and operational flow.</p> <ul style="list-style-type: none">• We welcome MWL's ongoing work to strengthen staff engagement in these processes and encourage continued use of structured mechanisms to gather views before plans are finalised. This includes drawing on the experience of teams working directly in the areas affected and ensuring proposals align with relevant policy and guidance.• Maintaining a strong approach to staff involvement will help ensure that changes to the estate are well-informed, workable and reflective of the needs of those who use the environment every day.
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Clinical processes, capacity and demand management

Comment	Response
<ul style="list-style-type: none"> Improve triage and streaming, including faster initial triage and streaming lower acuity cases to urgent treatment centres or GP led services on site. 	<ul style="list-style-type: none"> We have a flexible triage model aligned to Royal College guidance and best practice which enables us to utilise different skill sets to maintain triage activity and performance targets. This flexible approach ensures that staffing is flexed to meet demand appropriately and patients are seen and treated as quickly and safely as possible. Options to stream to a UTC or GP are not currently available, although this is being considered in the wider UEC improvement programme
<ul style="list-style-type: none"> Consider phone triage or timed call backs to reduce crowding in waiting rooms. 	<ul style="list-style-type: none"> NHS111 should be the first point of call for anyone with an urgent healthcare need so that people are directed to the most appropriate resource rather than attending an emergency department. NHS111 provide phone triage and called backs.
<ul style="list-style-type: none"> Increase inpatient bed capacity, especially medical assessment unit beds, so patients are not left on trolleys in corridors and ambulances can hand over quickly. 	<ul style="list-style-type: none"> Patient flow is considered within the wider UEC improvement programme and considers all elements of the patient pathway to streamline processes for medical assessment, reduce time away from home and support discharge once medically fit.
<ul style="list-style-type: none"> Reduce inappropriate A&E attendance through public information and campaigns about what A&E is for, and better signposting to walk in centres, GPs and pharmacy. 	<ul style="list-style-type: none"> This is a key element of our communications strategy
<ul style="list-style-type: none"> Plan capacity, staffing and estate explicitly around demographic change, including population growth, new housing and an ageing population. 	<ul style="list-style-type: none"> This is referenced within the PCBC and will be considered as we develop our future business case.

Information, engagement and planning

Comment	Response
<ul style="list-style-type: none"> Provide clear, firm plans rather than vague 'could look like this' language, especially for promised improvements to A&E and estates. 	<ul style="list-style-type: none"> We recognise the feedback about the need for clear and firm plans, particularly in relation to A&E and wider estates improvements. At this stage, the proposals remain high-level because we are currently at the Decision-Making Business Case (DMBC) stage. The purpose of the DMBC is to bring together consultation findings, updated analysis and the full evidence base so that decision-makers can consider the recommended way forward in an open and balanced manner. It does not assume that a final decision has already been made. Producing detailed architectural designs, costed schemes or final layouts before a decision is taken would risk pre-determination and could lead to significant investment in plans that may not ultimately be adopted. National guidance therefore sets out that detailed design, operational modelling and full estates development take place only after a formal decision is reached, during the subsequent implementation and Full Business Case stages. Maintaining proposals at a high level at this point ensures that all options remain capable of fair consideration, with proportionate information provided to support an objective and transparent decision. Should a recommended way forward be agreed, a structured programme of detailed design work will then be developed, informed by clinical, operational, staff and service-user input.

<ul style="list-style-type: none"> • Share detailed layouts of new car parks and waiting areas, along with capacity numbers and how different patient groups will be catered for. 	<ul style="list-style-type: none"> • Car parking proposals were presented in the PCBC, with Appendix 8 showing the proposed layouts, footprint and modelling, and Section 6 setting out the relevant capacity information. The proposed Emergency Department footprints are also included. • Both the PCBC and DMBC are high-level stages. The PCBC provides the information needed for consultation rather than detailed designs, and the DMBC updates this so decision makers can consider the recommended way forward without pre-determination. National guidance confirms that detailed design is developed in subsequent business cases. • For this reason, specific internal layouts for waiting areas are not included at this stage apart from the core principle of separate entrances and waiting areas for Children’s and Adult EDs. Detailed layouts and accessibility features will be developed through post-decision design work and the Full Business Case process.
<ul style="list-style-type: none"> • Undertake and publish a full assessment of future demand, management and staffing models, and share the findings openly. 	<ul style="list-style-type: none"> • We recognise the importance of assessing future demand, management arrangements and staffing models when planning for the long term. This work has already been undertaken and is set out in the PCBC. Section 6, together with its associated appendices, contains the detailed modelling, activity projections and underlying assumptions that informed the proposals. • Because this material is technical, it was included in the full PCBC rather than the shorter public-facing consultation document, and reference to the PCBC for further detail was linked in the consultation document. This ensured the information remained accessible for those who needed the

	<p>detailed analysis, while still making it publicly available throughout the consultation period.</p> <ul style="list-style-type: none">• Further development of operational and workforce models will continue following any decision on the recommended way forward, and refined information will be included as part of subsequent design and implementation stages.