



# SCT UEC Consultation You Said, We Did



| Theme                        | Feedback  | Reassure | Mitigate | Change | Evidence   | Mitigation  |
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| Travel, access and transport | Views are shaped by where people live. Southport and Formby respondents generally see Southport as the more accessible site; Ormskirk, Skelmersdale and rural respondents generally see Ormskirk as better placed geographically.   | ✓        |          |        | <p>We understand that views on accessibility naturally vary depending on where people live.</p> <p>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.</p> <p>To make sure these concerns are addressed, 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.</p> <p>The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside Integrated Care Board (ICB), NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), 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.</p> |   |
|                              | Residents in Skelmersdale and rural West Lancashire emphasise the combined impact of journey length, indirect routes, low car ownership and absence of a rail station. Bus services are reported as infrequent, not running late and not always stopping at hospital entrances. | ✓        | ✓        |        | <p>We recognise the concerns raised regarding residents in Skelmersdale and rural West Lancashire about journey length, indirect routes, low car ownership, and the absence of a rail station. We also understand that bus services can be infrequent, may not run late, and do not always stop directly at hospital entrances.</p> <p>While the programme cannot resolve longstanding travel and transport issues, we have established a TAG, which will be actively reviewing travel analyses and consultation feedback to ensure transport considerations are reviewed by the appropriate authority. The TAG brings together NHS organisations, local councils, transport authorities, and Healthwatch representatives to explore practical solutions and mitigations.</p> <p>In line with NHS guidance, anyone needing emergency care should, where possible, be driven to A&amp;E or call 999 for an ambulance. For non-emergency travel, we are working closely with Local Authorities and transport providers through the TAG to identify improvements in road access and public transport options, ensuring safe and convenient access for all communities.</p>  | <p>We have a duty of care to meet the urgent and emergency care needs of our communities. We have a good service offer for urgent care including NHS 111, primary care, pharmacy and pharmacy first, and an Urgent Treatment Centre (UTC) in Ormskirk and a Walk in Centre (WIC) in Skelmersdale. We know that for patients using the paediatric Emergency Department in Ormskirk, that 7 in 10 of them could be seen in other/alternative urgent care settings. We will work together to see that urgent care provision is available locally, which will mitigate the need for travel unless necessary. This includes the points below;</p> <ul style="list-style-type: none"> <li>• The ICB are in the process of reprocurring some of our urgent care services in West Lancashire, including the Walk in Centre in Skelmersdale and the Urgent Treatment Centre in Ormskirk, due to current contract ceasing at the end of June 2026 and to ensure that we retain a good level of urgent treatment and access for residents in West Lancashire.</li> <li>• The procurement process is live and the new contract is expected to commence from July 2026. The contract will be for an initial period of three years, preceding any changes under the Shaping Care Together programme.</li> <li>• The ICB will be working on transforming integrated urgent care services across Lancashire and South Cumbria, including in West Lancashire, over the coming years. This may include providing more support in primary care settings, all of which will help to ensure urgent care support close to home.</li> <li>• Proposals for how these service may look in future will need to be cognisant of both public feedback in this consultation and any decisions made as a consequence</li> </ul> <p>It is also worth noting the NHS 10 Year Health Plan for England, and subsequent guidance on Neighbourhood Health all of which pinpoints to local delivery of services, of shifts into community. We will be working to deliver this in our neighbourhoods in West Lancashire, working with our general practices and other NHS and non-NHS partners. This should help to ensure that we coordinate care close to people's homes where we can and mitigate some of the concerns regarding transport and travel.</p> |

Respondents repeatedly link transport to deprivation, age and disability, stating that those on low incomes, older people and those without access to a car are most affected by longer and more complex journeys.



We understand that longer and more complex journeys can disproportionately impact people on low incomes, older residents, and those without access to a car.

We 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 identify solutions that support safe, convenient, and equitable access for all communities.

To address these concerns, we have established a dedicated TAG. The TAG actively reviews travel analyses and consultation feedback to ensure transport considerations are addressed by the appropriate authorities. Its purpose is to identify potential risks, opportunities, and solutions related to travel and transport, and to explore strategies or investments that could 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, the North West Ambulance Service, Liverpool City Region Combined Authority and Healthwatch. This ensures recommendations are informed by local knowledge and practical experience.

In relation to deprivation, we are looking to address health inequalities in West Lancashire through a range of interventions, which includes providing preventative outreach and treatment close to our communities - this both enables residents to reach this care closer to their own homes, but also to reduce the need for using an emergency department. Examples include

- Worked with West Lancashire GP Federation to deliver Enhanced Health Checks – an additional offer for people in our most deprived communities who would not usually be eligible for a standard NHS Health Check but where we knew there was need for better prevention and early detection work.
  - o More than 1,000 delivered since August 2023.
  - o More than 1,000 referrals and signposting opportunities completed including menopause clinics, ambulatory BP monitoring, smoking cessation, weight management, drug and alcohol support services.
  - o From patient feedback surveys, 96% of patients felt the service offered was excellent.
- Rolling out the Targeted Demand Management (TDM) programme across Skelmersdale. The approach will build on the work and learning of the population health programme over the past three years with a focus on:
  - Reducing the gap in healthy life expectancy by 50% by March 2034.
  - Decreasing non-elective admissions by 20% in the core 20% wards by March 2027.
  - Optimising the health of children with a long-term condition living in the core 20% wards.

These targets sit alongside the launch of the new Primary Care Locally Enhanced Specification for Long Term Conditions (LTC) and the nationally set target of 47% reduction in running costs for L&SC ICB.

The TDM model aims to:

- Better align with other strategic priorities across the ICB to maximise impact.
- Develop stronger approaches to measuring outcomes.
- Move to more consistent approaches to allow for better sharing and spreading of good practice and lessons learnt.
- Retain freedom to act in the best interests of the local community.
- Move to multi-year funding to maximise opportunity to achieve benefits, avoid wasted effort and loss of staff.

At the core of the model is the intent for this offer to be delivered in the heart of communities where it is needed. Therefore providers will be required to work closely with VCFSE partners and others to use a variety of community-based settings for outreach work in order to engage with and provide a more accessible, targeted offer for individuals in the community. The model will complement the LTC Locally Enhanced Specification by focusing on respiratory and cardiovascular individuals who are not currently engaging with standard primary care offers with funding allocated using a 100% deprivation formula.

Suggested mitigations include shuttle buses between sites, improved evening and weekend bus services, clearer information on ambulance travel times, and closer work with transport providers if services are consolidated.



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.

While the programme cannot resolve longstanding travel and transport issues, the TAG can raise these with local authorities and transport providers and support wider health initiatives to improve accessibility. 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.

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| <p><b>Consultation process and trust</b></p>  | <p>A proportion of respondents, particularly in West Lancashire and Skelmersdale, question whether the process will influence the final decision and use terms such as “done deal” to describe their perception.</p> | <p>✓</p>  | <p>We understand that some respondents, particularly in West Lancashire and Skelmersdale, have expressed concerns about whether the consultation will genuinely influence the final decision, with terms like “done deal” being used. We want to reassure you that this is absolutely not the case.</p> <p>The Shaping Care Together programme has followed NHS guidance for major service change, which requires transparency and meaningful engagement throughout the process. The consultation has been conducted in line with the Gunning Principles, ensuring that decisions are not pre-determined, that proposals are presented openly, and that feedback is genuinely considered before any final decision is made.</p> <p>We have also adapted the consultation in response to feedback to make it as inclusive and accessible as possible. This has included additional community outreach, extra events, and independent polling to reach underrepresented demographic groups. These steps demonstrate our commitment to listening and ensuring that every voice is heard.</p> <p>The final decision will only be made after all consultation responses, impact assessments, and recommendations have been fully considered.</p> <p>Furthermore, the process will be subject to formal scrutiny by the Health Overview and Scrutiny Committee (HOSC), providing an additional layer of independent oversight and assurance.</p> |
| <p>People say they have not been given clear, honest information about what each option would mean for maternity, paediatrics, ward closures and the future of the Ormskirk site.</p> | <p>✓</p>   | <p>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.</p> <p>The impact of paediatrics is already included as part of the SCT proposals.</p> <p>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.</p> <p>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 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.</p> <p>It is important to emphasise that both Southport and Ormskirk hospitals will continue to operate now and in the future. The consultation focused specifically on where A&amp;E services should be delivered. We recognise the significant role Ormskirk plays in the community, providing high-quality services such as more than c.200,000 outpatient appointments each year - around 20% more than Southport - and a substantial volume of elective inpatient care, with nearly ten times more elective inpatient procedures delivered at Ormskirk than at Southport annually.</p> |  |

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| <b>Parking and on-site access</b> | Parking is a consistent practical concern but not the primary reason for or against either option.   | ✓ | <p>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. 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). All feedback on parking will be taken into account during the next stage of the process (implementation). Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any future 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. 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.</p>   |
|                                   | Respondents report that parking is already insufficient at both sites, with car parks routinely full, queues for spaces and congestion on surrounding roads.   | ✓ | <p>We understand that parking is already a significant concern at both sites, with reports of car parks being full, queues for spaces, and congestion on surrounding roads. 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).</p> <p>All feedback on parking will be taken into account during the next stage of the process (implementation). Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any future 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.</p> <p>In addition, any improvements will be discussed with patient and public participation through the MWL PPG as part of the implementation stage.</p>   |
|                                   | Southport attracts more criticism: people describe having to park in nearby retail car parks or side streets and then walk to the hospital, raising particular concerns for those escorting older people, small children or people with mobility problems. | ✓ | <p>We recognise the concerns raised about parking at Southport, where some people report having to use nearby retail car parks or side streets and then walk to the hospital. This is particularly challenging for those escorting older people, small children, or individuals with mobility difficulties.</p> <p>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).</p> <p>All feedback on parking will be taken into account during the next stage of the process (implementation). Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any future 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.</p> <p>In addition, any improvements will be discussed with patient and public participation through the MWL PPG as part of the implementation stage.</p>  |
|                                   | At Ormskirk, concerns focus on the total number of spaces and the effect of any expansion on narrow approach roads and local residential areas.  | ✓ | <p>We recognise the concerns raised about the total number of spaces at Ormskirk and the potential impact of any expansion on narrow approach roads and surrounding residential areas. As part of the proposals, the Southport option includes an additional 266 car parking spaces, while 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).</p> <p>Issues relating to access and egress will be raised through the Travel Advisory Group to ensure that any changes are carefully considered. In addition, Mersey and West Lancashire Teaching Hospitals NHS Trust monitor patient footfall into hospitals using CCTV, alongside predictions around activity, which helps to inform future planning.</p> <p>All feedback on parking will be taken into account during the next stage of the process (implementation). The Trust will also ensure that any future 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.</p> <p>Any improvements will be discussed with patients and the public through the MWL Patient PPG as part of the implementation stage.</p> |

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|  | <p>Some respondents query the car park cost assumptions in the business case and question whether estimates (for example, for multi-storey parking) are reasonable.</p>   | ✓ | <p>The cost estimates for the proposed new car parks at Southport and Ormskirk have been developed by independent specialists using a consistent methodology. Rates and allowances are based on a recently completed 100-space deck car park at another NHS hospital, ensuring the approach is informed by comparable infrastructure projects. These same rates have been applied across both sites, with differences only reflecting the number of spaces and site-specific requirements. All estimates comply with relevant guidance and regulations.</p> <p>At this stage, the figures are provisional and include allowances for unknown risks and optimism bias, representing a worst-case scenario. Groundworks at both sites have also been factored in.</p> <p>Once a recommended way forward is agreed following consultation, a full procurement and tender process will commence as part of the next stage of the approval process. This will provide firm costs, at which point the provision for risk and optimism bias may change.</p>  |
|  | <p>Across responses there is a clear expectation that any preferred option must be accompanied by a funded, deliverable parking plan, including disabled spaces close to entrances and safe drop-off points near A&amp;E.</p>   | ✓ | <p>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.</p> <p>The parking changes required will be fully funded as part of the SCT schemes' overall funding.</p>   |
| <p><b>Buildings, waiting environments and services designed around needs</b></p> | <p>Many comments state that existing A&amp;E environments, particularly at Southport, are too small and congested, with reports of patients sitting or waiting in corridors and a lack of personal space. Ormskirk is generally perceived as calmer but still in need of additional capacity.</p> | ✓ | <p>We acknowledge the concerns raised about the current size and congestion of the A&amp;E environment at Southport Hospital. To address immediate pressures, a small extension scheme is already underway at Southport. This scheme is classed as a permissible development under planning regulations and is designed to ease the current congestion in the department and improve facilities for patients who are waiting to be seen.</p> <p>This scheme is going ahead as we have recognised that whatever the outcome of the Shaping Care Together consultation there is still a long way to go with the formal process for any major service changes, and it could be several years until the changes are fully delivered. Therefore, MWL have devised this scheme to improve facilities for adults using the A&amp;E department ahead of winter pressures, to improve ambulance handover, waiting room facilities and to increase privacy and dignity for patients who are waiting for an inpatient bed. These are pressures that impact adult A&amp;E departments, and the children's A&amp;E department at Ormskirk Hospital is not facing the same pressures so may be perceived as calmer.</p> |
|  | <p>Respondents consistently ask for:1) Larger, better designed waiting areas with sufficient seating, improved ventilation and natural light.</p>   | ✓ | <p>Our proposals include additional capacity for both sites.</p> <p>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 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.</p>   |
|  | <p>2) separation of adult and children's areas, with child-friendly spaces and layouts that minimise exposure to adult alcohol, mental health or substance misuse presentations.</p>  | ✓ | <p>We recognise the importance of separating adult and children's areas, with child-friendly spaces and layouts that minimise exposure to adult alcohol, mental health, or substance misuse presentations. NHS building specifications mandate that these requirements must be incorporated into any future modifications.</p> <p>The Trust's improvement plan is informed by a detailed risk analysis (including condition surveys) and compliance with current building regulations. Future developments will take all necessary information into account to ensure safe, appropriate, and welcoming environments for children and families. To support this, we maintain strong patient and public representation through the PPG and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment, ensuring that improvements reflect real patient experience and priorities.</p>   |

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| 3) Quiet or low-stimulus areas for people with autism, learning disability or mental health needs.   | ✓ | <p>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.</p>   |
| 4) Accessibility features such as handrails to entrances, wheelchair spaces, larger accessible toilets and clear help points.  | ✓ | <p>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.</p> <p>To support this, we maintain strong patient and public representation through the PPG and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment, ensuring that improvements reflect real patient experience and priorities.</p> <p>We recognise the importance of incorporating accessibility features such as handrails to entrances, wheelchair spaces, larger accessible toilets, and clear help points. NHS building specifications mandate that these requirements must be incorporated into any future modifications.</p> <p>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, inclusive, and accessible environments for all patients and visitors.</p> <p>To support this, we maintain strong patient and public representation through the PPG and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment, ensuring that improvements reflect real patient experience and priorities.</p> |
| 5) Better wayfinding is a recurring request, including clearer signage to A&E, site maps with colour-coded zones and clearly marked drop-off bays close to entrances.  | ✓ | <p>We acknowledge the recurring request for better wayfinding, including clearer signage to A&amp;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.</p> <p>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.</p> <p>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.</p> <p>To support this process, we maintain strong patient and public representation through the PPG and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment, ensuring that improvements reflect real patient experience and priorities.</p>   |
| People expect basic amenities to match the reality of long waits: toilets close to waiting areas, refreshments available out of hours, water dispensers, charging points and, where feasible, outdoor or quieter waiting spaces. | ✓ | <p>We acknowledge the expectation for basic amenities to match the reality of long waits, including toilets close to waiting areas, refreshments available out of hours, water dispensers, charging points, and, where feasible, outdoor or quieter waiting spaces. NHS building specifications mandate that these requirements must be incorporated into any future modifications.</p> <p>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.</p> <p>Suggestions such as charging points and improved outdoor spaces will be incorporated into the next stage of the process. Outdoor spaces are currently available across both sites to support patients and relatives, but we are open to further improvements.</p> <p>Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. To ensure these enhancements reflect patient priorities, we maintain strong patient and public representation through the PPG, have established close links with Healthwatch, and utilise Trust-trained volunteers to carry out patient-led assessments of the care environment.</p>  |
| There are repeated calls for real-time information (for example waiting time screens) to help patients and carers understand delays and manage anxiety.  | ✓ | <p>We will share these points with our system urgent and emergency care (UEC) groups for their review and consideration as part of potential future implementation</p>   |

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|  | Alternative use of buildings ✓   | <p>Detailed feasibility work has assessed the practicality and cost of creating an adult A&amp;E at Ormskirk. Although additional buildings on the Ormskirk site were brought back into NHS ownership in 2024, none of these buildings can accommodate an adult A&amp;E. They are not adjacent to the essential clinical services required - such as theatres, critical care, imaging and acute inpatient beds - and they are not connected to the hospital infrastructure needed for emergency care, including medical gases and emergency power.</p> <p>The feasibility study identifies potential development areas at Ormskirk but delivering a compliant adult A&amp;E would still require large areas of new build and extensive refurbishment across multiple blocks. This includes creating over 8,700 m<sup>2</sup> of new or refurbished clinical space, alongside a new multi-storey car park. The total estimated cost for this option is around £91 million.</p> <p>By comparison, the Southport option makes use of existing clinical adjacencies and requires a significantly smaller amount of construction - around 1,800 m<sup>2</sup> of new or refurbished space. The total estimated cost for this option is around £33 million.</p> <p>All costings and assumptions have been revalidated during 2024/25. This confirms that, even with the additional estate now owned at Ormskirk, this option remains substantially more expensive and more complex to deliver than the Southport proposal.</p> <p>For these reasons, Southport remains the most cost-effective and deliverable option for modernising urgent and emergency care.</p>  |
| <b>Children's services and maternity</b> | Children's A&E and maternity form a strong theme, especially in areas currently using Ormskirk. Ormskirk Hospital children's A&E is frequently described in very positive terms and is regarded as an important local asset. ✓   | We recognise the strong value placed on Children's A&E and maternity services, particularly for those currently using Ormskirk Hospital. While locations may change, these services will continue to be delivered by the same experienced staff, ensuring continuity of care and expertise. Our intention is to improve and sustain these services, not to diminish them. The hospital will remain committed to providing high-quality care for the local community and beyond, maintaining strong relationships and continuing to serve as a trusted healthcare partner.   |
|  | Many respondents in West Lancashire and rural areas express concern about the interdependence of paediatric A&E, neonatal services and maternity. They note that maternity was placed at Ormskirk partly because of its proximity to children's services, and infer that changes to children's A&E may have knock-on implications. ✓ | <p>The 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.</p> <p>The impact of paediatrics is already included as part of the SCT proposals.</p> <p>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.</p> <p>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.</p> |
|  | Parents, particularly in Skelmersdale and surrounding settlements, say that the current journey to Ormskirk already feels challenging for acutely unwell children; a longer journey to Southport is seen as problematic. ✓   | <p>We understand the concerns raised by parents in Skelmersdale and surrounding areas about the challenges of travelling with acutely unwell children. We recognise that journey length, indirect routes, low car ownership, and the absence of a rail station can make access difficult. We also appreciate that bus services may be infrequent, may not run late, and do not always stop directly at hospital entrances. While the programme cannot resolve longstanding travel and transport issues, as this falls outside the remit of health, the established TAG can raise these issues with local authorities and transport providers. The TAG will actively review travel analyses and consultation feedback to ensure transport issues are considered. The TAG brings together NHS organisations, local councils, transport authorities, and Healthwatch representatives to explore practical solutions and mitigations. In line with NHS guidance, anyone needing emergency care should, where possible, be driven to A&amp;E or call 999 for an ambulance. For non-emergency travel, we are working closely with Local Authorities and</p> <ul style="list-style-type: none"> <li>• We have a duty of care to meet the urgent and emergency care needs of our communities. We have a good service offer for urgent care including NHS 111, primary care, pharmacy and pharmacy first, and an Urgent Treatment Centre in Ormskirk and a Walk in Centre in Skelmersdale. We know that for patients using the paediatric Emergency Department in Ormskirk, that 7 in 10 of them could be seen in urgent care settings. We will work together to see that urgent care provision is available locally, which will mitigate the need for travel unless necessary. This includes the points below;</li> </ul>   |

transport providers through the TAG to identify improvements in road access and public transport options, ensuring safe and convenient access for all communities.

- The ICB are in the process of reprocurring some of our urgent care services in West Lancashire, including the Walk in Centre in Skelmersdale and the Urgent Treatment Centre in Ormskirk, due to current contract ceasing at the end of June 2026 and to ensure that we retain a good level of urgent treatment and access for residents in West Lancashire.
- The procurement process is live and the new contract is expected to commence from July 2026. The contract will be for an initial period of three years, preceding any changes under the Shaping Care Together programme
- The ICB will be working on transforming integrated urgent care services across Lancashire and South Cumbria, including in West Lancashire, over the coming years. This may include providing more support in primary care settings, all of which will help to ensure urgent care support close to home.
- Proposals for how these services may look in future will need to be cognisant of both public feedback in this consultation and any decisions made as a consequence
- It is also worth noting the NHS 10 Year Health Plan for England, and subsequent guidance on Neighbourhood Health all of which pinpoints to local delivery of services, of shifts into community. We will be working to deliver this in our neighbourhoods in West Lancashire, working with our general practices and other NHS and non-NHS partners. This should help to ensure that we coordinate care close to people's homes where we can and mitigate some of the concerns regarding transport and travel.
- For parents of acutely unwell children, NHS guidance is, where possible, for people to either be driven to A&E or to call 999 for an ambulance

Southport and Formby feedback is more mixed: some residents value Ormskirk's paediatric and maternity services, but many report that road and public transport links to Ormskirk are poor and therefore support Southport if services must be co-located.



Thank you for sharing this feedback. We recognise the strong value placed on Children's A&E services, particularly for those currently using Ormskirk Hospital. While locations may change, these services will continue to be delivered by the same experienced staff, ensuring continuity of care and expertise. Our intention is to improve and sustain these services, not to diminish them, and the hospital will remain committed to providing high-quality care for the local community and beyond. Please note that maternity services are out of scope for this programme.

We also understand concerns about transport links, while the programme cannot resolve longstanding travel and transport issues as this falls outside the remit of health, we have established a TAG, which brings together NHS organisations, local councils, transport authorities, and Healthwatch representatives to support improvements. The TAG is actively reviewing travel analyses and consultation feedback to ensure transport issues are considered, and to explore practical solutions and mitigations.

In line with NHS guidance, anyone needing emergency care should, where possible, be driven to A&E or call 999 for an ambulance. For non-emergency travel, we are working closely with Local Authorities and transport providers through the TAG to identify improvements in road access and public transport options, ensuring safe and convenient access for all communities.



Across multiple areas there is a clear view that the consultation material has not set out in sufficient detail the potential consequences for maternity and neonatal services under each option. Respondents describe this as a gap that needs to be addressed in final decision-making.

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.

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 PCBC which included further details on the scope 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.

**Population, demand and equity**

Respondents frequently refer to differing population profiles: higher proportions of older people in Southport and Formby, and more children and younger families in West Lancashire, particularly Skelmersdale and growth areas such as Burscough and Maghull.



We have reviewed the data and patient flow for both adult and children's A&E services. The evidence shows that the majority of activity can largely be attributed to those living in and around Southport and Formby, rather than the West Lancashire patch.

In relation to children's A&E, the latest data suggests that around 70% of children attending Ormskirk could be seen and treated elsewhere. It is also important to note that Skelmersdale and Burscough are not the highest users of children's A&E services. Activity flows vary significantly between Wigan, the Ormskirk UTC, Skelmersdale WIC, and Ormskirk itself.

Commissioners are strengthening Urgent care services to ensure patient are seen and treated at the right place first time, aligned with national policy, public feedback, and the wider shift toward community based care.

Many comments highlight significant housing development in West Lancashire and rural Sefton, with references to hundreds of new homes and estimates of 20–30% population growth in some communities. People question whether this growth is fully reflected in demand modelling.



We have incorporated all published information on housing development and population growth into our demand modelling, in line with the agreed methodology. Consideration has been given to changes in populations across Sefton and West Lancashire, including consultation of the Sefton Housing Strategy 2022–2027 and the West Lancashire Housing Strategy 2024–2029.

We also recognise that the Ministry of Housing, Communities and Local Government published guidelines in December 2024 for significant increases to local housing targets, with Sefton rising from 578 per annum to 1,466 (154%) and West Lancashire from 166 to 605 (264%). Once local councils publish more up-to-date information, this will be factored in at the implementation stage.

While housing growth will impact health services, this is expected to be likely most significant for primary care and community services. Commissioners are actively involved in planning for large new housing developments to ensure appropriate funding and support for health infrastructure.

For emergency care, historic data shows that population growth and housing development do not directly correlate with a proportional increase in emergency department (ED) activity. Therefore, while we continue to monitor trends, emergency care demand is not expected to be as significantly impacted as primary care.

For the modelling, we have applied an ED/UTC attendance growth of 1.5% for Southport, 2.7% for Ormskirk and 1.5% for Urgent Treatment Centres. The 5-year predicted population growth (including housing growth) is 1.2% for Sefton, 1.1% for West Lancashire, 2.2% for Knowsley, 2.9% for Liverpool, 1.2% for Wigan and 3.6% for Chorley. This suggests there is limited correlation between the two

measures due to the factors influencing both being multi-faceted. By using the attendance growth, we have naturally included all expansions that have occurred over the time period used for the analysis and their corresponding conversion rates to attends, as well as other non-population growth related factors that have impacted on changes to attendances.

Some submissions draw attention to relative population size, suggesting that when West Lancashire's residents and Edge Hill University's students are included, Ormskirk may serve a similar or greater number of people than Southport and Formby combined.



We have used the January 2025 practice list data for population figures alongside the latest Office for National Statistics (ONS) data to ensure accuracy.

Any students who require A&E services and utilise Southport A&E have already been captured within the activity modelling data, in line with trend analysis. Therefore, this cohort of patients is fully accounted for in our data analysis.

Additionally, we reviewed Edge Hill University's website data to identify any step changes in student enrolment. Using Higher Education Statistics Agency data for 2016 and 2023, we can confirm that there has been a decrease in student enrolment over this period. As per the Edge Hill University website, the total number of students at the university has reduced by 1.6% between 2016 and 2023. The number of university attendees won't necessarily convert to the same increase in residential students due to students choosing to live at home, or not re-register with a local GP. This change in student numbers is already reflected in the attendance modelling undertaken and consequently no specific growth in attendances from this cohort of patients will be required to be considered. We have however considered seasonal impacts on attendances due to current students potentially being more likely to attend ED/UTC during term time. This does not suggest correlation or causality but has been considered as a potential contributing factor to seasonal variations. There are no obvious changes in attendances for patients aged 19-25 to Southport ED during term time. The data shows dips in attendances for patients aged 19-25 to Ormskirk Urgent Treatment Centre during July and August each year, and peaks in the winter months. This could be due to a range of contributing factors, which may or may not include Edge Hill University students going home outside of term time. There are no obvious changes in attendances for patients aged 19-25 to Skelmersdale Walk in Centre during term time. Whilst we don't have any evidence to suggest the number of students studying at Edge Hill will increase in the future, if the number was to increase, the seasonal impacts should be considered at that stage.

Coastal respondents emphasise Southport's role as a major tourist destination and argue that visitor numbers, particularly families in summer, will continue to generate substantial urgent and emergency demand.



This has been acknowledged and incorporated into workforce planning considerations. While visitor numbers are not included within the resident population figures, they are addressed through other planning mechanisms, including business-as-usual and business continuity arrangements. Seasonal fluctuations in demand, particularly during the summer months, are reflected within the demand modelling process.

There is an expectation that any configuration should be explicitly tested against current and projected population patterns, including age profile, housing growth, deprivation and transient populations, and that this analysis should be transparent in the final business case.



Activity modelling was based on market share data for Sefton and West Lancashire patients across Cheshire & Merseyside emergency care facilities, factoring in injury severity (UTC rate) and Local Authority of residence. Market share modelling predicts patient flow using variables such as proximity, hospital reputation, wait times, and service quality, adapting consumer behaviour principles to healthcare. The models were developed with input from clinical teams, commissioners, and partners across the health system, using 2023 activity data as the baseline. Initial modelling assessed additional paediatric activity if reopened 24/7, followed by two scenarios for co-located EDs at Ormskirk or Southport. Key assumptions included: Both scenarios assume 24/7 access for adult and paediatric EDs. Vacated sites would cease emergency care. Patient acuity reviewed to identify cases suitable for UTCs. Forecasts applied historic growth rates (1.5% adult ED, 2.7% paediatric ED, 1.5% UTC) and ONS population projections (Sefton: 1.1% by 2027, 2.4% by 2032; West Lancashire: 1.1% by 2027, 1.9% by 2032). Housing strategies and new government targets for significant housing growth (Sefton +154%, West Lancashire +264%) were considered, with further adjustments planned once local councils allocate development land.

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| <b>Staff, training and workforce</b> | Staff fear that relocation will prompt significant resignations, particularly among experienced paediatric clinicians, creating risks for rota viability, skill mix and the ability to maintain a safe 24/7 children's emergency service. | ✓ | <p>We understand that some staff have expressed concern about the impact of relocating services particularly for paediatrics. Our focus is on strengthening our workforce and improving the experience of the doctors, nurses and clinicians who deliver care every day.</p> <p>Our Integrated Impact Assessment found that improving supervision and training for resident doctors could help improve recruitment and retention, enhance MWL's reputation and attract more trainees. The opportunity for A&amp;E clinicians to manage both adults' and children's would also broaden skills and experience for both medical and nursing staff, supporting a more confident and flexible workforce.</p> <p>There are wider workforce benefits too. A larger catchment area may improve recruitment, helping to reduce vacancy rates. The model could also lead to efficiencies in rota management and reduce current reliance on temporary staffing. Staff working in Urgent Treatment Centres and Walk-in Centres could gain new skills in caring for children with minor injuries, supporting career development and service resilience.</p> <p>Local access to major higher education institutions, including Edge Hill University and the University of Liverpool, means MWL is well placed to attract newly qualified doctors, nurses and trainees, strengthening recruitment pipelines into the service.</p> <p>Overall, our plans focus on building a stronger, better-trained workforce and ensuring we can continue to provide a safe and sustainable 24/7 Adults and children's emergency service for local families.</p> <p>However, once a decision has been made, MWL will continue to work closely with staff throughout the implementation phase. We will ensure colleagues are fully engaged, kept informed and involved in shaping how any changes are introduced, so that their views and experiences help guide a smooth and supportive transition.</p> |
|                                      | Paediatric staff are concerned that co-locating with adults will lead to frequent redeployment into adult areas during pressure, eroding paediatric expertise, identity and safety.   | ✓ | <p>Regardless of the option taken forward, MWL will continue to operate in line with national guidance, including Royal College of Emergency Medicine and Royal College of Paediatrics and Child Health standards. These require minimum paediatric staffing levels on every shift where children are treated and mandate robust safeguarding arrangements with appropriately trained staff in place. During times of extreme pressure, MWL will follow established emergency preparedness, resilience and response (EPRR) policies to ensure safe and appropriate deployment of staff.</p> <p>Any changes proposed would take several years to implement. This provides time to work with paediatric teams to co-design solutions and develop policies that protect specialist skills and support the safe, sustainable delivery of paediatric care.</p>  |
|                                      | Staff describe unique operational risks: children exposed to unsafe or distressing adult behaviours, paediatric spaces being closed or understaffed during surges, and safeguarding challenges.   | ✓ | <p>We recognise the importance of separating adult and children's areas, with child-friendly spaces and layouts that minimise exposure to adults. NHS building specifications mandate that these requirements must be incorporated into any future modifications. Our proposals include separate waiting areas, treatment rooms, and entrances for children and adults.</p> <p>MWLs improvement plan is informed by a detailed risk analysis (including condition surveys) and compliance with current building regulations. Future developments will take all necessary information into account to ensure safe, appropriate, and welcoming environments for children and families.</p> <p>Regardless of which option is taken forward, MWL operates in line with national guidance. This includes following the Royal College of Emergency Medicine and Royal College Paediatrics and Childs Heath Guidance which mandates minimum staffing levels on every shift in A&amp;E treating children and ensuring robust safeguarding arrangements with appropriately trained staff always in place. The national reporting structure of A&amp;E performance incentivises appropriate resourcing of paediatric emergency medicine to achieve the constitutional 4 hour A&amp;E target.</p>   |
|                                      | Staff report that Southport already struggles with adult emergency capacity. Adding paediatrics without major expansion is seen as unsafe and likely to increase corridor care, congestion and clinical risk.                             | ✓ | <p>We recognise the concerns about the current pressures within Southport Hospital's adult A&amp;E, particularly around space constraints and congestion. To help relieve these pressures, a small extension to the department is already in progress. This work falls under permitted development rules and is intended to create a better environment for patients who are waiting to be assessed or admitted, as well as to support overall flow through the department.</p> <p>This improvement is being delivered now because any major service changes proposed through Shaping Care Together would still require significant formal processes and could take several years before being fully implemented. In the meantime, MWL has prioritised practical steps that can make an immediate difference for adults using A&amp;E, especially ahead of winter. The extension will help with ambulance handovers, enhance waiting areas and improve privacy for those awaiting an inpatient bed.</p>  |
|                                      | Unclear timelines are affecting morale, personal planning and retention. Some staff are considering leaving depending on the final decision and timing.   | ✓ | <p>The pressures seen in adult emergency care are not mirrored in the children's A&amp;E at Ormskirk Hospital. Alongside the immediate improvements at Southport, our wider proposals include increasing capacity across both sites to ensure services are safe, sustainable and able to meet future demand.</p> <p>We recognise that uncertainty around future timelines can negatively affect morale, personal planning and decisions about staying in role. The programme timelines have been set out within the Pre-Consultation Business Case, and the current plan is to take forward a Decision-Making Business Case with a recommended way forward for a final decision in early Spring 2026. It's important even once a decision is made, this will take several years before changes are seen on the ground.</p>   |

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|  |  |   | <p>To support staff during this period, MWL will continue to share updates through multiple channels, including the staff intranet, CEO blog, Trust Brief Lives and regular stakeholder and staff newsletters. These updates will highlight progress, key milestones and any changes to the anticipated timetable. Once a final decision is made, staff will continue to be fully engaged throughout the implementation phase. This will include further opportunities to shape how changes are introduced, ensuring that staff experience and service safety remain central to the process.</p>   |
|  | <p>Staff report learning updates through media or rumours rather than internal channels, and feel insufficiently involved in modelling, pathway design and estates planning.</p>   | ✓ | <p>Key messages have been communicated through multiple internal channels, including the staff newsletter, weekly staff briefings, the staff intranet and the CEO blog, to ensure broad awareness and understanding across the organisation. In addition, the programme has undertaken targeted staff engagement, which includes multiple focus groups, Trust Brief Live sessions, staff Q&amp;A sessions and drop-in sessions at both Southport and Ormskirk hospitals.</p> <p>Models of care have been developed by members of the SCT clinical sub-group; which includes clinical and operational leads from the emergency departments and co-dependent services at MWL. This approach ensures that both clinical and operational perspectives are embedded within the development process. Further pathway design and refinement will continue to be progressed through these established groups to maintain appropriate oversight and expert input. We will also include further opportunities for staff to shape how changes are introduced, ensuring that staff experience and service safety remain central to the process.</p> <p>While it is not possible to control information shared via social media or informal networks, staff have been consistently encouraged to rely on trusted sources for accurate and up-to-date information. These sources include staff newsletters, the SCT website and direct access to the SCT programme team.</p>   |
|  | <p>Staff express strong concern that moving services — especially into an adult-dominated emergency environment — will erode the supportive, child-centred culture central to high-quality paediatric care.</p>  | ✓ | <p>The co-location options have been designed specifically to avoid an adult-dominated emergency environment for children and young people. Under both options, paediatric emergency care would operate with separate entrances, waiting areas, treatment rooms and ambulance access, ensuring a distinct and protected paediatric environment that remains child-centred in both design and function.</p> <p>In addition, the same paediatric emergency staff would continue to deliver care, maintaining existing expertise, values and ways of working. This continuity of staffing, combined with physically separate facilities, means that the supportive culture and standards of paediatric care currently in place would be preserved rather than diluted by co-location. As a result, children and families would experience a dedicated paediatric emergency service.</p>   |
|  | <p>Staff fear being asked to work in adult areas during escalation without appropriate training, which they view as a clinical safety risk rather than a preference issue.</p>   | ✓ | <p>No staff member would be expected to work in any clinical area without appropriate training, competence and support. Patient and staff safety are paramount, and escalation arrangements would not override professional standards or scope of practice.</p> <p>Any proposed changes to job roles, responsibilities would be subject to a full and formal staff and employment consultation, conducted in line with relevant NHS employment guidance and in conjunction with staff side representatives and unions. This process would ensure that concerns about training, competency and clinical safety are properly addressed before any changes are implemented.</p>   |
| <p><b>West Lancashire Borough Council response</b></p> | <p>Ormskirk better serves deprived inland communities such as Skelmersdale, where health outcomes are worse and car ownership is low, and rural West Lancashire, where public transport is limited. Southport advantages coastal Sefton, which already enjoys better transport as part of Merseytravel and as Parliament recognised in 2003, poor links along the A570 and structural barriers to access are not just practical issues, but questions of fairness.</p> | ✓ | <p>Although Ormskirk ED appears more centrally on a map, the underlying data on attendances, ambulance flows, and operational modelling clearly shows the majority of activity from the coastal region (Southport &amp; Formby). Looking at Southport and Ormskirk ED attendances as a whole, 56% of attendances originate from Sefton (46% originate from Southport &amp; Formby and 10% originate from South Sefton and 34% originate from West Lancashire. 58% of all attendances (adults and paediatrics) attendances arriving via ambulance originate from Sefton (56% originate from Southport &amp; Formby and 3% originate from South Sefton) and 37% originate from West Lancashire. Between April 2024 and October 2025, Southport ED received c.93k attendances which is almost double the number of attendances seen at Ormskirk ED. Southport and Formby accounted for 58% of Southport ED's activity, with Duke's, Cambridge, and Kew wards alone accounting for one in four attendances. West Lancashire accounted for 34% with North Meols being the highest-volume ward from that area, representing 3% of Southport ED's total. 26% of Southport ED attendances arrived via ambulance, with 56% of those originating from Southport and Formby. Cambridge and Duke's each accounted for 11% of ambulance arrivals. West Lancashire accounted for 38% of ambulance arrivals with North Meols again the highest proportion (2% of the total). Ormskirk ED's attendances are more dispersed. 35% came from West Lancashire and 24% from Southport and Formby. The highest-volume wards—Kew and Norwood each accounted for only around 4% of total attendances. Within West Lancashire, the top wards—Scott, Skelmersdale South, Ashurst, and Tanhouse—each accounted for approximately 2%, with less than 1,000 attendances coming from all remaining wards. Ambulance activity at Ormskirk ED is minimal. Just 2% of attendances arrived by ambulance, with 38% from Southport and Formby and 34% from West Lancashire. The highest-volume wards for ambulance arrivals—Kew and Norwood—represent only a fraction of the total. Operational modelling from NWS's Optima Predict simulation further reinforces the case for Southport ED. Redirecting Southport ED conveyances to Ormskirk ED, would result in an additional 2 hours 55 minutes of ambulance job cycle time per day across CM North and South Lancashire sectors. This would likely require an extra 9 hours of ambulance cover daily and adds 117 miles of travel per day from Southport station alone. In contrast, redirecting Ormskirk ED conveyances to Southport ED adds only 42 minutes of job cycle time per day, with minimal additional travel distance and a projected uplift of just 3 hours in resource cover. Taken together, the data shows that Southport ED serves a larger, more concentrated population with significantly higher ambulance demand. Ormskirk ED, while</p> |

geographically central, receives fewer attendances, has more dispersed locality patterns, offers more local services and has minimal ambulance activity. The NWS simulation confirms that collocating at Ormskirk ED would introduce substantial operational inefficiencies, while Southport ED offers a more sustainable and predictable model. These patterns strongly support Southport ED as the preferred site for emergency care collocation. To make sure these concerns are addressed, 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. The volume of paediatric patients from Skelmersdale North are small in comparison to adults. Of these paediatric patients, 34% (864) currently attend Skelmersdale Walk in Centre and 53% (1371) currently attend Ormskirk ED. Of the adult patients, 37% (3064) currently attend Skelmersdale Walk in Centre, 21% (1777) currently attend West Lancashire Treatment Centre and 27% (2242) currently attend Southport ED. For Skelmersdale South paediatric patients, 58% (2304) currently attend Ormskirk ED and 26% (1016) currently attend Skelmersdale Walk in Centre. Of the adult patients, 32% (3750) currently attend Skelmersdale Walk in Centre, 25% (2947) currently attend West Lancashire Treatment Centre and 28% (3333) currently attend Southport ED. For Burscough East paediatric patients, 64% (1286) currently attend Ormskirk ED and 25% (508) currently attend West Lancashire Treatment Centre. Of the adult patients, 41% (2494) currently attend West Lancashire Treatment Centre and 42% (2532) currently attend Southport ED. The volume of paediatric patients from Burscough East are small in comparison to adults. For Burscough West paediatric patients, 66% (1997) currently attend Ormskirk ED and 24% (723) currently attend West Lancashire Treatment Centre. Of the adult patients, 42% (2982) currently attend West Lancashire Treatment Centre and 41% (2908) currently attend Southport ED. For Shevington paediatric patients, 51% (3357) currently attend Ormskirk ED and 26% (1696) currently attend Alder Hey ED. Of the adult patients, 53% (7309) currently attend Aintree and 23% (3152) currently attend St Chads Urgent Treatment Centre. For Sudell paediatric patients, 67% (3425) currently attend Ormskirk and 14% (731) currently attend Alder Hey. Of the adult patients, 53% (7758) currently attend Aintree and 16% (2366) currently attend West Lancashire Treatment Centre.

National standards require maternity, neonatal, paediatrics and adult acute services to be co-located. Ormskirk achieves this now; Southport does not. The experience of other hospitals, where maternity has closed after A&E was lost, highlights the risks of deferral at a later date.



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.

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 PCBC which included further details on the scope 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.

West Lancashire sits in the Lancashire & South Cumbria Integrated Care



Both Southport and Ormskirk hospitals are part of MWL, of which the lead commissioner is Cheshire and Merseyside ICB. Lancashire and South Cumbria are associate commissioners to this contract

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| <p>Board (ICB). Southport belongs to Cheshire &amp; Merseyside ICB. If acute services consolidate at Southport, West Lancashire's main hospital would be governed from outside its own system, weakening accountability and undercutting Lancashire's future devolution offer. Ormskirk keeps services aligned with Lancashire's governance and investment strategies, a point already foreshadowed in earlier debates about the difficulties of straddling two health systems.</p> |   | <p>and play a part in the decisions regarding what services are commissioned at these hospitals. Prior to July 2023 and the coming together of the trusts, Cheshire and Merseyside ICB were the lead commissioner for the then Southport and Ormskirk hospitals.</p>   |
| <p>Ormskirk sustains consultant-led maternity and paediatrics, services that are difficult to recruit for and is next door to new School of Medicine within the Faculty of Health, Social Care and Medicine at Edge Hill University (Edge Hill 2025a). This provides a workforce pipeline and training platform that Southport cannot match if leveraged to its full potential.</p>   | ✓ | <p>MWL already works closely with Edge Hill University to support the training of a number of healthcare professionals including nurses, Allied health professionals and medical students. We provide placements for these students across our sites, with a larger proportion at Southport and have successfully recruited, although the number of graduates being trained by Edge Hill alone will not address our recruitment issues in hard to fill areas. From a midwifery position, we are fully established at the Ormskirk site and were not able to offer jobs to all of Edge Hill's most recently qualified cohort. We have encouraged them to consider a job at our Whiston site.</p> <p>Edge Hill University's proximity to Ormskirk Hospital does not necessitate the presence of an A&amp;E at that site. Medical education is structured around rotations across clinical specialties, which take place at multiple hospitals across the region. A&amp;E service locations are determined by clinical need, safety, and system-wide capacity, not by the location of a university campus</p> |
| <p>The Council questions the accuracy of Southport's capital cost figures, citing discrepancies and exclusion of backlog maintenance. Ormskirk's hospital despite having some older buildings, is on the whole more modern and can be made expandable with the right vision. Southport's estate can equally be expanded but it is older, fragmented and carries £26.8m of backlog maintenance, including £15.6m of high-risk works.</p>   | ✓ | <p>The costs for the Southport option were corrected from £44m to £33m due to an error with double counting of some clinical space in the feasibility study and misallocated co-dependency. This was acknowledged publicly at the Joint Committee of the two ICBs prior to consultation launch and publication of consultation documents on 4th July included correct figures.</p> <p>As part of the transaction to bring the two Trusts together to form MWL a plan was put in place to invest in critical infrastructure at both Ormskirk and Southport hospitals in order to improve the patient environment and quality of services we provide. This capital was allocated to projects to reduce the Trusts backlog maintenance that was determined following in depth condition surveys of the Trusts building and engineering services.</p>  |
| <p>Ormskirk is 10–20 minutes closer to tertiary centres such as Whiston, Alder Hey, Aintree and Wigan, which matters in trauma, stroke and obstetric emergencies.</p>   | ✓ | <p>For major trauma and stroke, patients would usually attend A&amp;E by ambulance and there are specific pathways in place which means that the ambulance service would take those patients directly to the tertiary centre at Aintree, or Alder Hey for children, and bypass both Ormskirk and Southport. Whiston is a tertiary centre for Burns &amp; Plastics and in the majority of cases patients would be discharged home and be given a follow up appointment, usually the following day and therefore would travel from their own home. Wigan does not provide any tertiary services.</p> <p>Obstetric emergencies are taken to Ormskirk by the ambulance service and there are pathways in place with Whiston site as part of MWL as a single organisation to support women in specific cases.</p>   |