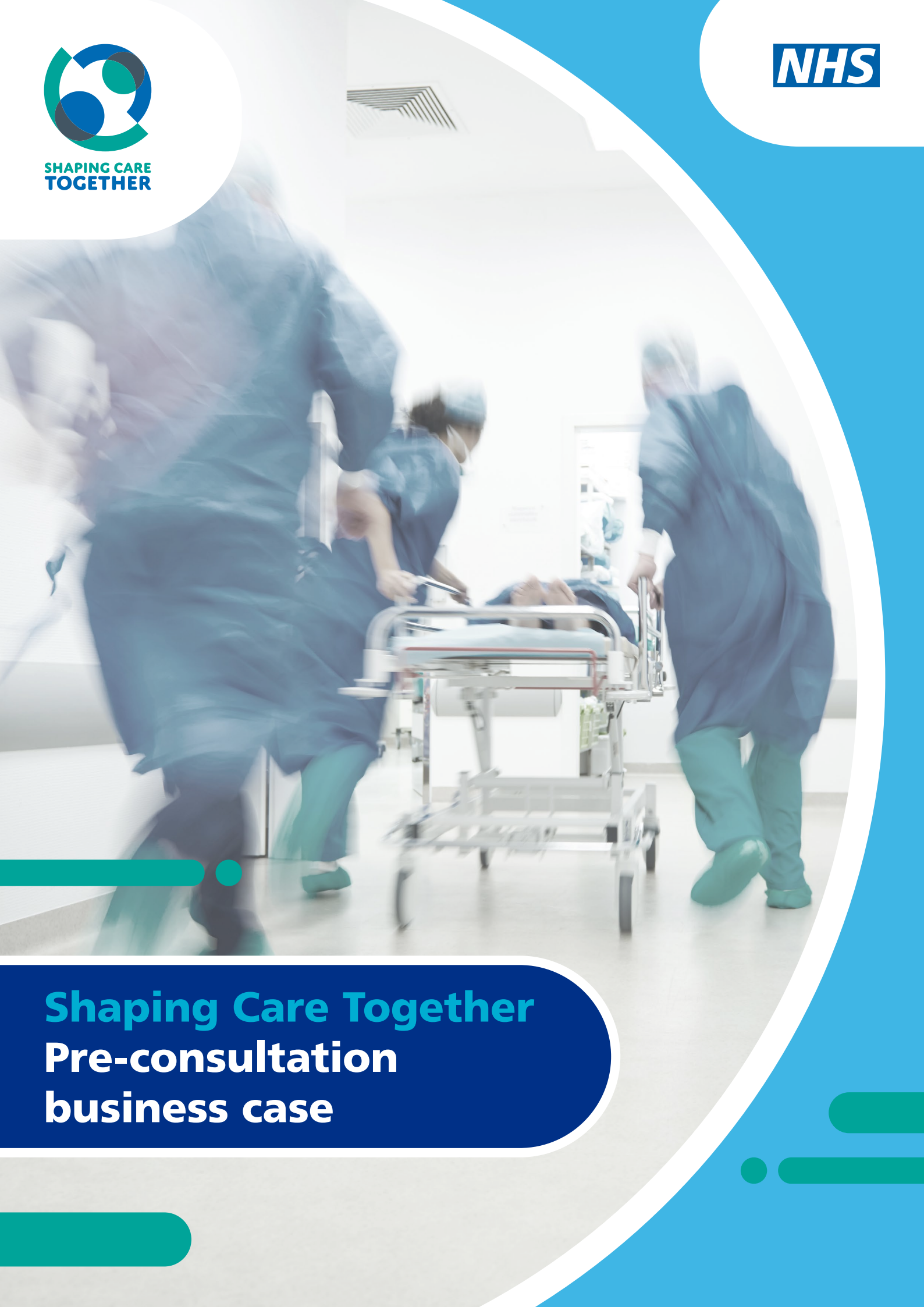




**SHAPING CARE
TOGETHER**

NHS



**Shaping Care Together
Pre-consultation
business case**

Version	Date	Author	Amendment history
0.1	22nd January 2025	HS	Initial draft
0.2	10th February 2025	HS	Updates following feedback from Programme Board
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1. Executive summary

Introduction

The Shaping Care Together (SCT) programme is a collaborative initiative by Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) and NHS Cheshire and Merseyside Integrated Care Boards (ICB) and NHS Lancashire and South Cumbria ICB. It aims to address urgent and emergency care challenges in Southport, Formby, and West Lancashire, ensuring sustainability and excellence in patient care.

The programme's vision is to provide high-quality care and reduce health inequalities by delivering responsive, safe, and sustainable services. It focuses on improving urgent and emergency care and addresses current pressures such as quality, staffing shortages, infrastructure needs, and funding issues, while preparing for an ageing population.

The review process began in Spring 2024 with the development of the Case for Change, which highlighted the need for improvements in urgent and emergency care. After thorough stakeholder engagement, a 10-week pre-consultation period gathered feedback through public events, meetings, focus groups, and surveys. This feedback informed the options appraisal process, which identified two main options for co-location of adult and paediatric accident and emergency (A&E (also referred to as Emergency Department (ED)) services and a preferred option.

The programme has adhered to national guidance throughout its development, ensuring that it addresses the urgent and emergency care needs of the local population while maintaining high standards and guidelines.

Over the past decade, expert reviews have consistently highlighted the need for action to address challenges at the former Southport and Ormskirk District General Hospitals NHS Trust. By 2021, the trust's board sought external assistance, leading to a partnership with St

Helens and Knowsley Teaching Hospitals NHS Trust. This collaboration aimed to improve clinical sustainability, workforce development, and digital integration, among other areas. In 2023, the two trusts merged to form Mersey and West Lancashire Teaching Hospitals NHS Trust, which has successfully stabilised a number of fragile services. Concurrently, the SCT programme continues to explore long-term solutions for high-quality, sustainable care.

Case for change

The current healthcare model faces pressures from aging infrastructure, workforce shortages, financial challenges, and rising patient demand. With increasing population aging and complexity in care needs, maintaining duplicate services across two sites is unsustainable. Expert reviews, including Clinical Senate evaluations, have highlighted the necessity for reconfiguration to provide efficient, high-quality care.

Options and preferred option

The programme has followed NHS England and HM Treasury Green Book guidance to ensure stakeholder engagement and transparency in the options appraisal process. Two workshops were held: one for applying hurdle criteria and another for evaluation criteria.

The programme initially considered 10 options, with a number discounted during the pre-hurdle appraisal due to financial constraints, implementation timelines, and the need for significant changes to out-of-scope services. The two options that passed the hurdle criteria were:

1. Co-location of a 24-hour adult and paediatric A&E at Ormskirk District General Hospital.
2. Co-location of a 24-hour adult and paediatric A&E at Southport and Formby District General Hospital.

The evaluation criteria workshop involved internal and external stakeholders who assessed the two longlisted options. Each option was scored based on quality of care, deliverability, access, financial and environmental sustainability, and strategic fit.

The co-location at Southport and Formby District General Hospital option achieved the highest score and was identified as the preferred option. This recommendation was approved by the SCT Programme Board in December 2024, and the programme agreed to proceed to consultation on both options, with co-location at Southport and Formby District General Hospital being the preferred option.

Clinical

In 2015, Deloitte conducted a review of acute services at Southport & Formby and Ormskirk District General Hospitals, concluding that the services were unsustainable in terms of quality, workforce, and finances. They recommended a hot and cold site solution, which was supported by the Northern England Clinical Senate Review in 2017. A 2018 review by KPMG highlighted ongoing risks and suggested a new-build hospital, but this was deemed unfeasible, leading to a renewed recommendation for a hot and cold site solution. However, the previous programme found the solutions unaffordable and undeliverable, with estimated costs around £1.3 billion and a timeline of 13-16.5 years.

Following the rescope of the programme to focus on urgent and emergency care, the SCT Clinical Urgent and Emergency Care (UEC) sub-group developed clinical models of care, aligning

with national guidelines and aiming to provide safe, high-quality care. These models were created collaboratively by clinical, operational and commissioning leads.

The proposed clinical model focuses on providing 24/7 emergency care for both adults and children, addressing the current lack of 24/7 provision at Ormskirk District General Hospital. Co-location of services was identified as a strategic solution to enhance integration, optimise resources, and improve patient outcomes following the hurdle criteria workshop. The programme identified clinical co-dependencies as key factors for delivering safe services, in line with the NHS England clinical senate guidance¹. This demonstrated that more services would need to move to accommodate a co-located adult and paediatric emergency departments (ED) at Ormskirk District General Hospital.

From the clinical point of view, the preferred option aims to address operational inefficiencies, workforce pressures, and fragmented care delivery, ensuring sustainable and high-quality emergency care for the region.

Workforce

A review of workforce models for both adult and paediatric ED services highlighted key factors impacting the final workforce structure. The review identified benefits of co-locating ED services, including improved 24/7 medical cover, consolidated nursing leadership, and reduced reliance on temporary staff, potentially saving £1.5 million annually. The medical workforce is divided into three tiers: consultants, specialty doctors and senior trainees, and clinical fellows and associates. Nursing structures for adults and children are described separately, based on activity levels.

The review highlighted that the placement of co-located ED services would influence other clinical services and workforce groups. The specific impacts would vary based on whether the ED is situated at Ormskirk District General Hospital or Southport and Formby District General Hospital. Co-location at Southport and Formby District General Hospital would result in fewer disruptions, as it requires fewer clinically co-dependent services to relocate between sites.

¹ <https://secsenate.nhs.uk/wp-content/uploads/2024/01/The-Clinical-Co-Dependencies-of-Acute-Hospital-Services-Final.pdf>

Estates

Southport & Formby and Ormskirk District General Hospitals were evaluated by independent architects to provide an impartial evaluation of the optimal use of public funds and space. The review considered the challenges of executing major capital projects on active hospital sites. The review identified the following:

- **ED co-location options:** Three key variables were assessed for consolidating ED services onto a single site: potential location within the existing site, impact on other clinical services, and parking capacity. The independent architects provided an assessment of options and associated costs.
- **Clinical services and parking:** Several clinical services would need to be relocated to support a co-located ED, with the extent of relocations varying between options. A comprehensive review of parking facilities suggested that adding decked car parks would be the most effective solution.
- **Space requirements:** To co-locate the ED and co-dependent clinical services at Ormskirk District General Hospital, 8,757m² would need to be constructed or refurbished, significantly impacting existing services. The Southport & Formby Hospital option requires 1,789m².

Finance

The costs of the estates reconfiguration for the two options were also completed by an independent financial commission. The capital costs and additional parking facilities for the two options are as follows:

- Ormskirk District General Hospital ED co-location: £91,329,000
- Southport and Formby District General Hospital ED co-location: £33,136,000

Whilst the option for a new-build co-located ED was considered, this option was discounted during the pre-hurdle criteria appraisal due to the significantly greater resources required compared to reconfiguring the existing estate. Estates reconfiguration aligns with the rationale and commitments outlined in the business case to integrate Southport & Formby and Ormskirk District General Hospitals with St Helens and Knowsley Teaching Hospitals.

Additionally, co-locating services and enhancing the working environment could result in an annual saving of approximately £1.5 million due to improved staff retention and reduced reliance on agency or locum doctors.

The route to funding will be through national funding via the Strategic Outline Case (SOC) in line with national guidance.

Deliverability

Estate configuration: The space required for refurbishment and the number of co-dependent clinical services needing relocation vary significantly between the two co-location options. Co-location at Ormskirk District General Hospital will lead to more disruption and take longer to deliver compared to Southport and Formby District General Hospital.

Clinical co-dependencies: Several clinical services and departments would need to be relocated to support a co-located ED. The extent of these relocations varies between the options, impacting the total space required and the cost implications.

Deliverability timeframes: The deliverability timeframes for the two options differ, with co-location at Southport and Formby District General Hospital being less disruptive and quicker to deliver compared to Ormskirk District General Hospital.

Stakeholder engagement

The communications and engagement strategy for the SCT programme involved a wide range of stakeholders from across Southport, Formby and West Lancashire including clinical staff (primary and secondary care), local authorities, media, MPs, the public, regulators, service users, staff, healthcare providers, Healthwatch and voluntary and third-sector organisations. Stakeholder engagement was guided by NHS England's statutory guidance and aimed to ensure broad participation and meaningful conversations.

Engagement activities included regular briefings, workshops, drop-in sessions, and public events. Staff engagement provided valuable insights, while local authorities and healthcare providers were kept informed through regular updates and meetings. Public engagement involved a variety of events, such as public meetings, roadshows, webinars, and focus groups, to gather feedback and inform the community about the programme.

Key themes from the engagement included the need for better transport links, consideration of population changes, the desire for local A&E services, and the importance of improving primary care to reduce A&E burden. Feedback was recorded in an engagement log, which tracked how the programme responded to stakeholder input and informed the development of service options.



Impact assessments

Impact assessments on quality, travel, equalities, and the environment have been completed, along with an integrated impact assessment. These assessments are detailed in Section 9.

The Quality Impact Assessment was developed with the SCT Clinical UEC sub-group with support from the NHS Cheshire and Merseyside ICB quality team alongside both ICBs and partner organisations. It highlights potential benefits in patient safety, clinical effectiveness, and patient experience, while noting risks related to increased travel times.

The Equalities and Inequalities Impact Assessment identifies risks to protected characteristics and localities, ensuring decision-makers consider these risks. It involves continuous analysis, from evaluating current services to post-implementation testing, to mitigate any inequalities.

The Travel Impact Assessment shows that patients and staff live closer to Southport and Formby District General Hospital, which has shorter car journey times. Ormskirk District General Hospital, though better connected by road and public transport, lacks direct bus routes from the Sefton Coast, necessitating shuttle bus services. Cost analysis indicates bus travel is cheapest but longer, highlighting the need for improved public transport and road infrastructure.

The Environmental Impact Assessment, aligned with NHS climate change duties, finds opportunities to improve carbon impact with new materials, with minimal differences in other environmental factors between options.

The Integrated Impact Assessment evaluates co-locating A&E services at Ormskirk District General Hospital or Southport and Formby District General Hospital. Ormskirk District General Hospital co-location could improve workforce flexibility and patient accessibility but requires significant investment and may disrupt services. Southport and Formby District General Hospital co-location could enhance clinical outcomes but may negatively impact West Lancashire patients due to increased travel times. Both options aim to improve patient safety and experience, with distinct challenges and impacts on health equity and workforce.

Government and NHS England five tests

The Government has established four tests to guide service reconfiguration proposals, ensuring they prioritise patient and public interests. NHS England has added a fifth test specifically addressing bed reductions. The four tests include robust public and patient engagement to ensure affected voices are heard, alignment with patient choice in care options, a strong clinical evidence base to justify changes, and support from clinical commissioners, such as ICBs, to validate the proposals' feasibility and benefit. This process emphasises meaningful involvement in planning, developing, and deciding on service changes while maintaining access to high-quality care within sustainable financial constraints.

Additionally, compliance with these principles is demonstrated through rigorous patient and public stakeholder involvement and engagement, analysis of clinical evidence, and collaborative decision-making with commissioners and providers. For example, commissioners like NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB have been integral to every phase, including pre-consultation, evaluation, and impact assessment. Neighbouring healthcare providers were also consulted to ensure cohesive service delivery.

Since April 1, 2017, NHS England requires commissioners to meet a specific test when proposing significant hospital bed reductions, demonstrating either sufficient alternative services, reductions in admissions through new treatments, or improved bed efficiency. However, as the SCT programme does not propose any bed closures, this test is not applicable for the programme.

Next steps

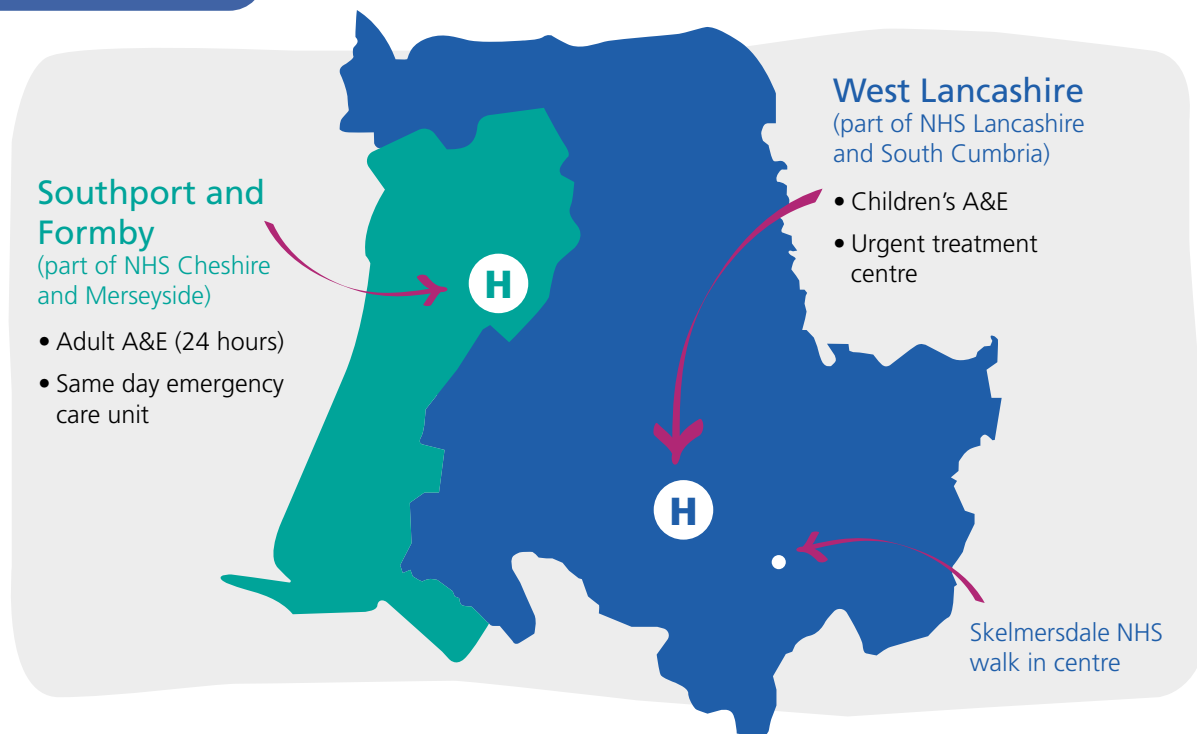
The NHS Cheshire and Merseyside and NHS Lancashire & South Cumbria Integrated Care Boards (ICBs) are committed to an open and transparent public consultation process for the proposed options in the Pre-Consultation Business Case (PCBC). A 12-week public consultation will be held to inform and gather feedback from local communities in Southport, Formby, and West Lancashire on the proposed options.

The consultation will follow best practices and external advice, ensuring all views are considered before final decisions are made in early 2026. Key activities include consultation analysis, updating impact assessments, ongoing business case development, and high-level implementation planning. The final decisions will be presented to the Joint Committee of the ICBs in spring 2026.



2. Introduction

2.1. Who we are



The Shaping Care Together programme is a partnership between Mersey and West Lancashire Teaching Hospitals NHS Trust, and the integrated Care Boards of NHS Cheshire and Merseyside and NHS Lancashire & South Cumbria. NHS Cheshire and Merseyside are the lead commissioner for this programme.

Mersey and West Lancashire Teaching Hospitals NHS Trust

The trust serves a population of over 600,000 people and delivers a wide range of local health and care services in Halton, Knowsley, Liverpool, Sefton, St Helens and West Lancashire.

The trust also provides regional services for burns, plastic surgery and spinal injuries across Merseyside, West Lancashire, Cheshire, the Isle of Man and North Wales. A combined workforce of around 9,000 are employed across 21 locations including five hospitals.

NHS Cheshire and Merseyside ICB

Serving 2.7 million residents, NHS Cheshire and Merseyside is one of the largest Integrated Care Boards in England. It covers Sefton, Liverpool, St Helen's, Knowsley, Halton, Warrington, Wirral, Cheshire East and Cheshire West.

NHS Lancashire and South Cumbria ICB

Serving 1.8 million residents, NHS Lancashire & South Cumbria serves the areas North Lancashire, East Lancashire, Central Lancashire, Blackpool, Blackburn with Darwen and South Cumbria. Only West Lancashire, which is part of the wider Central Lancashire area, is within the SCT programme area.

² An NHS commissioner is responsible for planning, purchasing, and monitoring health services to ensure the best health outcomes for the population. This process, known as commissioning, involves assessing needs, prioritising services, and ensuring that healthcare providers deliver high-quality care. NHS services are commissioned by Integrated Care Boards (ICBs) and are overseen by NHS England.

2.2. Our vision

The local NHS in Southport, Formby, and West Lancashire is dedicated to providing excellent quality care to everyone at all times. It is committed to reducing health inequalities for the populations it serves. The SCT programme was established to help achieve these ambitions through the care provided. The goal is to organise NHS services built on the provision of safe and high-quality care, both today and in the future. By working together with patients, dedicated healthcare professionals, and partners, it aims to optimise the use of available buildings, staffing, funding, and other resources.

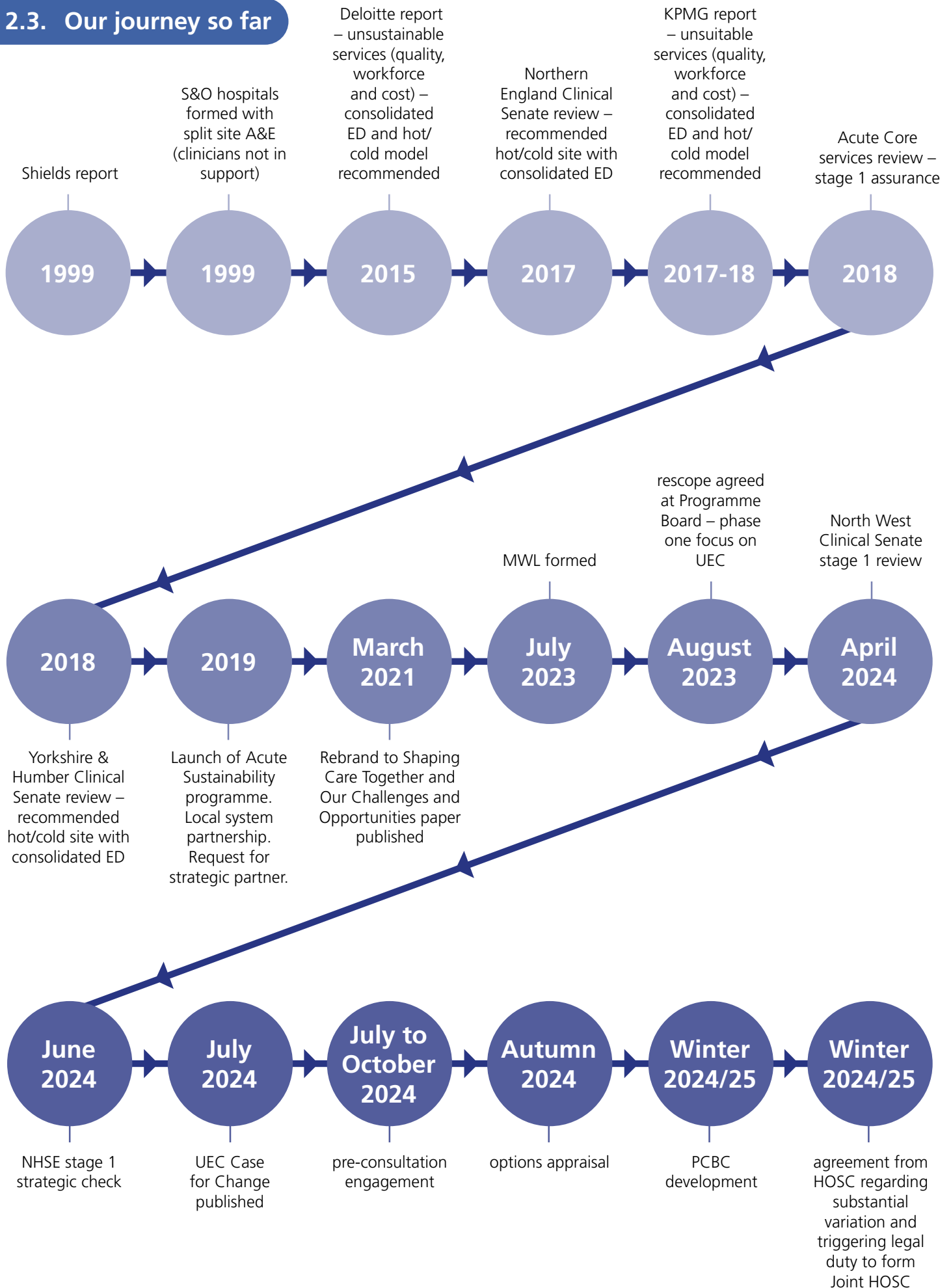
The programme objectives for the first phase of the SCT programme is to further improve the safety and quality of **urgent and emergency care** in Southport, Formby and West Lancashire. In doing so aim to:

- Deliver urgent and emergency care services that are responsive, safe and sustainable
- Improve the integration of services across the health and care system
- Deliver services close to the local community, wherever possible

The aim is to move into the future with services that are fit for purpose, safe, and effective. However, this cannot be assured without making changes due to increasing patient demand, staff shortages, and significant financial challenges. Considering these factors, replicating all services across two sites is very challenging and unsustainable.



2.3. Our journey so far



2.4. Why are we conducting this review

Much of the NHS was designed decades ago to address the health needs of the population at that time. Therefore, it is appropriate to occasionally review our practices to ensure the system is equipped to meet today's challenges.

SCT is an NHS programme aimed at improving the way we provide health and care in Southport, Formby and West Lancashire. Our responsibility is to provide the highest quality of care to meet the needs of the patients and communities we serve. However, some pressures that are being felt right across the NHS, are making it harder for us to do this where we live. Staffing shortages, a need to invest in our buildings and estates, and funding challenges are putting services under pressure. We also have an ageing population, which means that demand for services will continue to rise in the future. The last Care Quality Commission report emphasises the need for future adaptations and highlights the challenges of operating across two main hospital sites, despite our commitment to

safe, sustainable, and excellent patient care. We need to prepare our local NHS to meet those future needs and expectations, delivering high-quality services that are both safe and sustainable.

SCT is about finding ways to make the best use of staff, money, and other resources to achieve its goals. It is acknowledged that changing too much and too often can be disruptive and costly, and now is the right time to look for new and better ways to organise the local NHS. By working together with patients, dedicated healthcare professionals, and partners, there is confidence that the right solutions can be found. Since the start of Shaping Care Together, efforts have been made to listen to people and organisations affected by, and involved in, the provision of health and care services. The aim has been to get as many people as possible to share their experiences and to contribute their thoughts and ideas about what works well, what doesn't, and to help define what good should look like.

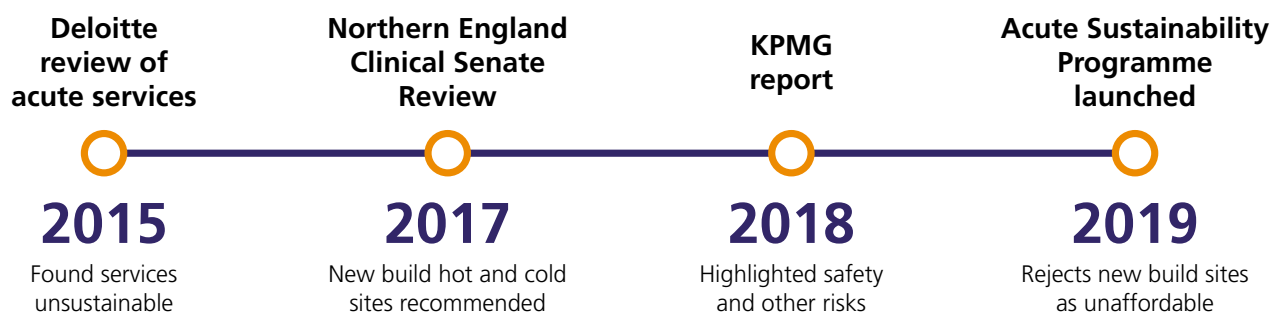
Key summary:



The SCT Together programme aims to improve health and care services in Southport, Formby, and West Lancashire by addressing current challenges such as staffing shortages, infrastructure needs, and funding issues, while preparing for an ageing population.

By collaborating with patients, healthcare professionals, and partners, the programme seeks to optimise the use of resources and implement sustainable, high-quality care solutions based on community feedback and experiences.

2.5. Why we're starting with urgent and emergency care



Southport & Ormskirk District General Hospitals NHS Trust was established in 1999. At that time, it was decided that critical care services, including adult A&E, would be based at Southport and Formby District General Hospital, while paediatric and maternity services, including children's A&E, would be located at Ormskirk District General Hospital. This decision was not universally supported. Clinicians continue to express concerns about the risks associated with delivering acute services across both sites.

UEC services are experiencing unprecedented strain. Several expert reviews over the past decade have underscored the need for change, highlighting the following factors:

- Children's emergency and urgent care services are not provided 24/7, potentially resulting in a disparity in the quality of care compared to adults.
- Staff shortages can sometimes hinder the provision of the high levels of patient safety we strive for.
- The current model of service delivery is not financially sustainable in the long term.
- Increased pressure in one area of care often impacts the entire system. When urgent and emergency care services in our hospitals are under strain, it is felt across the system.
- Many patients are older individuals who occupy hospital beds for extended periods while awaiting the necessary support to be arranged closer to home.

In summary, now is the opportune time to address these issues. The approach taken and the manner in which services are delivered will significantly impact the success of the entire SCT programme. Consequently, the NHS partner organisations behind SCT have decided to prioritise urgent and emergency care. This decision was presented to and approved by the SCT Programme Board in August 2023, which comprises executives and leads from MWL, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, and the NHS England North West regional team.

In April 2020, the difficult decision was made to reduce A&E opening times at Ormskirk District General Hospital. As a result, there is currently no dedicated A&E service for children and young people between midnight and 8:00 am. Importantly, there are not enough appropriately skilled staff to safely re-open the paediatric A&E service overnight.

To provide paediatric A&E services safely and ensure that emergency departments are supported by medical staff with the right training and skills, support is needed from anaesthetics and paediatrics. When the children's service is located at the same site as adult A&E, this support can be available within the wider workforce. If additional support is needed at Ormskirk District General Hospital, it currently requires calling in the consultant from home or transferring staff from Southport and Formby District General Hospital, which increases the risk to adult services.

Due to inefficient use of resource and duplication of staff, if a 24-hour service was resumed the average cost of each patient seen there would be 59 per cent higher than the national average.

2.6. What will be better

Over the past decade, several expert reviews have highlighted the need for action to address current challenges. In 2017 and 2018, two separate clinical senate reviews described the former Southport and Ormskirk District General Hospitals NHS Trust as “unsustainable in its current form.” In 2019, the Care Quality Commission, the independent regulator for health and adult social care in England, rated the trust as “requires improvement.”

In 2021, the trust’s board recognised the need for external assistance to address issues related to financial and clinical sustainability. With support from NHS England, the neighbouring St Helens and Knowsley Teaching Hospitals NHS Trust was identified as a suitable partner to assist Southport and Ormskirk. Collaborative efforts then commenced to explore opportunities for improved operations by bringing the two trusts closer together. These efforts included:

- Improved clinical sustainability
- Better ways of organising clinical services
- Opportunities to develop the workforce
- Making better use of buildings and estates
- Benefiting from economies of scale
- Improved digital services and integration

In 2023, the two trusts were formally merged to create Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), marking a significant step towards stabilising fragile services. However, this was only the beginning. Concurrently, the SCT programme has been exploring ways to organise these services for long-term sustainability. The SCT programme is dedicated to providing high-quality, safe care for everyone, both now and in the future. It aims to address current challenges faced by the local NHS and identify the most effective ways to deliver services. Ultimately, the focus is on improving outcomes for the people they serve.

Some of the benefits the programme hopes to realise through the urgent and emergency care phase of the programme are:

- **Reduced waiting times at A&E and for urgent care:** We want to make sure that fewer people come to A&E if they would be better off receiving treatment from another service. This is in everybody’s best interest. Of course, we will need to make sure that other services, such as urgent care, are operating smoothly. For some people, we also need to make them aware of the range of services we offer and do all we can in supporting them to access the support they need. Fewer people coming to A&E would mean a better flow of patients through the department and fewer patients needing a hospital bed once they leave A&E. Better patient flow should mean we will be able to get to you quicker once you are in the waiting room.
- **Fewer cancelled operations:** demand for urgent and emergency care is unpredictable, and when services are strained, it affects the entire health system. Busy emergency departments increase hospital admissions, reducing bed availability for scheduled operations, leading to more cancellations and longer waiting lists. While improving A&E operations doesn’t guarantee reduced waiting lists, it can help alleviate pressure.
- **Dedicated emergency care for everyone, all-day, every day:** aim to provide 24/7 A&E access for everyone, but since 2020, there has been no overnight children’s A&E at Ormskirk District General Hospital. Evidence indicates that re-opening overnight with the recommended staffing would increase costs per patient by 59% above the national average. Additional workforce and financial resources are needed, but they must work within current constraints. Re-opening overnight would require significant new service efficiencies or reallocating resources from other areas.

- **Better urgent care provided closer to home:** urgent and emergency care extends beyond hospitals to include home care, pharmacy advice, and GP treatment. Post-hospital support is often necessary for full recovery. NHS guidance states that people should not be admitted to hospital if they can access the same or higher quality of care in their own home. The focus of service redesign will need to be on UEC services, however, to make this work, we will need to be sure that the wider network of services is able to give people the support they need, closer to home, this includes services such as virtual wards, urgent community response, intermediate care, care coordination and digital health all of which are part the each ICBs wider system UEC plans.
- **An NHS that can meet the needs of the local population, today and in the future:** it is recognised that difficult choices must be made and that some services are currently classified as fragile. Confidence remains that significant improvements can be achieved through the reorganisation of these services. The goal is to ensure the delivery of safe and high-quality care, both now and in the future.



2.7. How has the review been carried out

Throughout spring 2024, the SCT programme developed the Case for Change. This process, led by clinicians, aimed to address the needs of our patients and the local population. The Case for Change highlights the necessity for improvements in UEC services across Southport, Formby and West Lancashire. After thorough review by key stakeholders—including clinicians, commissioners, NHS England, Healthwatch, the voluntary sector, and patient and public representatives – the Case for Change was approved in July 2024 by the Boards of MWL and, NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria ICBs. Following its publication, a 10-week pre-consultation engagement period commenced. This engagement included public roadshow events, public meetings (both in-person and online), focus groups, staff roadshow events, staff meetings, and a survey. Further details on the pre-consultation engagement can be found in Section 7.

The feedback and insights gathered during this pre-consultation engagement were instrumental in forming a comprehensive list of potential options for consideration in the options appraisal process. Conducted in autumn 2024, this clinically led process involved the development of hurdle and evaluation criteria, as well as supporting information to assist appraisers during the workshops. Clinicians played a crucial role in both the development and application of these criteria.

More information about the options appraisal process is available in Section 5. Additionally, public and patient representatives significantly contributed to the options appraisal process by participating in the development of the criteria and serving as appraisers during the workshops.

Following the successful application of the evaluation criteria, the two following options were identified on the shortlist of options:

- **Option 1:** colocation of adult and paediatric A&E services at Ormskirk District General Hospital.
- **Option 2:** colocation of adult and paediatric A&E services at Southport and Formby District General Hospital.

Through the scoring process, option 2 scored higher than option 1 and therefore was proposed to SCT Programme Board as a preferred option. Detailed information on the shortlist and the preferred option is available in Section 5.4.

Adherence to national guidance has been paramount. Since the programme's inception, the SCT programme team has rigorously followed NHS England's planning, assuring and delivering service change for patients³, Addendum to planning, assuring and delivering service change for patients (March 2018)⁴ and the HM Treasury Greenbook⁵ guidance.

Key summary:



- The SCT programme developed the Case for Change in spring 2024 to address the urgent and emergency care needs in Southport, Formby, and West Lancashire.
- After extensive stakeholder engagement and evaluation, two options were identified: co-location of adult and paediatric A&E services at:
 - Ormskirk District General Hospital (option 1)
 - Southport & Formby (option 2)
- Option 2, co-location at Southport and Formby District General Hospital, scored higher and is proposed as the preferred option in this document.
- The programme has adhered to national guidance throughout its development.

³ <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

⁴ https://www.england.nhs.uk/wp-content/uploads/2018/03/B0595_addendum-to-planning-assuring-and-delivering-service-change-for-patients_may-2022.pdf

⁵ <https://www.gov.uk/government/collections/the-green-book-and-accompanying-guidance-and-documents>

2.8. Strategic fit

2.8.1. Local strategies

The Shaping Care Together programme aligns with the strategic priorities of all partner organisations, each of which is committed to developing more sustainable and effective urgent and emergency care services.

While the provision of maternity services is under review by NHS Cheshire and Merseyside ICB and the commissioning of neonatal services is being reviewed by the NHS England North West region specialised commissioning as part of major service change programmes, these services are out of the scope of this programme. However, it is important to note that there is clear interconnectivity between the outcomes of all three programmes. This is further highlighted in Section 9.5.

2.8.1.1. Mersey and West Lancashire NHS Teaching Hospitals NHS Trust

A driving factor behind the creation of Mersey and West Lancashire NHS Teaching Hospitals NHS Trust (MWL) was that there would be opportunities to stabilise a number of services that had been identified as fragile. These opportunities included:

- Improving clinical sustainability.
- Clinical reconfiguration.
- Workforce development.
- Estates optimisation.
- Delivering economies of scale and,
- Improved digital services and integration.

MWL Trust has set up robust governance arrangements to support oversight and scrutiny, at executive level, of all internal transformation programmes which aims to identify and deliver opportunities to manage risk and improve the delivery of clinical services. Current work programmes include the development of the MWL Anaesthetic Strategy to meet the needs for elective and emergency services as a single service delivered across all MWL sites, Urgent and Emergency care improvement aligned to the Cheshire & Merseyside improvement programme

and support to implement a new organisational structure to support the ethos of 'One team, One Trust'. MWL is also engaged with wider local and regional programmes to improve Maternity and neonatal services.

The SCT programme was established to harness some of these opportunities and make services sustainable. The programme focuses on possible service reconfiguration across Southport & Formby and Ormskirk District General Hospitals. The hospitals serve communities spread across two healthcare systems (known as ICBs). Southport and Formby District General Hospital and Ormskirk District General Hospitals serves communities in the area covered by NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria ICB, this is why all three organisations are partners in the SCT programme and why it is important that the programme is a good strategic fit with each.

2.8.1.2. Cheshire and Merseyside

NHS Cheshire and Merseyside ICB has developed a Health Care Partnership Strategy and a Joint Forward Plan (2023-2028) which includes the aim to improve urgent and emergency care. These include commitments to:

- Improving waiting times for emergency care.
- Drive uptake of COVID-19, flu and pneumonia vaccines, which in turn will help to reduce hospital admissions.
- Reduce unnecessary emergency department admissions.
- Improve the speed with which patients are discharged through ongoing development of community services and collaborative working.
- Do more to separate planned and emergency care and to maximise use of independent sector capacity.

Urgent care is a key priority for NHS Cheshire and Merseyside ICB. Significant work is ongoing at all levels with key partners, including local developments in the nine Place Partnerships,

around each hospital cluster, and across the entire ICB geography. In Sefton, the establishment of an Urgent Care Board has facilitated the coordination of local developments and plans involving local authority partners, primary care, community services, the voluntary sector, and acute providers. This work feeds into the broader ICB urgent care recovery programmes across Merseyside.

Appendix 1 highlights the key areas where system partners are collaborating to avoid unnecessary hospital admissions by providing appropriate alternatives to hospital care, ensuring a smooth journey through hospital services, and offering good care and support options for patients upon discharge. The Better@Home programme has been driving improvements in system working around the Southport & Formby and Ormskirk District General Hospital sites. Along with all the urgent care developments, it supports the direction of travel anticipated for the 10-year plan. All this work connects to the SCT Programme, emphasising the importance of providing local people with access to high-quality urgent care services, both in hospital and community settings.

Cheshire and Merseyside ICB is committed to supporting urgent care provision in Southport and Formby should the final decision be not to proceed with the preferred option.

Primary care

Primary care in Sefton is delivered through a range of services that provide rapid access to clinical support for people with urgent, but not life-threatening, health needs. This includes same-day general practice appointments, home visiting services, community pharmacy consultations, urgent dental and eye care, and enhanced access outside normal working hours—all designed to offer timely care close to home and reduce pressure on hospital services.

General Practice:

Within Sefton, there are 39 GP practices of which Southport and Formby have 14 GP practices, supported by several urgent and out-of-hours services. The acute visiting service operates weekdays for home visits to acutely unwell housebound patients, handling up to 40 visits daily. The two-hour urgent community response runs daily, including bank holidays, offering rapid

care for acute and frailty-related issues without needing GP referral. Both services have low rates of hospital referrals. Enhanced access provides pre-booked evening and weekend appointments with GP practice staff in Southport, while out of hours (OOH) urgent care is delivered across multiple sites.

Dental:

Sefton has 32 dental practices, with urgent care coordinated by an urgent dental care helpline and delivered through selected practices offering emergency and ongoing treatment.

Optometry:

Sefton Eyecare Services offers several specialised pathways:

- Community urgent eyecare services (CUES) provides urgent eye care via triage, with rapid access to telemedicine or in-person appointments and referrals if needed.
- Pre-cataract service confirms cataracts, counsels patients, and supports informed provider choice.
- Glaucoma repeat readings reduces unnecessary hospital referrals by repeating key tests.
- People with learning disabilities / easy eyecare pathway ensures accessible eye care for people with learning disabilities or autism through specially trained optometrists.

Pharmacy:

The Pharmacy First Service is available at most pharmacies across Southport and Formby, offering walk-in consultations for common conditions like sore throats, UTIs, and earaches. Pharmacists can prescribe treatments when needed, refer patients for further care, and automatically update GP records. Additionally, the following services are also available at a number of pharmacies across Sefton; hypertension case-finding service, pharmacy contraception service, lateral flow device service, care at the chemist, emergency hormonal contraception, stop smoking services, needle syringe provision, opioid substitution therapy, naloxone provision, palliative care stock-holding, dressing supply to nursing homes, discharge medicines service and new medicines service.

NHS111:

NHS 111 is a free, non-emergency service that provides medical advice, information, and direction to appropriate care 24 hours a day by phone or online.



2.8.1.3. Lancashire and South Cumbria

The Lancashire and South Cumbria ICB Joint Forward Plan published in 2024 outlines a clear ambition to make sure people have equal access to high-quality, efficient and joined-up services. The plan includes several commitments to improving service quality and patient outcomes, many of which focus on urgent and emergency care. These include:

- Reducing the number of people needing to enter the hospital 'front door' (A&E departments).
- Moving care closer to home wherever possible.

- Avoiding unnecessary hospital admissions.
- Improving access to urgent care.
- Targeting reduced waiting times for care.

In addition to this, NHS Lancashire and South Cumbria ICB have developed an urgent and emergency care five-year strategy 2024 –2029 (Appendix 2) with a clear vision to create an urgent and emergency care system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs, and delivers better outcomes and affordability.

Primary care

In West Lancashire, primary care is supported by a coordinated network of services designed to respond promptly to non-life-threatening health concerns. These services include same-day GP appointments, home visits, consultations with community pharmacists, and access to urgent dental and eye care. Extended hours provision also ensures that residents can receive care outside of standard working times, helping to deliver responsive support close to home while easing demand on hospital-based services.

General Practice:

Within West Lancashire, 16 GP practices—two operating across multiple sites—are supported by an OOH service. The OOH service provides evening, overnight, weekend, and bank holiday coverage through home visits and surgery-based appointments.

Triage is managed remotely by a virtual clinical team, which assesses all cases and directs patients to appropriate care. Access to the OOH service is via NHS 111. District nurses can also contact the service directly for medication requests or clinical advice.

On average, over 600 cases are triaged monthly, with 50–60% resolved at the triage stage and ED referrals remain low.

Dental:

West Lancashire is served by 15 dental practices, with urgent dental care coordinated through a dedicated helpline and delivered by selected practices that provide both emergency and ongoing treatment.

Optometry:

Within West Lancashire, the following services are offered:

- CUES offers NHS-funded, same-day or next-day appointments with accredited optometrists for sudden eye problems—such as pain, vision loss, or foreign bodies—without a GP referral, and is available across optometrists in West Lancashire.
- West Lancashire patients have access to three glaucoma services through local optometrists: glaucoma repeat readings, enhanced case finding, and ocular hypertension monitoring, offering advanced assessments and monitoring to reduce unnecessary hospital visits and support early detection and management.
- Patients in West Lancashire with moderate to severe learning disabilities or autism can benefit from the NHS easy eye care service, which provides inclusive and supportive eye tests through trained optometrists, offering flexible appointments and accessible communication tailored to individual needs.
- The Low Vision Service in West Lancashire supports patients with sight loss by providing functional vision assessments, magnification aids, and referrals to additional support, helping individuals optimise their remaining vision and maintain independence.



Pharmacy:

The Pharmacy First Service is available at most pharmacies across West Lancashire offering walk-in consultations for common conditions like sore throats, UTIs, and earaches. Pharmacists can prescribe treatments when needed, refer patients for further care, and automatically update GP records. Additionally, the following services are also available at most pharmacies across West Lancashire; hypertension case-finding service, pharmacy contraception service, lateral flow device service, care at the chemist, emergency hormonal contraception, stop smoking services, needle syringe provision, opioid substitution therapy, naloxone provision, palliative care stock-holding, discharge medicines service and new medicines service.

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NHS 111 is a free, non-emergency service that provides medical advice, information, and direction to appropriate care 24 hours a day by phone or online.

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These include:

- Reducing the number of people needing to enter the hospital 'front door' (A&E departments).
- Moving care closer to home wherever possible.
- Avoiding unnecessary hospital admissions.
- Improving access to urgent care.
- Targeting reduced waiting times for care.

In addition to this, NHS Lancashire and South Cumbria ICB have developed an urgent and emergency care five-year strategy 2024 –2029 (Appendix 2) with a clear vision to create an urgent and emergency care system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs, and delivers better outcomes and affordability.



2.8.2. National strategies

Over the last four years, UEC care services have been through the most testing time in NHS history, as demonstrated through the Department of Health & Social Care and NHS England's delivery plan for recovering urgent and emergency care services⁷. With a perfect storm of pressures impacting the whole health and care system. These are perhaps often most visible at the front door – our EDs. Despite the best efforts of staff, the demands of flu and COVID-19 peaking together means we are finding it increasingly difficult to discharge patients to the most appropriate care settings. Alongside this, hospital occupancy is at record levels. This means patient 'flow' through hospitals has slowed. As a result, patients spend longer in A&E and wait longer for ambulances. Hospitals are fuller than pre-pandemic, with 19 out of 20 beds occupied across the NHS in England. Importantly, at any one time, up to 14,000 beds are occupied by someone who no longer needs hospital care. The number of the most serious ambulance callouts is now sometimes one third higher than pre-pandemic levels. These pressures have also taken their toll on staff, who have to work in an increasingly challenging environment.

However, the solutions are not to be found just in ambulance services or EDs. Recovery will require coordination and partnership working between different parts of the NHS. We also know this is not unique to England, with many similar challenges faced by nations across the UK and the world. Even before the pandemic, pressure on urgent and emergency care and demand for services had been growing every year. Our ageing population means that we are going to see this continue. Published in January 2019, The NHS Long Term Plan⁸ aims to make the NHS fit for the future. The plan sets out to make sure everyone gets the best start in life, to deliver world class care for major health problems and to support people to age well. It sets out a new NHS service model for the 21st century with a focus on:

- Out of hospital care.
- Reformed and expanded emergency care services.
- People having control over their own health.
- More personalised care for people when they need it.
- Digitally enabled primary and outpatient care.
- A focus on population health.

Building on this, the 2025/26⁹ NHS priorities and operational planning guidance outlines critical measures to address the current UEC crisis. These include:

Reducing avoidable ambulance callouts and improving response times by increasing access to urgent community response (UCR) and virtual wards.

Enhancing hospital flow and discharge by reducing delays, increasing the percentage of patients discharged within seven days of admission, and working with local authorities to expand intermediate care services.

Optimising the use of Same Day Emergency Care (SDEC) and Urgent Treatment Centres (UTCs) to ensure more patients receive timely treatment without unnecessary hospital admissions. Strengthening digital tools and data-driven decision-making, including the expansion of the Federated Data Platform (FDP) to improve real-time resource allocation.

Lord Darzi's 2024¹⁰ review of the NHS highlighted several critical issues:

- Rising demand and resource constraints: The NHS is facing increased demand due to an ageing population and higher rates of chronic illness. However, it has fewer resources compared to other health systems, including fewer doctors, nurses, and hospital beds.

⁷ [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf](https://www.england.nhs.uk/publication/the-nhs-long-term-plan/)

⁸ <https://www.england.nhs.uk/publication/the-nhs-long-term-plan/>

⁹ <https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN01625-25-26-priorities-and-operational-planning-guidance-january-2025.pdf>

¹⁰ <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

- Impact on routine care: The NHS has had to delay or cancel more routine procedures, such as hip and knee replacements, compared to other health systems.
- Staff morale and productivity: Low staff morale and productivity were identified as significant challenges. The report emphasised the need for better support and working conditions for healthcare workers.
- Healthcare quality and access: There are disparities in the quality of care and access to healthcare services across different regions. The report called for measures to ensure more equitable healthcare delivery.
- 10-year reform plan: Lord Darzi proposed a comprehensive 10-year plan to reform the NHS, focusing on improving efficiency, increasing funding, and leveraging technology to enhance patient care.

Additionally, Lord Darzi's 2024 review of the NHS emphasises three key shifts to address the current challenges and improve the healthcare system:

- Shift from hospitals to community care: This involves moving more care services from hospitals to community settings and people's homes. By doing so, the NHS aims to reduce the pressure on hospitals, improve patient outcomes, and ensure that care is delivered closer to where people live.
- Embrace digital transformation: The report highlights the need to leverage digital technologies to enhance healthcare delivery. This includes expanding telehealth services, using electronic health records more effectively,

and integrating digital tools to streamline operations and improve patient care.

- Focus on prevention over treatment: There is a strong emphasis on shifting the focus from treating illnesses to preventing them. This involves investing in public health initiatives, promoting healthy lifestyles, and implementing early intervention strategies to reduce the incidence of chronic diseases.

These shifts are designed to create a more sustainable, efficient, and patient-centred healthcare system, aligning with the upcoming NHS 10-Year Health Plan, which aims to modernise services by expanding community-based care, embracing digital innovation, and prioritising prevention to improve long-term health outcomes.

These points underscore the urgent need for reforms to ensure the NHS can meet future healthcare demands effectively.

Through collaborative partnerships, the SCT programme clearly aligns with the broader UEC transformation initiatives across NHS Cheshire and Merseyside and NHS Lancashire & South Cumbria, as demonstrated above. This addresses the challenges in UEC services care across both systems by implementing the three key shifts highlighted in the Lord Darzi report. These shifts aim to improve patient flow, reduce hospital occupancy, and enhance the efficiency and effectiveness of emergency care services. Appendix 1 details the strategic alignment between the system transformation programmes and the SCT programme.



Key summary:

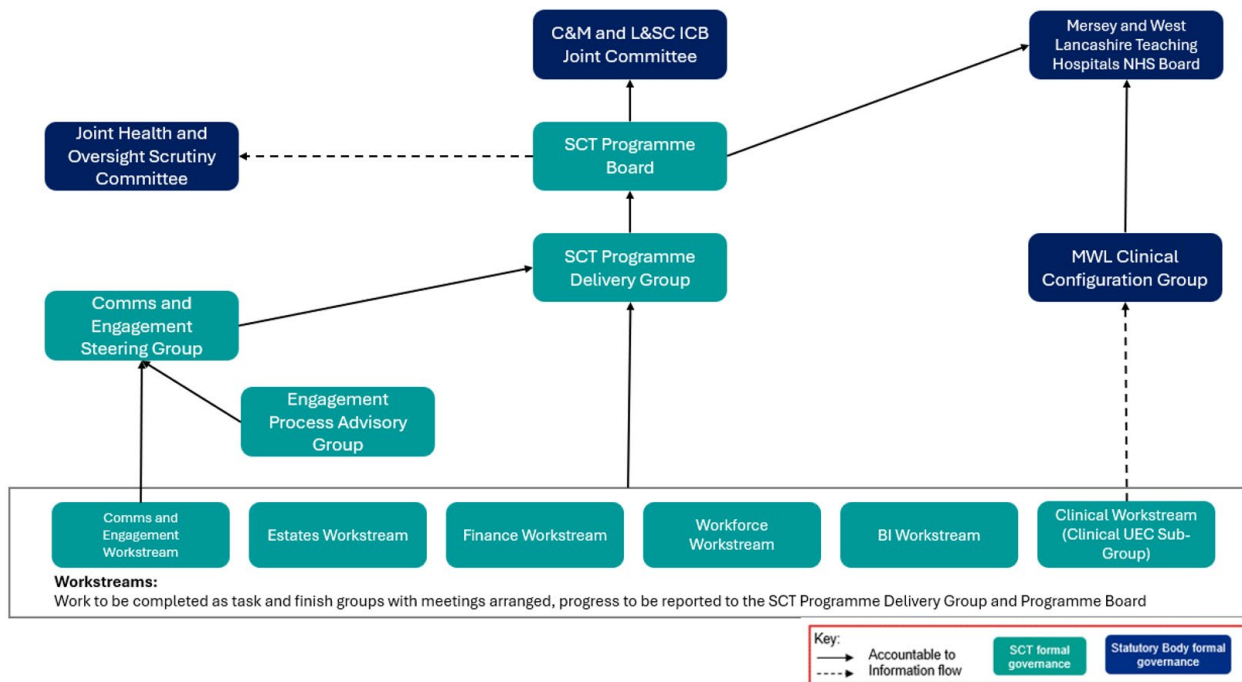
- All three partners have system UEC programmes that the SCT programme aligns to
- The UEC system programmes all focus on the three shifts outlined in the Lord Darzi review of the NHS (September 2024);
 - Analogue to digital
 - Acute to community
 - Focus on illness to prevention

2.9. Programme governance

The programme governance structure can be found in Figure 1. Workstreams have been set up to progress the different elements of the programme, which report into the Programme Delivery Group. Oversight of programme delivery sits with the Programme Board which reports into the Joint Committee of the two ICBs, as well as MWL Trust Board, with a reporting line to the joint Health Overview and Scrutiny Committee (HOSC) of Sefton and Lancashire.

Figure 1

Revised Shaping Care Together Governance Structure



NHS Cheshire and Merseyside (C&M) and NHS Lancashire & South Cumbria (L&SC) ICB Joint Committee:

The Joint Committee is responsible for the key programme decisions for the Shaping Care Together programme, supporting the partners to collaboratively make decisions on the planning and delivery of the Programme including the approval/consideration of: Pre-consultation Business Case (PCBC) in relation to Shaping Care Together; Public Consultation outcomes and ensuring the business case meets all relevant tests/stages as set out by NHS England, including public engagement/ involvement outputs and impact assessments and any Decision-making Case. The Joint committee is made up of and Executive and Non-Executive member from each ICB and an additional ICB executive.

Programme Board

The purpose of the SCT Programme Board is to oversee the programme’s delivery, ensure outcomes and benefits are achieved, and addresses system risks, escalating issues to the relevant ICBs. Membership comprises executives and leaders from MWL, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, NHS England Specialised Commissioning, NHS England Service Change Directorate, and the SCT programme team. The Board is chaired by the MWL Chair, with meetings taking place on a monthly basis.

Programme Delivery Group

The SCT Delivery Group oversees the SCT workstreams, ensuring outputs are delivered and risks managed, while providing leadership and coordination for the development of the PCBC. It also ensures alignment with strategic goals, compliance with consultation regulations, and ensures that NHS England are appraised of the development of the PCBC and feedback is appropriately reflected within the PCBC. Membership comprises the senior programme leads, including the Senior Responsible Officer, commissioning leads from NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB, the leads for each programme workstream, and the SCT programme team. Meetings are held monthly and are chaired by the SCT Programme Director.

Communications and Engagement Steering Group

The SCT Communications and Engagement Steering Group supports the development and delivery of the SCT Programme's strategy, ensuring effective public engagement and consultation. It oversees communication work, reviews external proposals, aligns activities with organisational work, and ensures equality considerations are prioritised. The group also provides assurance on communication robustness and addresses any arising risks. Membership comprises communications and engagement leads from NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, and MWL, the SCT programme team, and representatives from Sefton Healthwatch, Lancashire Healthwatch, CVS Sefton, and West Lancashire CVS. Meetings are held monthly and are chaired by the NHS Cheshire and Merseyside ICB Communications and Engagement Lead.

Engagement Process Advisory Group (EPAG)

The SCT Engagement Process Advisory Group members advise on engagement strategies and process to support pre-consultation for staff, patients, and the public, ensure broad

participation, identify contributing groups, and promote extensive engagement. They will also ensure engagement outputs inform NHS changes and adhere to the Nolan principles of public life. Membership includes representatives from Healthwatch Sefton, Healthwatch Lancashire, CVS Sefton, West Lancashire CVS, as well as representatives from service user groups Hesketh Community Bank, Change Grow Live, Community Champions, Galloways, People First, Age UK, Southport Access for Everyone, Myeloma Support Group, Sefton Cancer Support and Breathe Easy North Sefton.

SCT Workstreams

Workstream groups have been established to advance the communications and engagement, estates, finance, workforce, business intelligence (BI), and clinical components of the programme, with leads identified for each workstream. Each workstream group meets at least monthly with the programme team to update on key deliverables and milestones.

SCT Clinical UEC Sub-group

The SCT Clinical UEC Sub-group aims to provide clinical leadership and oversight in developing a clinical model of care for safe and effective urgent and emergency services for MWL residents in Southport, Formby, and West Lancashire, ensuring that proposed service changes and business cases are based on solid clinical evidence. Membership includes clinical, operational and commissioning leads across NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, and MWL, primary care, HCRG Care Group Ltd (Ormskirk Urgent Treatment Centre (UTC) and Skelmersdale Walk-in Centre (WIC) provider), MerseyCare NHS Foundation Trust, Alder Hey Children's Hospital NHS Trust, North West Ambulance Service NHS Trust and the SCT programme team. Meetings take place monthly, or more frequent when required, and are chaired by the MWL Divisional Medical Director for Medicine, who is also a consultant in emergency medicine.

2.10. Purpose and scope of PCBC

This PCBC demonstrates adherence to the NHS England assurance framework as outlined in Planning, Assuring, and Delivering Service Change for Patients guidance¹¹ and meets the four tests of service reconfiguration:

- Strong public and patient engagement;
- Appropriate availability of choice;
- Clear clinical evidence based;
- Support for proposals from commissioners.

Public consultation is a statutory requirement for major service changes. It is also a fundamental component of our co-design and continuous engagement approach with service users. The consultation and engagement process is governed by Sections 242 and 244 of the National Health Service Act 2006¹². The legislative framework has been expanded through guidance published by the Department of Health, which mandates public engagement and consultation activities, as well as the need for a business case explaining any proposed significant changes. NHS England has provided additional guidance on the details that the business case should include to form a PCBC.

The PCBC is a technical and analytical document that provides the necessary information for the ICB Joint Committee to decide whether to proceed to consultation. It details the process undertaken to identify a compelling case for change, explains why maintaining the status quo is untenable, outlines our proposed changes, presents the final set of proposals, and discusses the implications of these proposals. It includes:

- A full case for change (published in full in July 2024) – see Appendix 3
- A summary of our case for change for Urgent and emergency Care¹³
- Our vision, supported by clinical standards
- How we have considered the potential options available to us and evaluated them to move through a full, long and short list for the reconfiguration of urgent and emergency care specifically hospital A&E departments across Southport, Formby and West Lancashire
- The proposals for service change upon which we will consult; and
- What we believe the next steps are to enable us to move to public consultation and to support planning for implementation



¹¹ NHS England (footnote 3)

¹² <https://www.legislation.gov.uk/ukpga/2006/41/section/242>

¹³ <https://yoursayshapingcaretogether.co.uk/library>

3. Case for Change

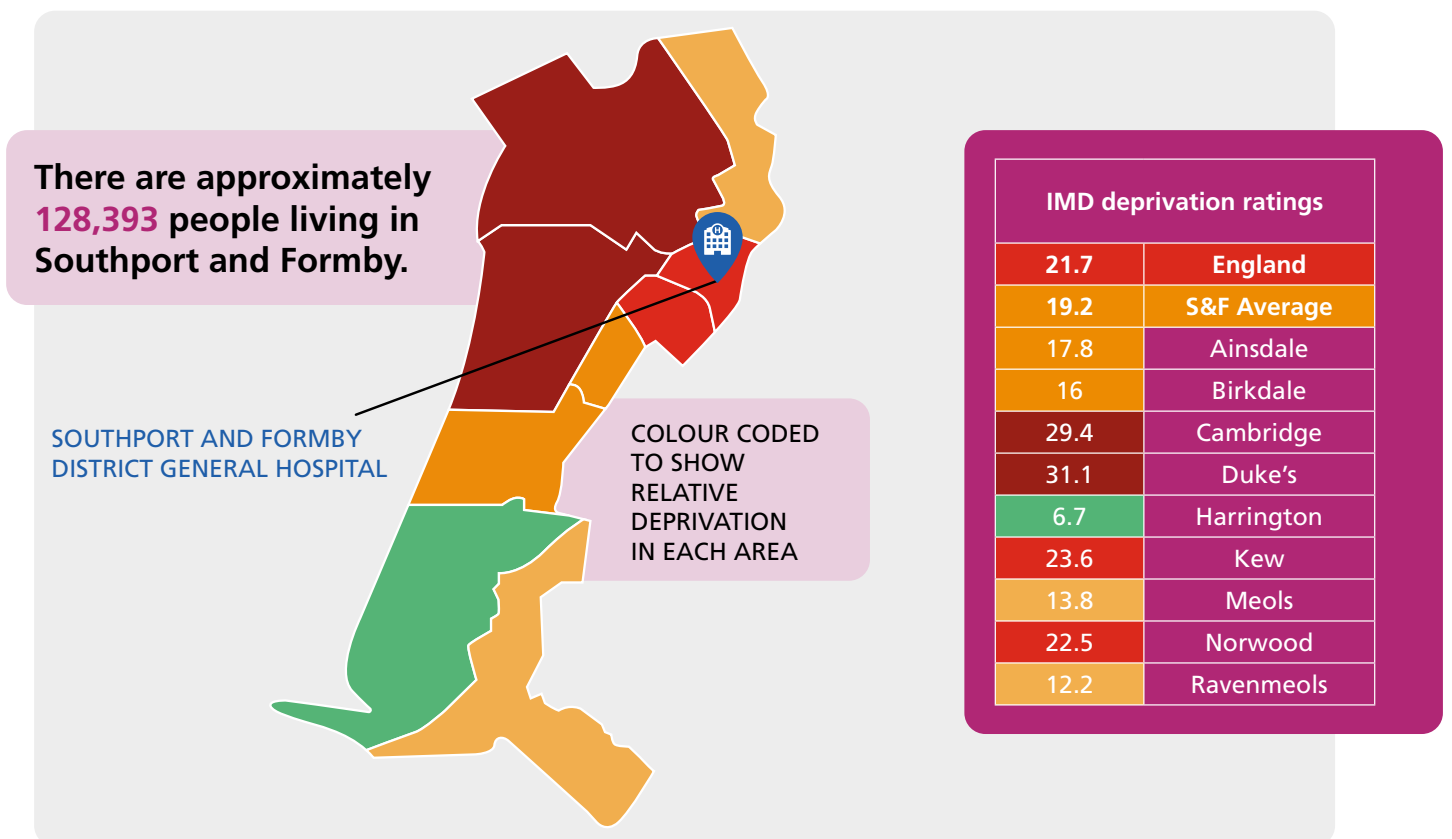
3.1. Population need

3.1.1. Southport and Formby

The Southport and Formby area, located within the Metropolitan Borough of Sefton to the north of Liverpool, is predominantly coastal and semi-rural, stretching along the Irish Sea coastline. With a population of 128,393, Southport itself is a sizeable coastal town, while the surrounding regions remain more sparsely urbanised. These areas feature scattered villages, suburban residential neighbourhoods, open countryside, farmland, and pockets of woodland. Compared to other parts of Merseyside, the area is generally considered affluent. However, notable social inequalities persist.

Certain areas, such as Ravenmeols and particularly Harrington, are relatively prosperous, with Harrington scoring 6.7 on the Index of Multiple Deprivation (IMD) – see Figure 2. In contrast, areas like Cambridge and Duke’s face higher levels of deprivation, with ratings of 29.4 and 31.1, respectively, compared to the all-England average of 21.7 and the Southport and Formby average of 19.2. This disparity is also reflected in income levels, with residents of Harrington earning the highest average income, while those in Cambridge and Duke’s have the lowest, falling below both the national and local averages. Similarly, Kew and Norwood exhibit higher overall deprivation, while areas such as Ainsdale, Birkdale, and Meols fare better than the Southport and Formby average.

Figure 2

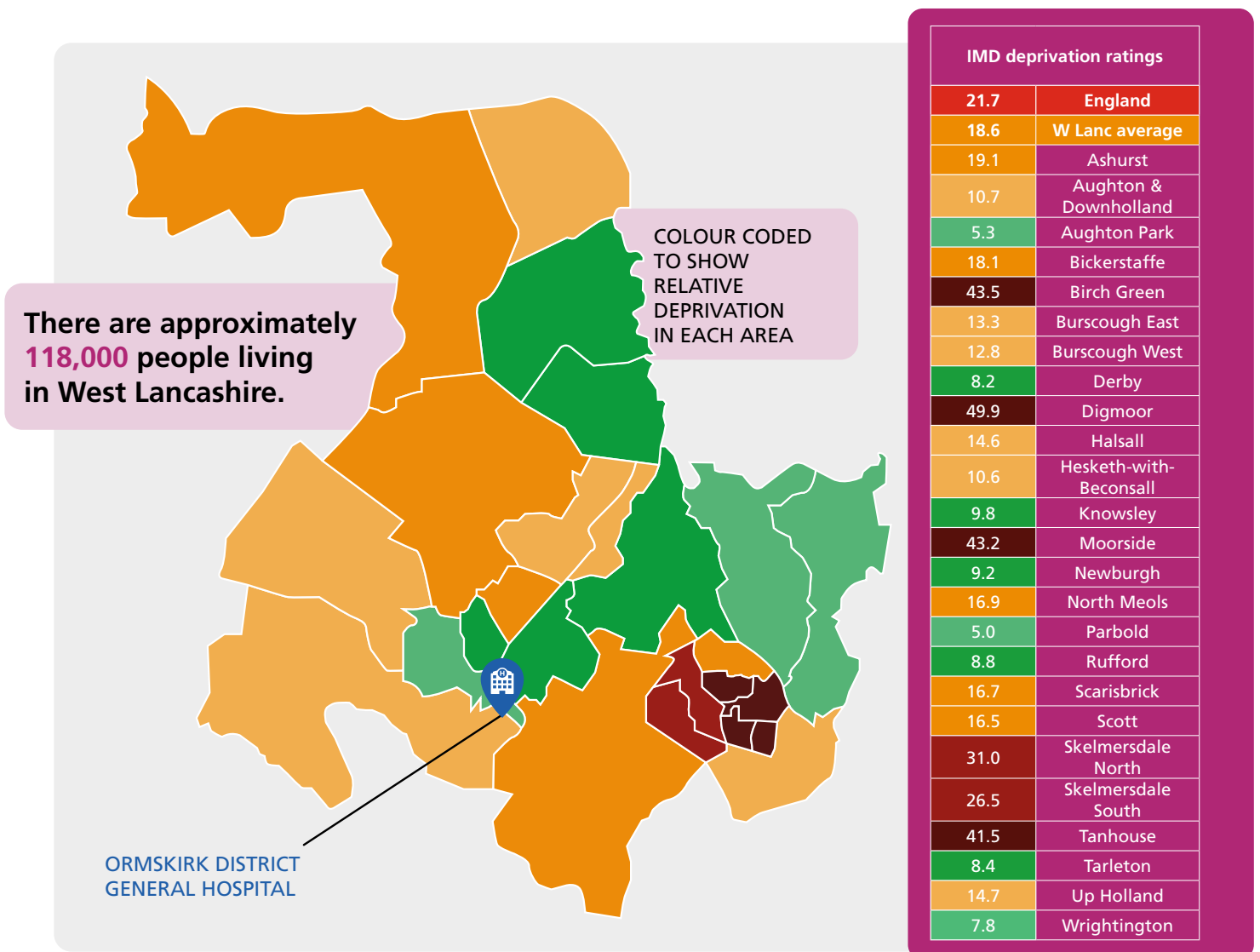


3.1.2. West Lancashire

West Lancashire is a predominantly rural district located to the north-east of Liverpool, with a population of 118,000. It encompasses the 1960s new town of Skelmersdale, the historic market town of Ormskirk, and several villages primarily situated in the rural Northern Parishes.

While much of the district is relatively affluent, there are notable pockets of poverty and deprivation. Areas such as Wrightington, Tarleton, Aughton Park, Parbold, Rufford, Newburgh, Knowsley, and Derby all have IMD deprivation ratings of under 10 (see full list in Figure 3), which places them above the all-England average rating of 21.7. However, poverty and deprivation are concentrated in a few electoral wards in Skelmersdale, including Digmaor (IMD rating of 49.9), Birch Green (43.5), Moorside (43.2), and Tanhouse (41.5). This concentration of deprivation contributes to significant social inequalities within the district.

Figure 3



3.2. Key challenges

There are a number of challenges the trust faces in providing emergency care for the populations of Southport, Formby and West Lancashire;

- **Workforce:** The NHS in Southport, Formby, and West Lancashire struggles with recruitment and retention, leading to costly reliance on temporary staff, and despite additional investment, shortages persist due to the limited number of new trainees and an aging population increasing demand for complex care. In addition to this, the medical workforce specifically remains to be a challenge with the separation of adult and paediatric EDs which require separate senior cover, an issue which has resulted in the overnight closure of the paediatric ED at Ormskirk District General Hospital.
- **Infrastructure:** Continuous investment in healthcare facilities is essential to avoid costly repairs and ensure they are suitable for patient care, especially for older individuals, to provide high-quality, safe services now and in the future.
- **Quality:** MWL strives to offer safe, sustainable services focused on excellent patient care, but the latest Care Quality Commission report highlights the need for future adaptations and the challenges of operating across two main hospital sites, which can strain staff.
- **Financial:** MWL's challenge is to deliver high-quality, safe services with current resources by finding innovative and efficient ways to address inefficiencies and eliminate duplication, as new funding is not available.
- **Ageing population:** The population in Southport, Formby, and West Lancashire is aging faster than the national average, with a significant increase in those over 65 expected by 2036. This has led to higher demand for healthcare services, especially for emergency and long-term care, and more people living with complex health conditions. To maintain a healthier population, it is crucial to focus on preventing and managing diseases effectively. Future care models must include strong prevention programs to ensure safe and excellent care.



4. Models of care

4.1. Introduction

In 2015, an external review of acute services at Southport & Formby and Ormskirk District General Hospitals was carried out by Deloitte. The review concluded that services were unsustainable from a quality, workforce, and financial perspective, recommending a hot and cold site solution. This recommendation was supported by the Northern England Clinical Senate Review in 2017.

In 2018, a further review by KPMG highlighted ongoing risks around workforce, safety, and financial viability. The Yorkshire & Humber Clinical Senate Review also recognised the need for change, recommending a new-build hospital. As this option was not feasible, they suggested a hot and cold site solution.

In 2019, the Acute Sustainability Programme was launched with the aim of delivering a new model of sustainable acute care. Plans for a hot and cold

site model were costed, with the estimated costs around £1.3bn for a remodelling that would take 13–16.5 years to complete. As a result, the hot and cold site solution was ultimately rejected as unaffordable and undeliverable.

Following these reports, and other internal evaluations, a number of services were categorised as 'fragile'. Action was required, and we, along with our partners, have been working to stabilise these services. This included the request for a strategic partnership, resulting in the creation of MWL.

The SCT programme launched in 2021 goes beyond just stabilising services; it seeks to find solutions that will ensure we can offer safe, high-quality urgent and emergency care, both today and in the future. Further analysis and benchmarking data can be found in Appendix 4.



4.2. Development of models of care

One of the key priorities of the SCT Clinical UEC sub-group was to develop an effective and deliverable clinical model of care for the provision of safe and effective urgent and emergency care services provided to the population of MWL resident within Southport, Formby and West Lancashire; ensuring that any proposed changes to services and the associated business cases have a solid clinical evidence base and align to the MWL principles of 5 star care.

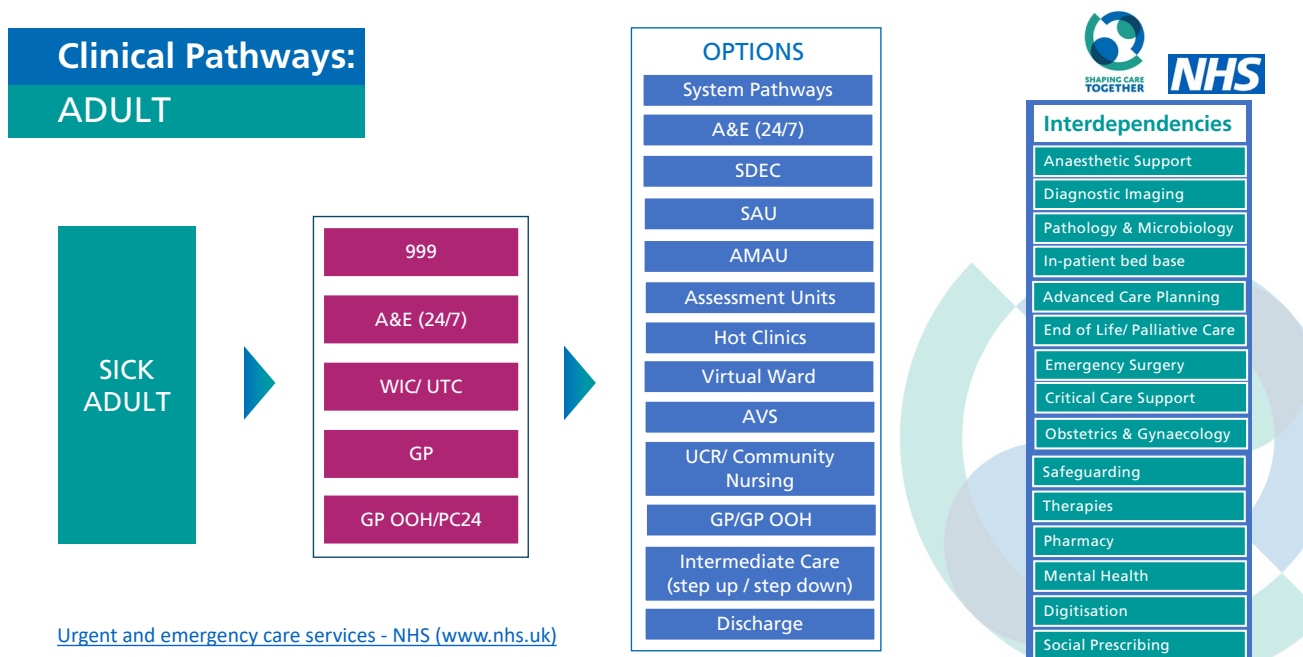
Utilising the initial work of the Clinical Care Congress supporting the Acute Sustainability Programme, the clinical models of care (Figure 4, Figure 5, Figure 6 and Figure 7) have been developed collectively by clinical and commissioning leads across MWL, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, primary care and partner urgent care providers for the Southport, Formby and West Lancashire footprint. This was achieved via a workshop which took place in March 2024. Once developed, approval of the models of care were

sought from the SCT Clinical UEC sub-group, the MWL Clinical Configuration Group and the SCT Programme Board. These were further presented to the NHS England North West Clinical Senate to support the Stage 1 review.

The following models have been developed in line with NHS England Emergency Care guidance^{14&15}, and Royal College of Emergency Medicine (RCEM) guidance¹⁶ and NICE Guidance¹⁷. With specific reference to care of the under 16s, models align to Royal College of Paediatrics and Children’s Health Guidance¹⁸ and CQC Guide for Emergency Departments that treat children¹⁹.

The models are site agnostic and outline the aspiration to enable the local population to access urgent and emergency care services through development of pathways and utilisation of existing networks to improve accessibility and efficiency of resource enabling the local population to be seen by the most appropriate healthcare professional.

Figure 4



[Urgent and emergency care services - NHS \(www.nhs.uk\)](https://www.nhs.uk)

¹⁴ <https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf>

¹⁵ <https://www.england.nhs.uk/urgent-emergency-care/>

¹⁶ <https://rcem.ac.uk/clinical-guidelines/>

¹⁷ <https://www.nice.org.uk/guidance/ng945>

¹⁸ <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>

¹⁹ https://www.rcpch.ac.uk/sites/default/files/2020-05/cqc_brief_guide_staffing_in_emergency_departments_that_treat_children.pdf

Figure 5

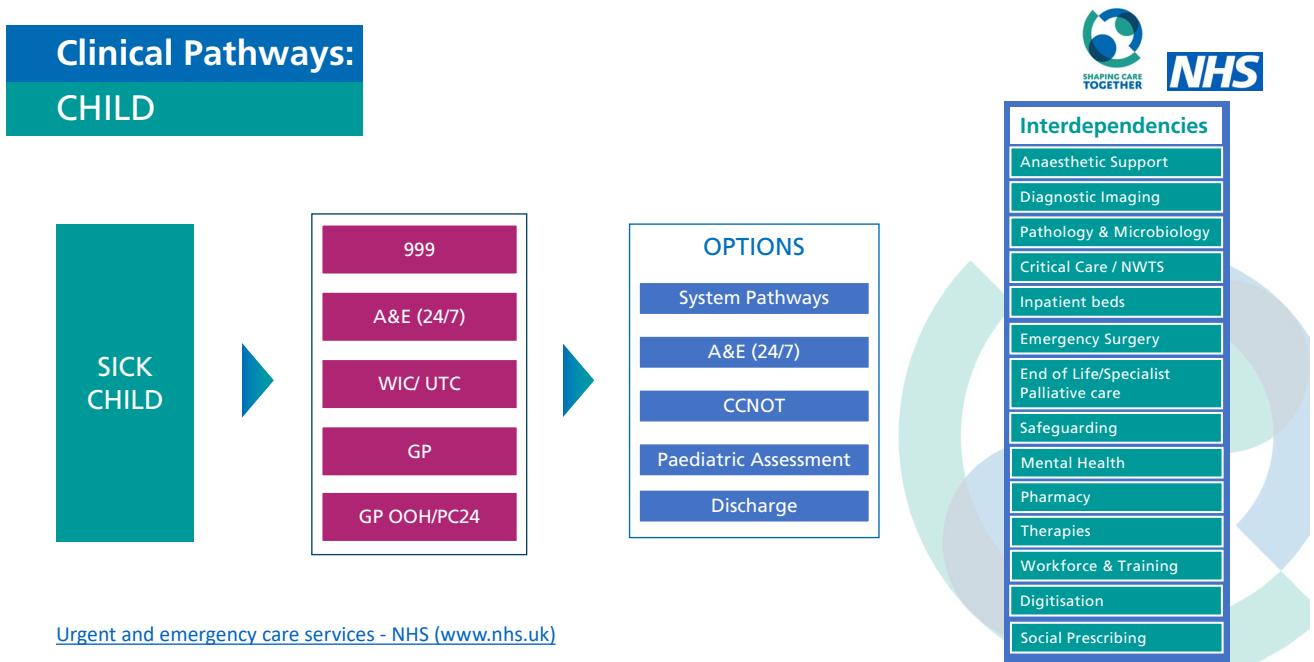


Figure 6

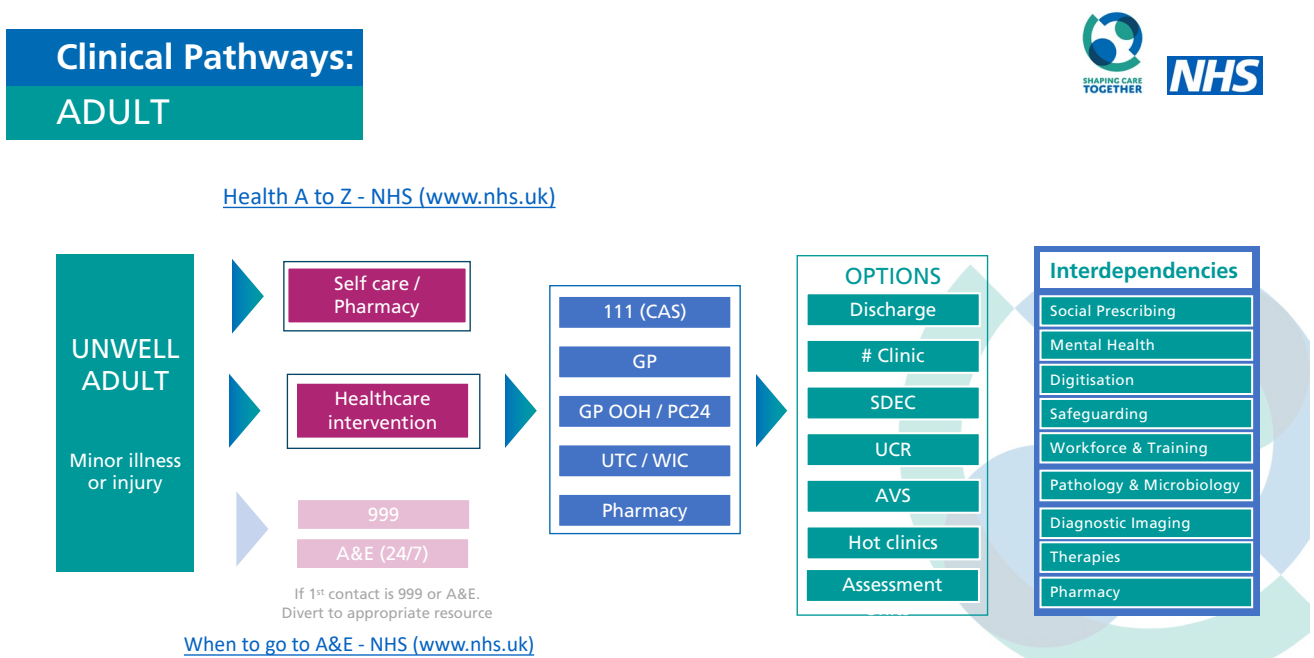
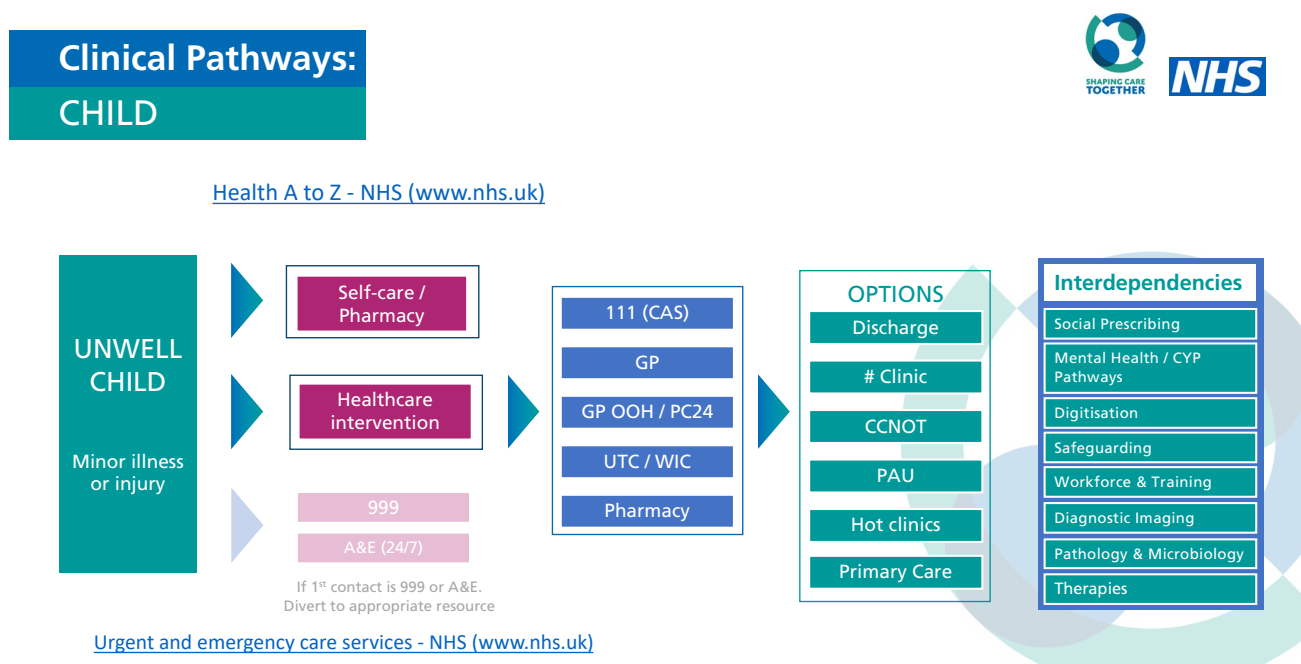


Figure 7



4.3. Co-dependencies

Clinical co-dependencies are both a driver for change as well as key factors for delivering safe services. This element has been considered and highlighted throughout the reviews of services delivered by the hospitals at Southport and Ormskirk specifically the lack of on-site transfusion services and critical care at the Ormskirk site which currently houses the paediatric emergency department and maternity services. As a result, this has placed increased strain on anaesthetic services delivering acute and emergency care across both hospital sites. It has also resulted in the transfer of care of high-risk pregnant women to Whiston hospital or Liverpool Women's Hospital for delivery. Provision of maternity services across NHS Cheshire and Merseyside has been under review by the ICB and commissioning of neonatal services are under review by NHS England North West within a major service change programme. Therefore, these services are out of the scope of this programme, although the outcomes of all three programmes are interconnected. This programme will reduce the fragility of anaesthetic services and enable delivery of all age emergency services 24/7 for the local population.

Southport and Formby District General Hospital site is also home to the North West Regional Spinal Injuries Unit, a specialist commissioned service for the population of the North West, North Wales and the Isle of Man. Given the complexity and needs of this group of patients, it is essential that the service is co-located with critical care services. NHS England North West has confirmed that there is no strategic intent to re-commission the service, however, if it were to be re-commissioned it would follow a formal process and would likely to be co-located with a neurosurgical and trauma centre.

In January 2024, the South East Clinical Senate published the **Clinical Co-Dependencies of Acute Hospital Services**²⁰ document which provides guidance on the clinical co-locations of services within an acute hospital. This was reviewed against the services provided at both Southport and Formby District General Hospital and Ormskirk District General Hospital, which demonstrated that of those services which should be co-located with an ED seven services would need to be relocated with the adult ED to Ormskirk District General Hospital, whereas only one service would need to be relocated to Southport and Formby District General Hospital. These can be seen in Figure 8.

²⁰ <https://secsenate.nhs.uk/wp-content/uploads/2024/01/The-Clinical-Co-Dependencies-of-Acute-Hospital-Services-Final.pdf>

Figure 8

Southport Current acute services	Level of co-dependency	Ormskirk Current acute services	Service relocation required	
	Non-negotiable		Option 1 (Ormskirk)	Option 2 (Southport)
Acute & General Adult wards	Services which must be colocated with A&E	-	Yes	No
Elderly wards		-	Yes	No
Respiratory Medicine & NIV		-	Yes	No
Medical Gastroenterology		-	Yes	No
Acute General surgery		Day-case surgery	-	-
Acute/complex/time critical trauma & orthopaedics		Low acuity trauma & orthopaedics	-	-
Adult critical care		-	Yes	No
General Anaesthetics		General Anaesthetics	-	-
Radiology: Xray, US, CT & MRI		Radiology: Xray, US, CT & MRI	-	-
Pathology		-	Yes	No
OT & Physio		OT & Physio	-	-
Liaison Psychiatry		-	Yes	-
Outpatient gynaecology		Gynaecology	-	-
-		Paediatric in-patient bed base	-	Yes
		Strong		
Endoscopy	Service should come to patient (patient transfer not appropriate), but could be provided by visiting / in-reach from another site (either physically, or via telemedicine links) if not based in the same hospital	Endoscopy	-	-
Acute Cardiology		-	Maybe	-
Clinical microbiology		-	Maybe	-
Urology (in-patient)		-	Maybe	-
ENT (Outpatient)		ENT Day case & Outpatient	-	-
SALT & Dietetics	-	Maybe	-	
	Moderate			
Acute Oncology	Ideally on same site but could alternatively be networked via robust emergency and elective referral and transfer protocols	-	Maybe	-
Palliative Care		-	Maybe	-
Diabetes & Endocrinology (inpatient)		-	Maybe	-
Ophthalmology (outpatient)		Ophthalmology (theatres & outpatient)	-	-
Dermatology (outpatient & in-reach)		-	Maybe	-

4.4. Clinical evidence and guidance

The proposed clinical model focuses on providing 24/7 emergency care services for both adults and children, addressing the current lack of 24/7 provision at Ormskirk District General Hospital. Co-location has been identified as a strategic solution to enhance service integration, optimise resource use, and improve patient outcomes²¹.

Currently, Southport & Formby and Ormskirk District General Hospitals are the only District General Hospitals in England that provide both adult and paediatric emergency care across two geographically separate sites. Any proposed changes would ensure that service provision aligns with national practice.

The options appraisal process, as outlined in Section 5, demonstrated that co-location of adult and paediatric emergency services is essential to resolving long-standing issues. Integrating UEC services across Southport, Formby, and West Lancashire represents a critical step towards addressing operational inefficiencies, alleviating workforce pressures, and eliminating fragmented care delivery. National guidance, including NHS England's Delivery Plan for Recovering Urgent and Emergency Care Services and the Royal College of Emergency Medicine's clinical standards, stresses the importance of service integration to improve patient outcomes and operational sustainability. These principles have been central to the development of clinical models and the options appraisal process that underpins this case.

²¹ https://adc.bmj.com/content/93/Suppl_2/ps60

4.4.1. Clinical risks of current configuration

The current configuration was implemented in the early 2000s following publication of the Shields report in May 1999. The below table outlines the clinical risks of that configuration and the mitigations, some of which have been in place for over 20 years with additional actions needed as standards and guidance has changed over the years.

Table 1

Service	Current Risk	Current Mitigation	Impact of co-location
Anaesthetics	Anaesthetic resource is not available on site to support emergencies in paediatric Emergency Department (ED), maternity and neonates out of hours.	Paediatric Emergency Department (ED) closed overnight. Additional tiers of on-call.	Ability to utilise resource available to provide 24/7 support to paediatric ED.
	Paediatric Emergency Department (ED) closed overnight.	Opportunities to enhance skills at Alder Hey Children's Hospital (AHCH) with maintenance of core paediatric middle grade workforce.	Greater exposure to paediatric anaesthetic activity to maintain skillset.
Emergency care	ED Consultant on-call is not able to respond to simultaneous emergencies out of hours in adult and paediatric ED.	Support from paediatric on-call teams out of hours.	ED Consultant will be able to respond.
	Support from paediatric on-call teams out of hours.	Historically, rotas were not compliant with European working time directive. To ensure compliance frequency of out of hours working has reduced leaving 'gaps' in cover at potential peak times of attendance. This is covered by ad hoc shifts, investment in training Paediatric Advanced Nurse Practitioners (ANPs) and mutual aid from paediatric medical workforce.	Ability to utilise all ED medical workforce and flex across areas to manage attendance patterns. This will positively impact paediatric wait to be seen in the late evening.
Emergency blood tests	Urgent blood tests needed for patients on Ormskirk site out of hours are not processed in a timely fashion.	Urgent blood tests out of hours are sent in a taxi to Southport.	Labs will be co-located and function 24/7.
Transfusion	There may be a delay in receiving blood and blood products for transfusion for patients on the Ormskirk site.	Blood fridge in labour ward and theatre on Ormskirk site. Any patient deemed high risk of bleeding has care transferred to another site if any interventions are required.	Transfusion will be co-located with the emergency department.
Trauma & orthopaedics	There will be significant delays in providing senior orthopaedic input for children attending Ormskirk ED out of normal working hours.	Clinical pathways implemented with direct access to AHCH.	Acute trauma on single site enables equitable access for adults and children.
General surgery	There will be significant delays in providing senior surgical input for children attending Ormskirk ED.	Clinical pathways implemented with support from AHCH. Admission to paediatric ward to await surgical opinion.	Acute surgical activity on single site enables equitable access for adults and children.
Radiology	There is only one CT scanner at the Southport site.	There is only one CT scanner at the Southport site. Business continuity plans in place, enacted and tested when CT scanner not in action. Funding secured for additional CT with building works progressing.	Additional activity on Southport site will minimally increase requests for acute CT as activity relates to paediatrics. Additional activity at Ormskirk site will require change in staff and service delivery.
	Ability to meet 7-day standard for radiology access on each acute site.	As per national standards, patients will be considered for outpatient and same day access pathways and undergo imaging at an alternative site.	Configuration would require new pathways and different ways of working to maximise access to all imaging modalities including interventional radiology.
Pharmacy	Insufficient staffing levels to meet professional recommendations.	Pharmacy staff available prioritise workload to support patient safety. Business case in progress to demonstrate efficiencies generated through additional pharmacy workforce.	Resource can be shared across both EDs. This will provide maximal benefit for children in ED by utilising some of the adult pharmacy staffing.

4.4.2. Clinical benefits of 24/7 co-location

The below outlines the benefits of co-location and where this will address some of the risk outlined above:

Clinical Risk Impact:

Anaesthetics

By co-locating adult and paediatric emergency services, the anaesthetic workforce resident and on-call for emergencies and critical care can be utilised to support paediatric emergencies. It is recognised that co-location at Southport and Formby District General Hospital, which is the preferred option, still poses a risk to the resilience of anaesthetic support for the Ormskirk site. This will be mitigated through the MWL Anaesthetic strategy which has 3 core aims:

1. Implement a single anaesthetic service for MWL. This will bring legacy teams together to create a single workforce with aligned protocols and standards enabling staff to work across sites to improve resilience
2. Provide a critical care medical workforce that ensures all consultants contributing to the on-call rota also deliver daily intensive care activity which is separate to the general anaesthetic on-call rota. (This will require the establishment of a separate anaesthetic on-call tier for the Ormskirk site to support the current configuration and the preferred option)
3. Implement a clinical model to maximise productivity for elective recovery, including consideration of training competencies to support children. This will address the long-standing dependence on Alder Hey Children's Hospital to support training and patient care.

Emergency care

Both options will enable an emergency medicine medical workforce to deliver care to both adults and children, 24 hours a day, 365 days a year. It has not been possible to re-open Ormskirk ED to provide 24 hour access even with the creation of MWL, as there is still not a sufficient medical workforce with paediatric competencies to staff Ormskirk ED and maintain safe staffing across Whiston and Southport EDs. Through co-location, there will be greater resilience and flexibility of the workforce to manage peaks in demand and enables more opportunities for education and training of paediatric competencies for both medical and nursing workforce.

Emergency blood tests and transfusion

Ormskirk District General Hospital provides an array of point of care testing for emergency blood tests to support rapid clinical decision-making. Any blood tests that cannot be undertaken at the bedside and requests for blood and blood products are transported to the Southport site for analysis and action. Transport is provided every hour to enable the movement of blood tests and, blood and blood products between the two sites. Emergency stocks of blood and blood products are available at the Ormskirk site to support any emergency and major haemorrhage, and any patient deemed high risk of bleeding will have their care transferred.

Trauma & orthopaedics and general surgery

Children currently presenting to the emergency department with acute surgical or orthopaedic problems experience delays in specialist assessment or are transferred to Alder Hey Children's Hospital for further care as there is insufficient medical workforce to provide on-site support out of hours. While MWL is reviewing current service provision to try to provide better access or avoid the need for transfer to Alder Hey Children's Hospital, co-location will mean that the on-call team will be based at the same site and therefore assessments will occur earlier and skills can be developed to enable more children to be treated locally.

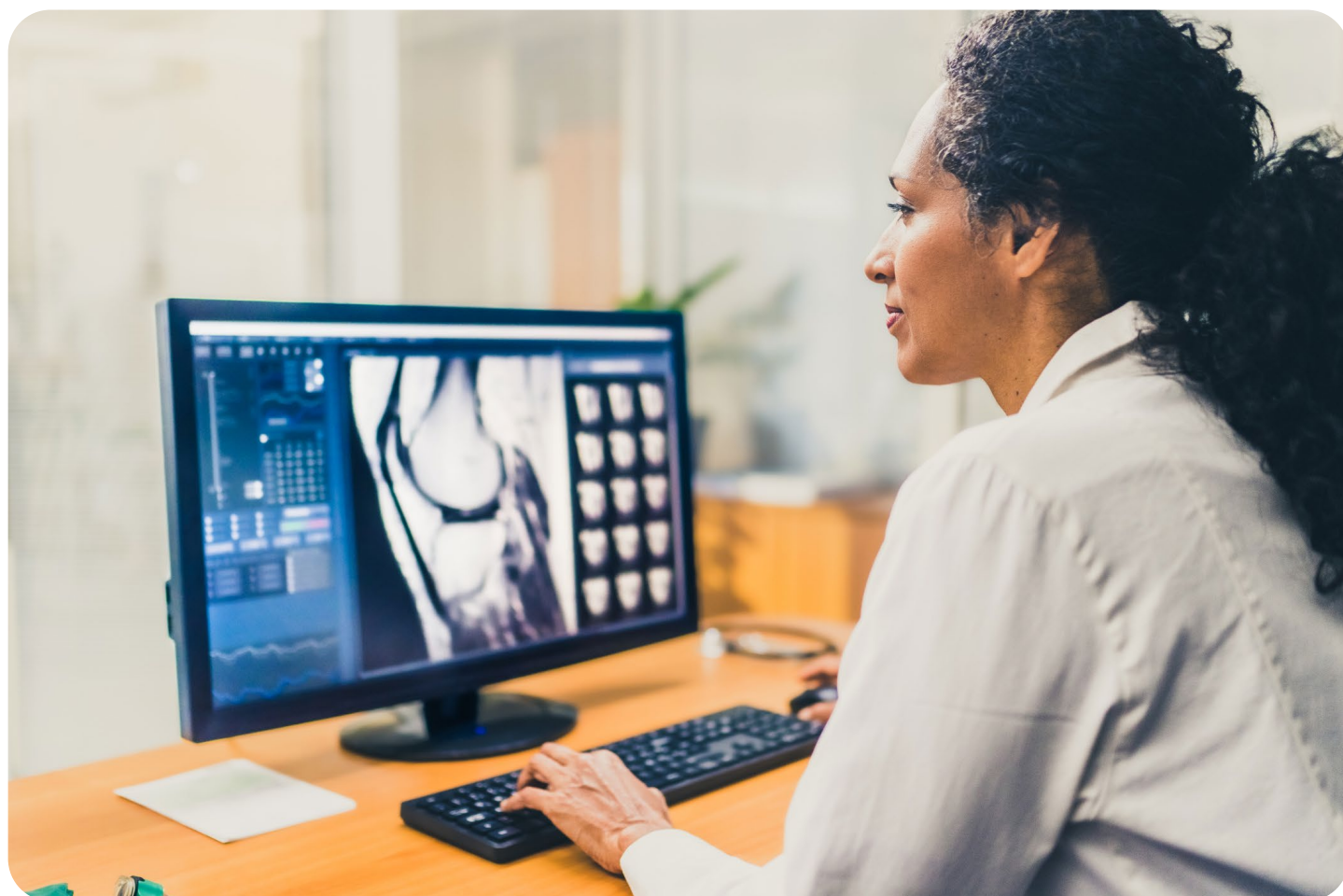
Radiology

There is a national shortage of radiologists, especially interventional radiology and as such the legacy Southport and Ormskirk Hospital sites have been reliant on other providers. The creation of MWL has provided an opportunity to review and improve in hours intervention radiology provision, out of hours provision requires a system-wide approach.

MWL meets the 7-day standards for access to imaging through utilisation of MRI and non-obstetric ultrasound at the Southport site. The current configuration means that some patients, including children, need to travel for these tests as part of their emergency journey. Wherever possible patients are discharged to outpatient or same day pathways to minimise disruption. Co-location would provide these services at the same site as their emergency attendance.

Pharmacy

There is dedicated provision for Pharmacy support in the adult ED due to the higher prevalence of patients attending there being on polypharmacy and higher activity and acuity levels requiring pharmacy support. Co-location would enable inter-departmental working. This would provide immediate benefits with co-location at Southport and Formby District General Hospital and would require changes to ways of working and site base if EDs were co-located at Ormskirk District General Hospital.



From a service delivery perspective:



Improved rota management: Combining adult and paediatric A&E services will streamline rota management, enabling more effective use of staff, reduce reliance on temporary staffing, and contribute to financial sustainability. See Appendix 4 for workforce benchmarking data



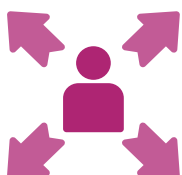
Enhanced supervision and training: Co-location will provide better supervision and training opportunities for resident doctors and Advanced Clinical Practitioners (ACPs), supporting recruitment and retention.



Development of workforce skills: Shared learning between adult- and paediatric-trained nursing staff will broaden competencies and foster a highly skilled, adaptable workforce. Greater opportunities to enhance paediatric skills of anaesthetic workforce.



Increased consultant input: Enhanced consultant oversight will provide additional opportunities for education and training, particularly for paediatric workloads where paediatric trained doctors may not consider diagnoses in older children, and to support decision-making.



Staffing flexibility: emergency medicine tier 2 doctors (with competencies in both adult and paediatric care will be utilised more effectively, reducing reliance on temporary staffing and improving care delivery.



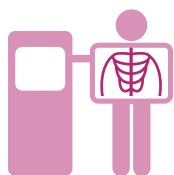
Emergency response: Staff working in adult EDs have more exposure to critical situations such as life-threatening emergencies, this is less frequent in children. In critical situations, staff and resources can be more readily identified and prepared to support more comprehensive care. This is particularly relevant to anaesthetic resources.



Continuity of care: Improve the experience of patients who may need to transition between adult and paediatric care, reducing transfers and potential risk of errors of handovers.



Specialist availability: Provide greater access to specialties such as trauma and orthopaedics, and surgery who currently are unable to provide responsive input to the paediatric emergency department due to the 'on-call' team being based on the adult site.



Resource sharing: Equipment, staff and resources can be shared when the departments are co-located, this is particularly relevant to the clinical interdependencies such as pharmacy, radiology, pathology and microbiology, especially out of hours.



Flow management and escalation: Better utilisation of resource to manage peak in paediatric attendances and to support paediatric triage and streaming.

4.4.3. Development of options

Two options for co-location have been proposed within the Shaping Care Together programme:

- Option 1: colocation of adult and paediatric A&E services at Ormskirk District General Hospital.
- Option 2: colocation of adult and paediatric A&E services at Southport and Formby District General Hospital (the preferred option).

Further details on the options appraisal process, including criteria and evaluation methodologies, can be found in Section 5. This rigorous process demonstrates a commitment to transforming urgent and emergency care to meet the needs of the Southport, Formby, and West Lancashire populations, while staying true to MWL's principles of delivering top-quality care.



4.4.4. Clinical evidence against the options and preferred option

The overnight closure of paediatric A&E at Ormskirk District General Hospital, driven by workforce shortages and unsustainable costs, highlights the critical need for change to ensure 24/7 care is available for all ages, every day. This closure has exposed significant fragmentation in current service provision and underscores that the services were designed at a time when demand for urgent and emergency care was much lower. These challenges, particularly workforce pressures, further emphasise the need for a strategic solution such as co-location.

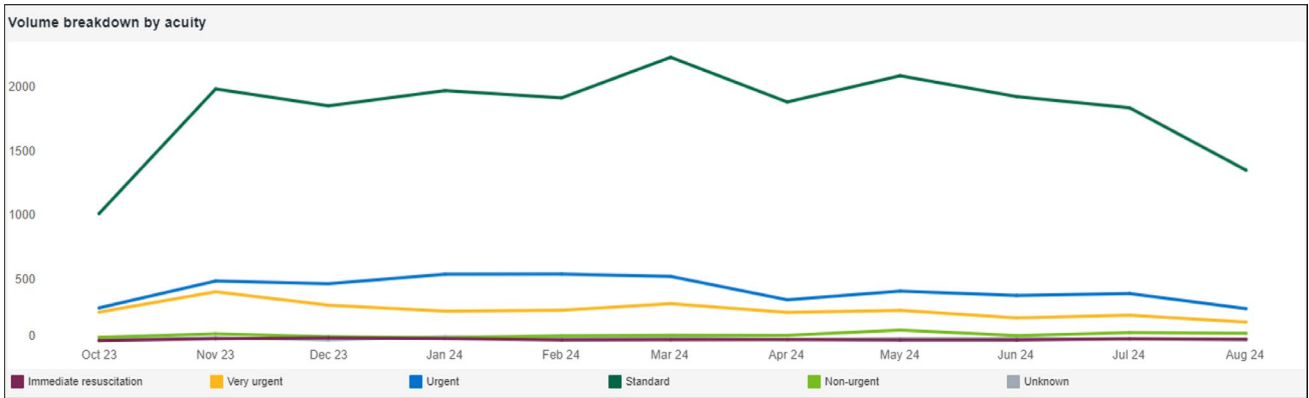
Co-locating adult and paediatric EDs will directly address these issues by streamlining services, optimising resource utilisation, and reducing reliance on temporary staffing. It will enhance training and supervision opportunities for staff, improve patient flow, and ultimately enhance patient safety and care outcomes. The colocation model offers a clear path to resolving the fragmentation in services and ensuring a sustainable workforce, providing 24/7 emergency care for both adults and children.

While both options align with the proposed clinical model for 24/7 emergency care, the review of the Southeast Clinical Senate's recommendations on clinical co-dependencies revealed that more

services would need to be moved from Southport to Ormskirk than from Ormskirk to Southport. This shift would result in greater disruption to services, longer implementation timelines, and significantly higher costs, potentially undermining care quality, outcomes, and operational efficiency. From a clinical and health inequalities perspective, co-location at Southport and Formby District General Hospital lends itself to supporting the preferred option.

Travel analysis (see Section 9.3) has indicated that a significant number of higher attendances at Ormskirk District General Hospital originate from deprived areas in the Southport area. Emergency care data also suggests that a substantial proportion of local children attending Ormskirk District General Hospital could be treated at the UTC located within the Ormskirk District General Hospital site. Taking MWL Ormskirk site data from 2023/24, 71% of attendances were identified as standard or non-urgent. These two categories have been classed as 'UTC-suitable patients' in the SCT modelling work (as detailed in Section 6.3.1) which were agreed by clinicians. Of these attendances only 2.9% were admitted, compared to 24.8% of urgent, very urgent or resus attendances. Please see Figure 9.

Figure 9



Source: Emergency Care Data Set (ECDS) October 2023 to August 2024

Implementation of the clinical pathways outlined in the clinical model would make better use of the UTC at Ormskirk District General Hospital. Pathways are already being agreed and developed to encourage UTC attendance rather than ED. The Integrated Urgent Care (IUC) review undertaken by NHS Lancashire and South Cumbria ICB will consider services delivered at Skelmersdale WIC and the needs of the local population.



5. Development of options and options appraisal

5.1. Approach

Whilst NHS England's guidance on planning, assuring and delivering service change for patients (March 2018) does not set clear requirements around the full list to long list, and longlist to short list, there are a number of expectations it sets out that the programme has to consider and ensure is included with in its approach.

The HM Treasury Green Book guidance states at least one workshop is recommended for the completion of this section of the Project Business Case, to ensure that the key stakeholders are engaged earlier on and can challenge and assist to shape the direction of the project. Taking this into consideration, the programme planned to hold two workshops: one for the application of the hurdle criteria and one for the application of the evaluation criteria. Stakeholder workshops are a key part of demonstrating active and transparent public and stakeholder engagement at all stages of the programme. There is a duty on commissioners to demonstrate how this undertaken prior to any formal consultation and how public engagement has informed all steps of the process.

5.2. Fixed points, hurdle criteria and evaluation criteria

5.2.1. Fixed

Fixed points, also known as "Constraints and Dependencies" in the HM Treasury Green Book, are elements that cannot be altered. These include services that must remain at specific locations, national designations, outcomes of previous consultations, road networks, housing developments, locations of academic institutions, and expensive equipment.

The programme did not identify any fixed points for consideration during the options appraisal stage.

5.2.2. Hurdle criteria

The hurdle criteria are an integral part of the options appraisal process, designed to allow options to be discounted at a high level without requiring extensive detail, with information known at the time. These criteria for the SCT programme were developed by a clinically led group with additional input from ICB partner groups, Healthwatch, community and voluntary sector (CVS), and service user groups through the SCT EPAG; who collectively represent the voice of service users.

The criteria have been approved by the SCT Clinical UEC sub-group, the MWL Clinical Configuration Group, and the SCT Programme Board. They have been aligned with the Critical Success Factors as outlined in the HM Treasury Green Book.

The list of hurdle criteria can be found in Appendix 5.



5.2.3. Evaluation criteria

The next stage in the options appraisal process involves applying the evaluation criteria to identify the shortlist of options from the longlist. This stage requires more detailed information about the proposed options, which are assessed against a stricter set of criteria. In accordance with NHS England guidance, the evaluation criteria have been aligned with the HM Treasury Green Book Critical Success Factors. Similar to the hurdle criteria, the evaluation criteria were developed by a clinically led group and sought input from external stakeholders such as Healthwatch, CVS, and service user groups via the SCT EPAG to ensure stakeholder involvement.

The evaluation criteria have been approved by the SCT Clinical UEC sub-group, the MWL Clinical Configuration Group, and the SCT Programme Board.

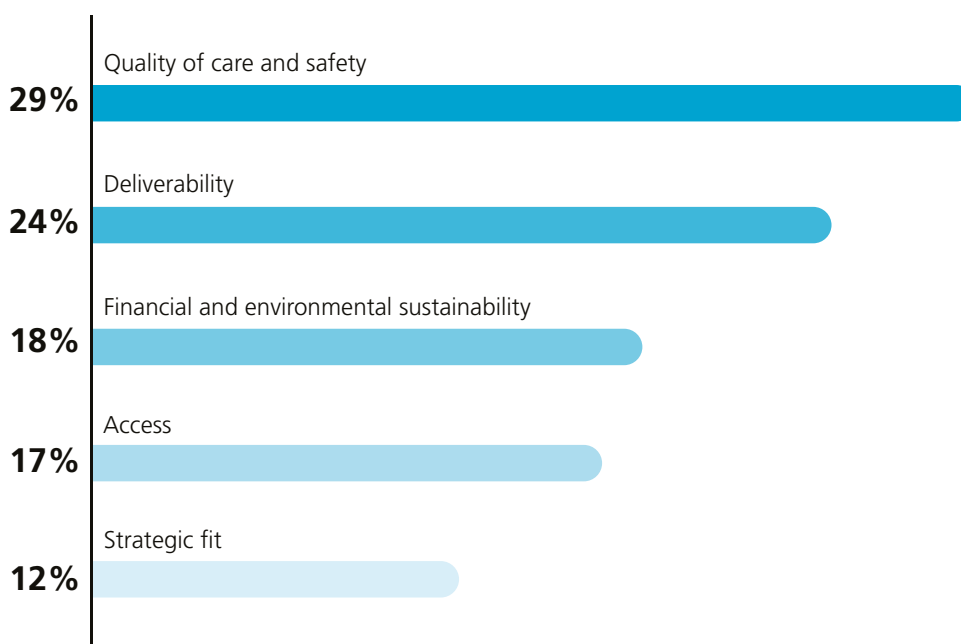
The evaluation criteria can be found in Appendix 6.

5.2.3.1. Evaluation criteria weighting

The evaluation criteria were categorised into areas that may hold varying levels of importance to stakeholders. To address this, weighting was applied to each individual criteria area, allowing stakeholders to assign greater importance to areas they deem most critical. The SCT programme used this weighting, determined by stakeholders including patient and public representatives, during the evaluation criteria workshop. The process for selecting these representatives can be found in Section 5.5.1.

Upon completion of the hurdle criteria appraisal, participants were invited to undertake a second task to weight the criteria for the next step in the options appraisal process: the evaluation criteria application. To determine the weighting, the SCT programme utilised the Northern Ireland weighting scoring method²², with the outcome shown in Figure 10:

Figure 10



²² https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.finance-ni.gov.uk%2Fsites%2Fdefault%2Ffiles%2Fpublications%2Fdfp%2Fthe%2520weighted%2520scoring%2520method_0.docx&wdOrigin=BROWSELINK



5.3. Longlist of options

Feedback from pre-consultation engagement provided the programme with a comprehensive list of options for the options appraisal process. However, following a pre-appraisal assessment, several options were discounted due to substantial financial investment requirements that could not be secured at the time, timelines exceeding the three to five years specified by the 'implementation' criterion, the need for substantive changes to out-of-scope services such as planned care, or the necessity of commissioning entirely new services. These can be found in Appendix 7. Although no option was entirely discounted, as new evidence could emerge before the Decision-Making Business Case (DMBC) that might render a proposal feasible, ultimately, 10 options were included in the full list for appraisal, detailed in Appendix 7.

The workshop comprised a mix of internal (NHS clinical and operational) and external (non-NHS organisations, e.g. Healthwatch) stakeholders as well as a balance of patients and public representing the geographical footprint of Southport, Formby and West Lancashire, with a panel of experts identified as the SCT programme workstream leads to address questions. These experts maintained neutrality and did not possess voting rights in the appraisal application. Please see full list of appraising stakeholders in Section 5.5. The workshop targeted senior management colleagues, such as divisional or operational/clinical directors/leads, who had a thorough understanding of their respective areas.

To assist the appraisers in evaluating the full list of options, a SWOT (strengths, weaknesses, opportunities, and threats) analysis was developed by the clinical SCT Clinical UEC sub-group. This analysis was completed in advance and presented at the workshop, providing a summary of the advantages and disadvantages of each option. This can be found in Appendix 7. Each proposal was then reviewed, with appraisers asked to object to any proposals that did not meet the hurdle criteria and would not progress to the next stage. However, appraisers were also asked to consider if any mitigations could be implemented to support a proposal's viability. The SCT programme employed a consensus approach against the hurdle criteria to determine which options would advance to the next stage, resulting in a clearly agreed longlist of options as an outcome of the workshop. The workshop was facilitated by an independent facilitator proficient in the HM Treasury methodology.

The workshop concluded with the inclusion of the only two options that passed the hurdle criteria with the limited information available at the time and would be included in the longlist for appraisal at the evaluation criteria stage: option 6, the co-location of a 24-hour adult and paediatric A&E at Ormskirk District General Hospital, and option 9, the co-location of a 24-hour adult and paediatric A&E at Southport and Formby District General Hospital. The full appraised list can be seen in Table 2.

Table 2

Option	Hurdle criteria outcome	Discounted reason <i>See appendix 5 for further detail</i>
OPTION 1: No change. Business as usual Continue with the current configuration of reduced hours paediatric A&E at Ormskirk and 24-hour adult A&E at Southport.	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 2A: Do minimum (Ormskirk) Re-establish a 24-hour paediatric A&E service at Ormskirk. Adult A&E to remain at Southport.	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 2B: Do minimum (Southport) Expand adult A&E capacity at Southport and leave paediatric A&E at Ormskirk (with current service hours)	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 3: Two site collocation 24-hour adult and paediatric A&E at both Southport and Ormskirk	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 4: Ormskirk collocation A Extend Ormskirk paediatric A&E to 24-hour and provide 24-hour adult A&E at Ormskirk. Southport 24-hour adult A&E to remain	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 5: Ormskirk collocation B 24-hour adult A&E at Ormskirk alongside paediatric A&E at Ormskirk and adult A&E in Southport with current service hours	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 6: Ormskirk collocation C Relocate adult A&E from Southport to Ormskirk with 24-hour A&E for both adults and paediatrics	Consensus to take forward (all four criteria met)	
OPTION 7: Southport collocation A Collocated adult and paediatric 24-hour A&E at Southport. Ormskirk paediatric A&E to be maintained and extended to 24-hour	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 8: Southport collocation B Collocated adult and paediatric 24-hour A&E at Southport. Ormskirk paediatric A&E to be maintained (current hours of service)	Do not progress	<ul style="list-style-type: none"> • Criteria one – clinically sustainable: not met • Criteria two – strategic fit: not met • Criteria three – implementation: not met • Criteria four – financial viability: not met
OPTION 9: Southport collocation C Paediatric A&E relocated to Southport. Southport to provide 24-hour adults and paediatric A&E	Consensus to take forward (all four criteria met)	

Following a review of the SCT programme by the North West Clinical Senate on 27th January 2025, the reviewing panel identified a number of additional potential options that had not been included in the original options development process. While the panel acknowledged that these options may not have progressed to the shortlist, to ensure transparency these options are being included in the PCBC so that consultees have the opportunity to comment on them during the public consultation. However, following legal advice and a review of their feasibility, it was concluded that a full reappraisal—requiring the re-running of hurdle and evaluation criteria workshops with the original appraisers was unnecessary and, in any event, would not affect the existing outcome of the appraisal process. This is because the options have been reasonably assessed as unviable, unrealistic, or unsustainable based on current evidence.

The additional options identified by the Clinical Senate are:

- Close both Southport and Ormskirk A&Es and consider a wider system A&E reconfiguration connected with supporting patient pathways to the Southport, Formby and West Lancashire UEC system
- Close or downgrade Ormskirk A&E without moving paediatric services to Southport

It is important to note that no option has been entirely ruled out. Should new evidence emerge ahead of the DMBC, any previously excluded option could be reconsidered if it becomes demonstrably feasible.

5.4. Shortlist of options

Similar to the hurdle criteria workshop, a mixture of internal (NHS (clinical and non-clinical)) and external (non-NHS organisations, e.g., Local Authority) stakeholders, as well as a balance of patients and public representing the geographical footprint of Southport, Formby and West Lancashire, were invited to participate in the workshop, with a panel of experts (SCT workstream leads) to answer questions. These

experts remained neutral and did not have voting rights in the appraisal application. Please see full list of appraising stakeholders in Section 5.5. To limit bias, different appraisers from those in the hurdle criteria workshop were invited to appraise the longlist of options, where possible. The evaluation criteria workshop targeted executive-level appraisers with decision-making authority. The two options within the longlist were:

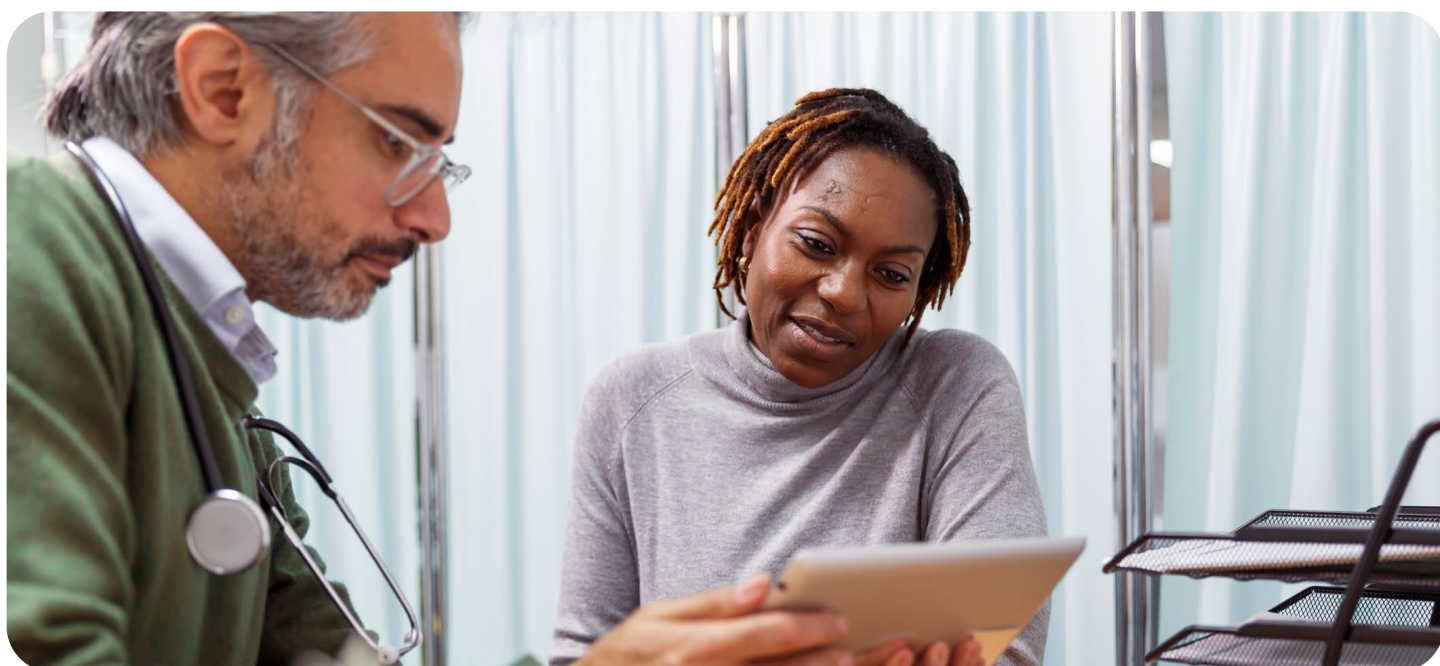
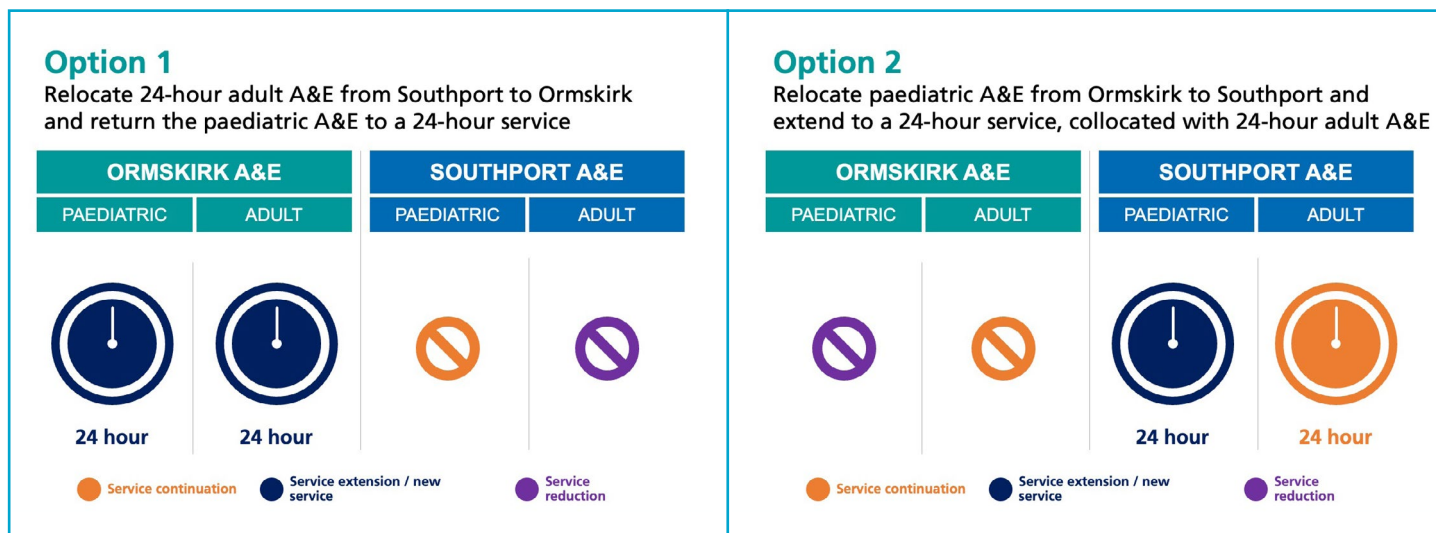


Figure 11



Prior to the workshop, attendees received a pack of evidence to support their assessment of each of the two options against the evaluation criteria. The contents of the evidence pack included:

- SCT models of care
- Environmental sustainability evidence
- Estates proformas
- Demand and capacity modelling
- Workforce
- Engagement insights report
- Clinical co-dependencies
- National and local strategies
- Desktop impact assessment
- Travel assessment analysis

Similar to the hurdle criteria workshop, this workshop was facilitated by an independent facilitator proficient in the HM Treasury

methodology. The workshop began with a description of the longlisted options and an explanation of how these were derived. A summary of the evidence pack was then presented, followed by dedicated time for appraisers to ask any clarifying questions to the subject matter expert panel. Appraisers were then divided into breakout groups, mixed to ensure a balanced room, to assess each of the options and to ask further questions on the options or the criteria.

Appraisers were then asked to individually score each option using a set of closed questions to determine the extent to which each option met the evaluation criteria, with a numerical value applied to each answer from one (very bad) to five (very good). An open question was included at the end to allow appraisers to note any specific concerns about either of the two options. The questions were as follows:

Table 3

Question**Q1 ORMSKIRK: Quality of care and safety (criteria 1)**

Based on your understanding of the evidence provided, how would you rate the ORMSKIRK option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q2 ORMSKIRK: Deliverability (criteria 2)

Based on your understanding of the evidence provided, how would you rate the ORMSKIRK option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q3 ORMSKIRK: Access (criteria 3)

Based on your understanding of the evidence provided, how would you rate the ORMSKIRK option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q4 ORMSKIRK: Financial and environmental sustainability (criteria 4)

Based on your understanding of the evidence provided, how would you rate the ORMSKIRK option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q5 ORMSKIRK: Strategic fit (criteria 5)

Based on your understanding of the evidence provided, how would you rate the ORMSKIRK option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q6 SOUTHPORT: Quality of care and safety (criteria 1)

Based on your understanding of the evidence provided, how would you rate the SOUTHPORT option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Question

Q7 SOUTHPORT: Deliverability (criteria 2)

Based on your understanding of the evidence provided, how would you rate the SOUTHPORT option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q8 SOUTHPORT: Access (criteria 3)

Based on your understanding of the evidence provided, how would you rate the SOUTHPORT option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q9 SOUTHPORT: Financial and environmental sustainability (criteria 4)

Based on your understanding of the evidence provided, how would you rate the SOUTHPORT option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q10 SOUTHPORT: Strategic fit (criteria 5)

Based on your understanding of the evidence provided, how would you rate the SOUTHPORT option against this criteria?

- 1 = Very bad
- 2 = Bad
- 3 = Average
- 4 = Good
- 5 = Very good

Q11 And finally, do you still have any specific concerns about either of the two options we've looked at today? If so, please let us know about them, explaining how they relate to the criteria we've used for appraisal.

Scoring was conducted through an online portal, with each appraiser receiving individual login details to ensure fairness and transparency.

Upon completion, the scores were collated and the agreed weighting applied to produce an overall score. This process resulted in a final shortlist of options, with option 2 (co-location at Southport and Formby District General Hospital) achieving the highest score and being identified as the preferred option. The final scoring, unweighted and weighted, is listed below:

Table 4

Evaluation Criteria	Unweighted		Weighted	
	Ormskirk	Southport	Ormskirk	Southport
Quality of Care and Safety	76	94	22.0	27.3
Deliverability	40	92	9.6	22.1
Access	66	79	11.2	13.4
Financial and Environmental Sustainability	42	90	7.6	16.2
Strategic Fit	67	88	8.0	10.6
Total	291	443	58.5	89.5

5.5. Preferred option

The output of the workshop was presented to the SCT Programme Board in December 2024. The SCT Programme Board reviewed the outcome, along with supporting information, to assist in their decision-making regarding the final shortlist of options and the proposed preferred option (option 2 – co-location at Southport and Formby District General Hospital) based on the scoring. The SCT Programme Board approved this recommendation and agreed to proceed to consultation on both options, with the clear indication that the co-location at Southport and Formby District General Hospital was the preferred option. While these options have been approved for public consultation, no final decision has been made. Decision-makers are not limited to the two options currently proposed, and the consultation process remains open to the presentation of alternative proposals or new evidence that may support the feasibility of other approaches.



5.6. Stakeholder involvement

Stakeholders have been integral to the options appraisal process. Their contributions span from supporting the development of the hurdle and evaluation criteria to identifying the full list of options through pre-consultation engagement and actively participating in both the hurdle and evaluation criteria workshops. This extensive involvement underscores the significant role stakeholders have played in shaping and informing this stage of the process. The full list of stakeholders are as follows:

- MWL clinicians
- MWL nursing leads
- MWL A&E staff
- MWL operational leads
- MWL executives
- NHS Cheshire and Merseyside ICB clinical leads (inc. primary care leads)
- NHS Cheshire and Merseyside ICB commissioning and operational leads
- NHS Cheshire and Merseyside ICB executives
- NHS Lancashire and South Cumbria ICB clinical leads
- NHS Lancashire and South Cumbria ICB commissioning and operational leads
- NHS Lancashire and South Cumbria ICB executives
- HCRG Care Group Ltd (Ormskirk UTC and Skelmersdale WIC provider)
- MerseyCare NHS Foundation Trust
- Alder Hey Children's Hospital NHS Trust
- North West Ambulance Service NHS Trust
- University Hospitals of Liverpool Group
- NHS England Specialised Commissioning
- Healthwatch Sefton
- Healthwatch Lancashire
- CVS Sefton
- West Lancashire CVS
- Patients and public
- Service user representative groups:
 - Hesketh Community Bank
 - Change Grow Live
 - Community Champions
 - Galloways
 - People First
 - Age UK
 - Southport Access for Everyone
 - Myeloma Support Group
 - Sefton Cancer Support
 - Breathe Easy North Sefton

5.6.1. Public/patient selection process

Regarding the selection of patients and public representatives for the options appraisal workshops, individuals who had subscribed to updates from the SCT programme were invited via email to express their interest in participating.

From the respondents, the programme aimed to select representatives from each of the main geographical areas served by Southport & Formby and Ormskirk District General Hospitals, namely Southport, Formby, Ormskirk, Skelmersdale, and the surrounding rural areas.

Additionally, the programme sought to ensure a balanced representation across gender, age, ethnicity, disability, sexual orientation, religion, gender reassignment, pregnancy, marriage/civil partnership, long-term health conditions and carer status, as well as considering any conflicts of interest.

To minimise the risk of bias and enhance the integrity of the engagement process, diverse participants were selected for each workshop to ensure wide ranging representation.

6. Non-clinical modelling

6.1. Workforce

A review of the current workforce models across the medical and nursing workforce has taken place for both adult and paediatric ED services in Southport and Formby District General Hospitals and Ormskirk District General Hospitals. There are a number of key factors that are yet to be defined which will have a significant impact on the final workforce structure. In order to undertake workforce modelling for the scenarios outlined within the PCBC we have drawn on knowledge of the overall service configuration alongside some assumptions which can be applied to either scenario.

In this section we describe the key benefits of a co-located ED, the overall structure and then expand further on the benefits and issues of the different options with regards to the wider workforce.

Following the PCBC process and development of an ED layout, more detailed workforce planning will be conducted which align to NHSE's business case processes.

6.1.1. Co-located adult and paediatric ED workforce

A number of historical issues with the workforce will be improved through co-location of ED services.

The three key improvements from co-location as described elsewhere in this PCBC are:

1. Improved medical cover 24/7 for both adult and paediatric services
2. Consolidated, consistent nursing leadership across both adult and paediatric services and
3. Reducing reliance on temporary workforce

Over time, it is expected a reduction in reliance on more expensive locum and agency staff to reduce premium rates of expenditure by c£1.5m per year.

A summary of the staffing requirements anticipated to deliver co-located services across the medical and nursing workforce are described in the table below.

For the medical workforce, the team has been split into 3 Tiers:

- Tier 3 is the consultant workforce
- Tier 2 consists of specialty doctors and senior trainee doctors (speciality training (ST) trainees)
- Tier 1 staff include clinical fellows, physician associates, GP with speciality training (GPSTs), FY2s and advanced clinical practitioners.

The medical workforce will oversee the co-located ED for both adult and children's services. Due to the nature of nursing an ED department, the adult and children's nursing structures have been described separately, although an element of general management is included within the adult ED structure. Both are based on the same principles of staffing according to levels of activity. The different bandings describe the level of seniority with the 8A matron as the most senior nurse and qualified nurses from agenda for change bands 7, 6 and 5 and unqualified staff members in band 4, 3 and 2.

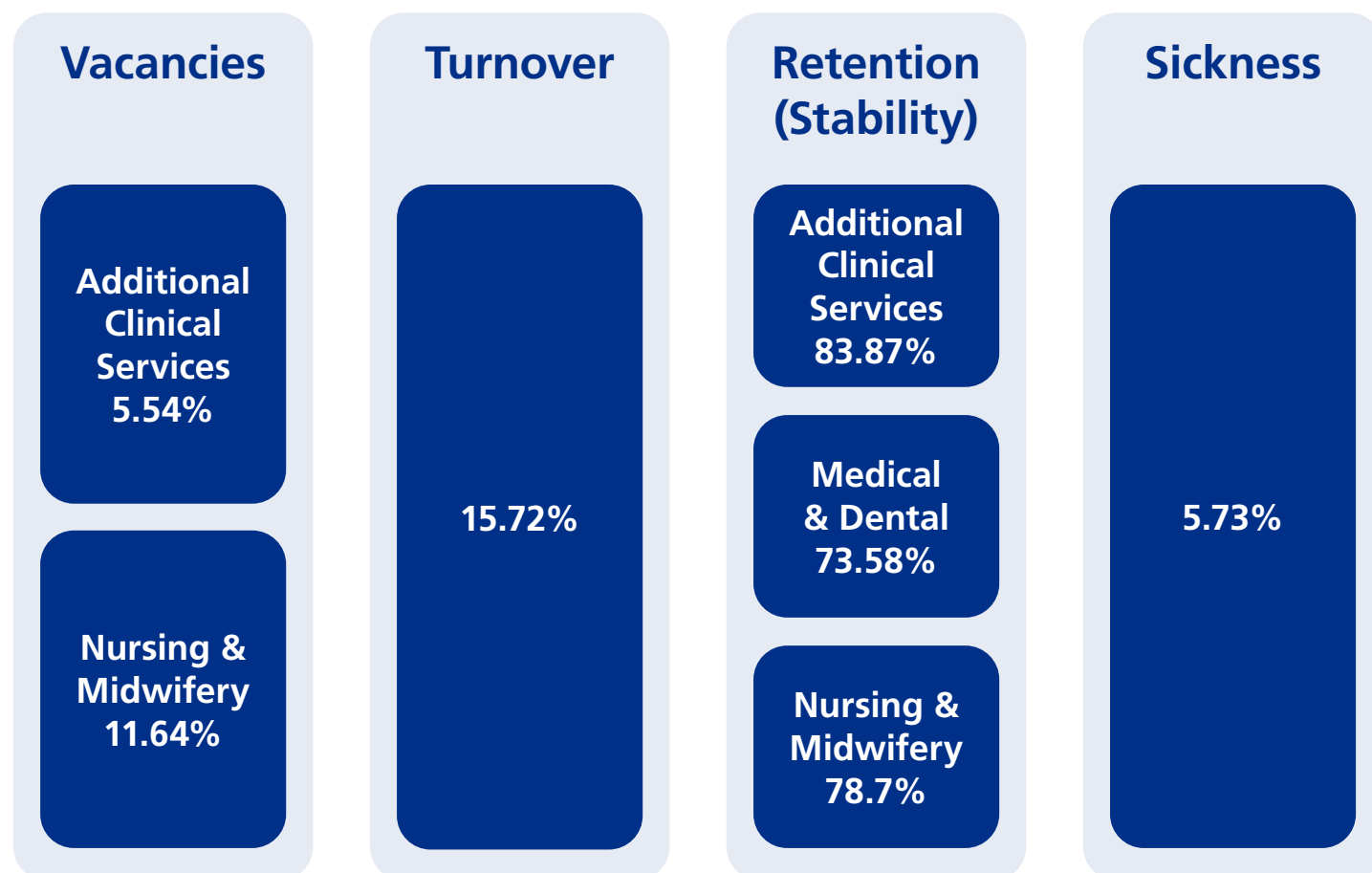
These are indicative figures and will need to be reviewed once the ED layout and forecast activity details have been consulted on following the PCBC process.

Table 5

Medical Model	Description/ AFC Band	WTE
	Tier 3 - Consultant	16
	Tier 2	17
	Tier 1	41.6
Paediatric ED Nursing Model	Description/ AFC Band	
	8a	1
	7	1
	6	5.43
	5	13.7
	3	8.05
Adult ED Nursing Model	Description/ AFC Band	
	8a	2
	7	14.46
	6	27.16
	5	73.48
	3	25.3
	2	16.95

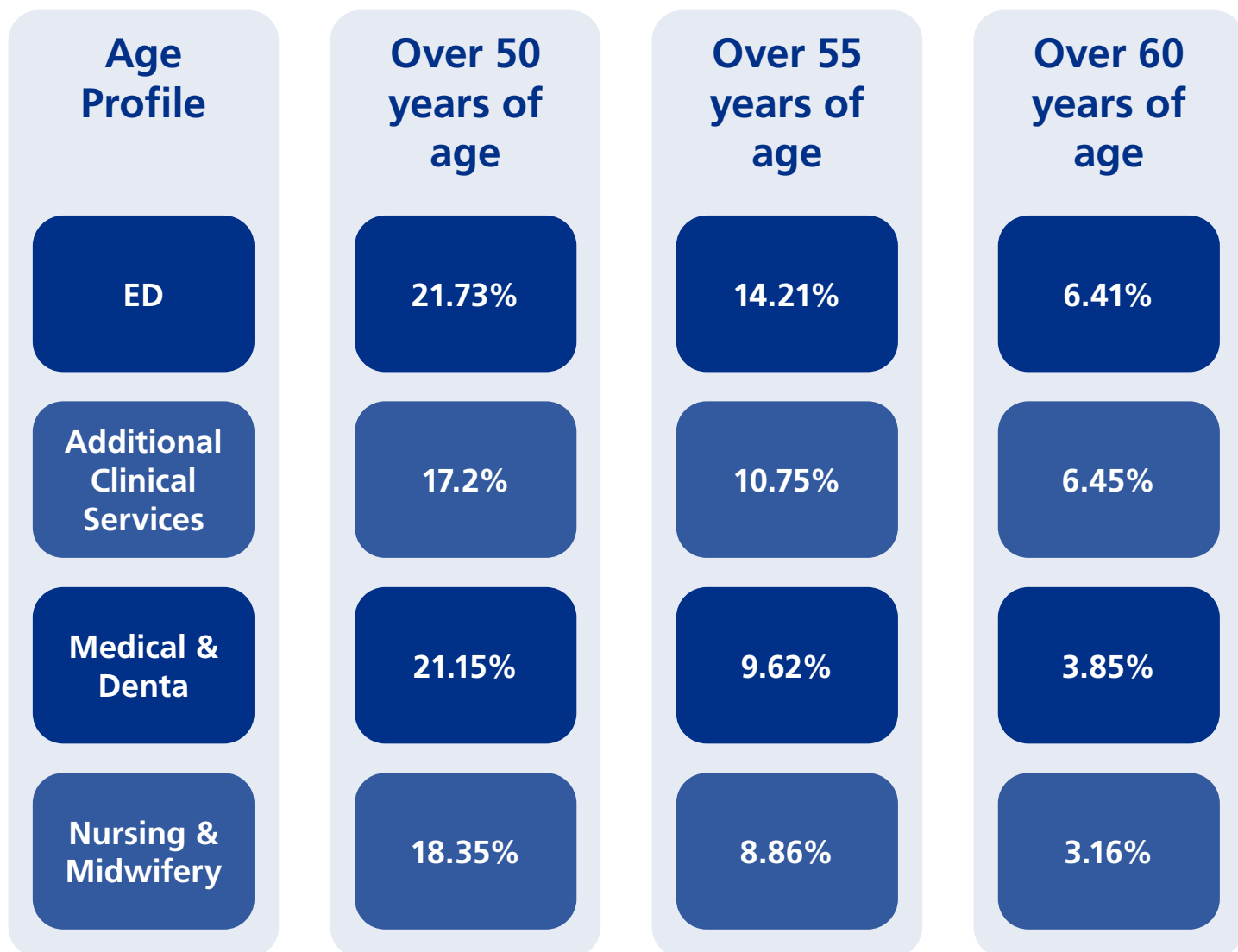
Improvements to workforce metrics

There are a number of key metrics MWL expect to improve by having a co-located workforce. From the current position:



Towards meeting and exceeding the Trust targets of:
Sickness – 4.5%; Turnover – 13%; Retention (Stability) – 87%

MWL will also be able to train, recruit and retain workforce that broadens the age demographic, thereby improving any issues with succession within an ageing workforce that the current workforce presents. Currently the ED team has an age demographic considerably higher than other clinical services at the Trust.

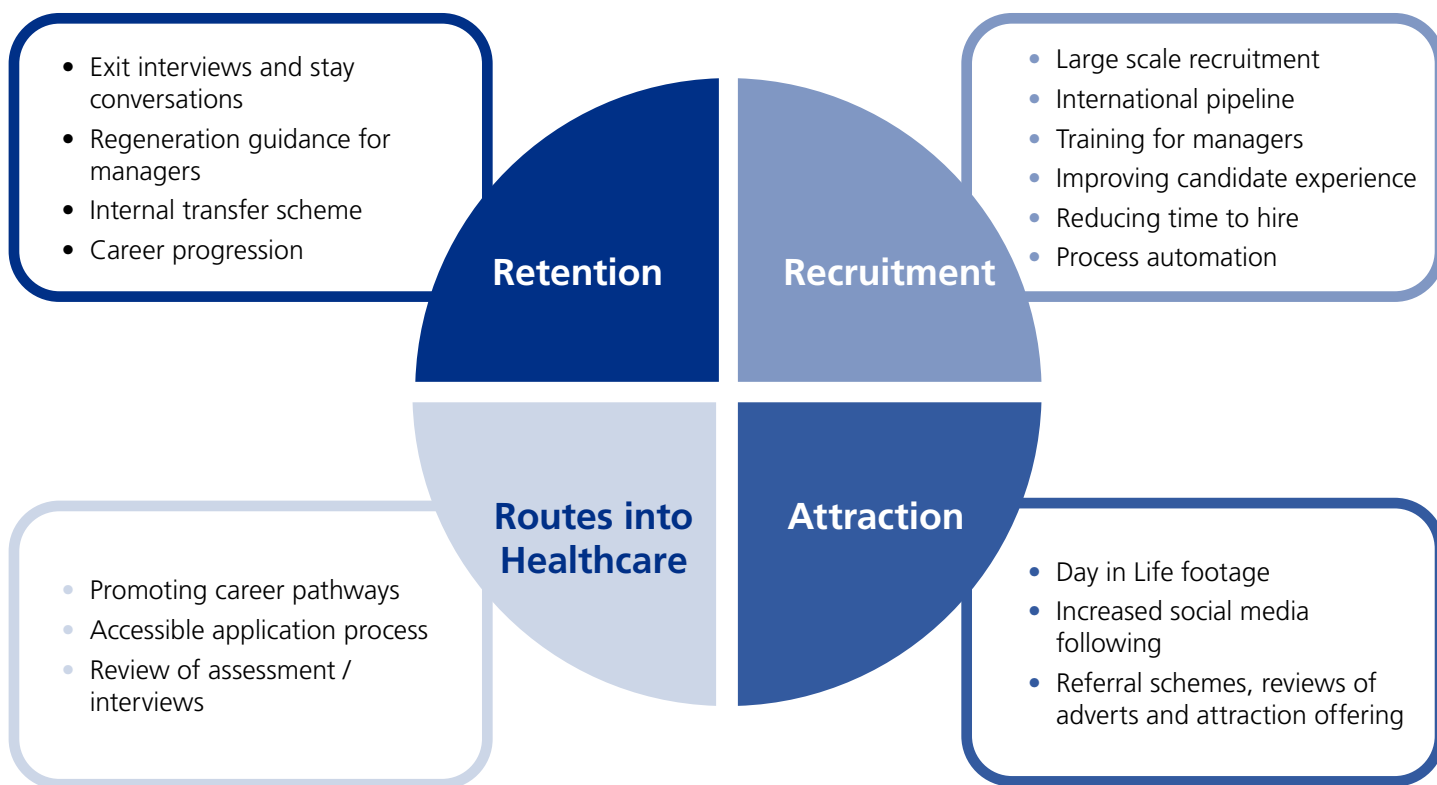


Recruitment, retention, attraction and routes into healthcare

In order to recruit, retain, attract and increase routes into healthcare MWL have developed a ‘people strategy’²³ that commits to delivering 5-star patient care. As a people focussed organisation, MWL place their workforce at the centre of everything they do. Investing and valuing in their people enables their workforce to learn, grow and be able to provide sustained excellence in the delivery of patient care.

MWLs people strategy focuses on four key elements. The plan focuses on retention initiatives, career development and ensuring their recruitment processes are more user and candidate friendly, which will improve candidate experience and reduce time to hire. The image below summarises MWLs priorities:

²³ <https://www.merseywestlancs.nhs.uk/media/resources/65dcc11a5b5f59.61816661.pdf>



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.

6.1.2. Key differences between co-location setting

Whilst the specific location for the co-located ED will not in itself change the ED workforce requirements, there will be implications for a number of other clinical services and workforce groups depending on the ultimate location for ED services across the Southport & Formby and Ormskirk District General Hospitals footprint.

The table below shows the number of services that are required to be co-located with an ED department that will be impacted depending on location, and the potential for requiring duplicated teams across sites or changes to the location where services are currently provided.

- Option 1 – Co-location at Ormskirk District General Hospital
- Option 2 – Co-location at Southport and Formby District General Hospital



Table 6

Acute Service	Workforce		Service relocation requirement (Y/N)	
	Option 1 (Ormskirk)	Option 2 (Southport)	Option 1 (Ormskirk)	Option 2 (Southport)
Acute, general adult and care of the elderly wards	Change in base location and potential duplication with additional staff needed	No impact	Yes	No
Respiratory medicine & NIV	Change in base location	No impact	Yes	No
Medical gastroenterology	Change in base location	No impact	Yes	No
Acute general surgery	Change in base location	No impact	Yes	No
Trauma & orthopaedics	Changes to ways of working	No impact	Yes	No
Adult critical care	Change in base location	No impact	Yes	No
General anaesthetics	Change in base location and changes to ways of working	Changes to ways of working	Some	Some
Radiology services (x-ray, ultrasound, CT & MRI)	Change in base location	No impact	No	No
Pathology services	Change in base location	No impact	Yes	No
OT & physio	Change in base location	No impact	No	No
Psychiatric services	Change in base location	No impact	Yes	No
Gynaecology	No impact	Change in base location and changes to ways of working	No	No
Paediatrics	No impact	Change in base location, disaggregation of paediatric and neonatal rotas with additional staff needed	No	Yes
Children and Adolescence Mental Health Service (CAMHS)	Changes to base location and changes to ways of working	No impact	No	Yes

6.1.3. Workforce Review – Clinical services support ED

There are numerous clinical services that support the emergency department that are key to ensuring a smooth flow of a patients' pathway.

All of these services are currently provided to both Ormskirk and Southport ED departments. None have structural issues in terms of capacity or capability in terms of support for the services needed. We do not therefore expect a significant impact to the overall level of workforce required by co-locating services on a single site. However, the location of services may have an impact of the service configuration and location of where the team are located.

Below, we have listed the key services that support ED patients in their clinical pathway, and the main constraints we anticipate within a co-located ED.

	Workforce		Service Relocation	
	Option 1: Ormskirk	Option 2: Southport	Option 1: Ormskirk	Option 2: Southport
Clinical psychology	Change in base location/ways of working	No Impact	Additional space required within ED plan	No
Pathology	Change in base location	No impact	Yes	No
Pharmacy	Change in base location/ways of working	No impact	Some increase to footprint likely	No
Radiology	Change in base location/ways of working	No impact	Re-alignment of pathways – imaging equipment in place	No
Therapy services	Change in base location	No impact	No	No

The estate requirements for service configuration has been considered in the overall estates impact and costs associated with increased or changes to footprint have been included within the estates review. The biggest single impact from these services would be a relocation of pathology services to Ormskirk District General Hospital (c900m²).

6.2. Estates, finance and deliverability modelling

Southport & Formby and Ormskirk District General Hospitals present various opportunities to complement the SCT programme. To support the SCT programme, the condition of the hospitals and ongoing capital projects have been meticulously evaluated to ensure optimal use of public sector funds and available space. The challenges of executing major capital projects on active hospital sites have been duly considered.

In line with the options appraisal process, through reviewing the options for co-locating ED services onto a single site, three key variables have been assessed:

1. Potential location for ED services within the existing site
2. Impact on other clinical services that need to be co-located with an ED
3. Parking options to ensure sufficient capacity for increased patient flow

To support the trust in this programme, Ellis Williams Associates were commissioned as an independent firm of architects to review the existing estate configuration and provide an assessment of options for co-located services, along with the associated costs for delivering a co-located ED and time to deliver. The detailed report from Ellis Williams Associates is included as Appendix 8.

These three key variables have been used to determine the overall space requirements for a co-located ED at either hospital site and the likely cost of delivery, ensuring the necessary clinical adjacencies and parking to accommodate changes in patient flow.



6.2.1. ED co-location options

An initial review was conducted across both the Ormskirk and Southport and Formby District General Hospital sites to identify opportunities for refurbishing existing facilities or constructing new buildings that could provide the necessary square meterage to accommodate ED services for both adult and paediatric patients.

The working assumption for this review was that the existing service footprint would need to be consolidated onto a single site to effectively deliver a co-located ED. These initial reviews identified several areas for further exploration, as illustrated in the diagrams below.

Figure 12

2.6 Ormskirk Hospital Site Opportunities

NEW BUILD/REFURB OPPORTUNITIES

1. Development south east site area
 - Predominantly former ambulance parking or vehicle turning
 - Adjacent building used for ENT, Audiology and upper floor admin
 - Prominent front end location
 - Tree line provides barrier to residential
 - Limited parking loss/to be replaced
2. Demolish single storey admin block and construct 2 storey unit
 - Currently inefficient use of site space
 - Would suit standalone unit
 - Opportunity to widen road to eliminate single lane road
3. Develop former Workhouse buildings
 - Prominent site providing legible entrance
 - Would suit standalone unit
 - Opportunity to integrate historic structure with light internal refurbishment
4. Demolish single storey outpatient wing (Block 9) and construct new taller block as hospital 'front end'
 - Prominent site providing legible entrance
 - Could be constructed as standalone unit with limited connection to existing - entrance could be maintained
 - Bespoke new-build with ceiling height to suit modern ED
5. Internal refurbishment throughout main hospital block to suit proposed option
 - Would limit extent of external works
 - Working within existing footprint

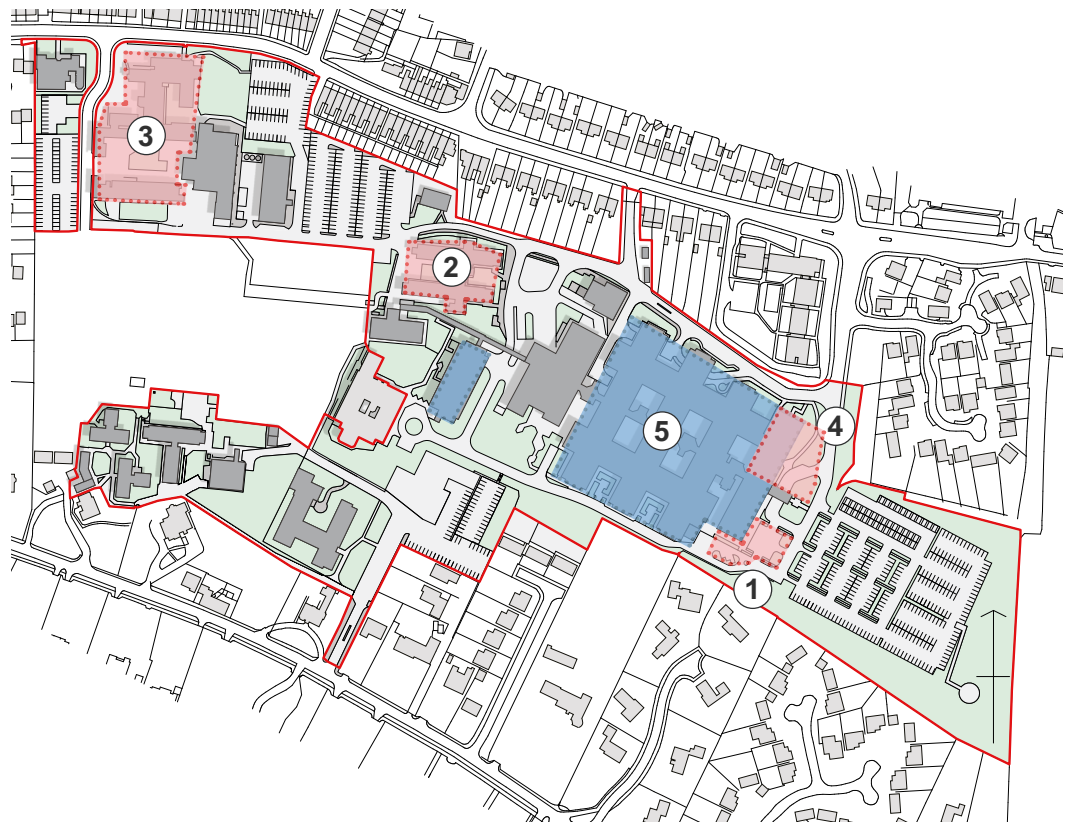
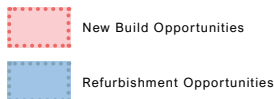
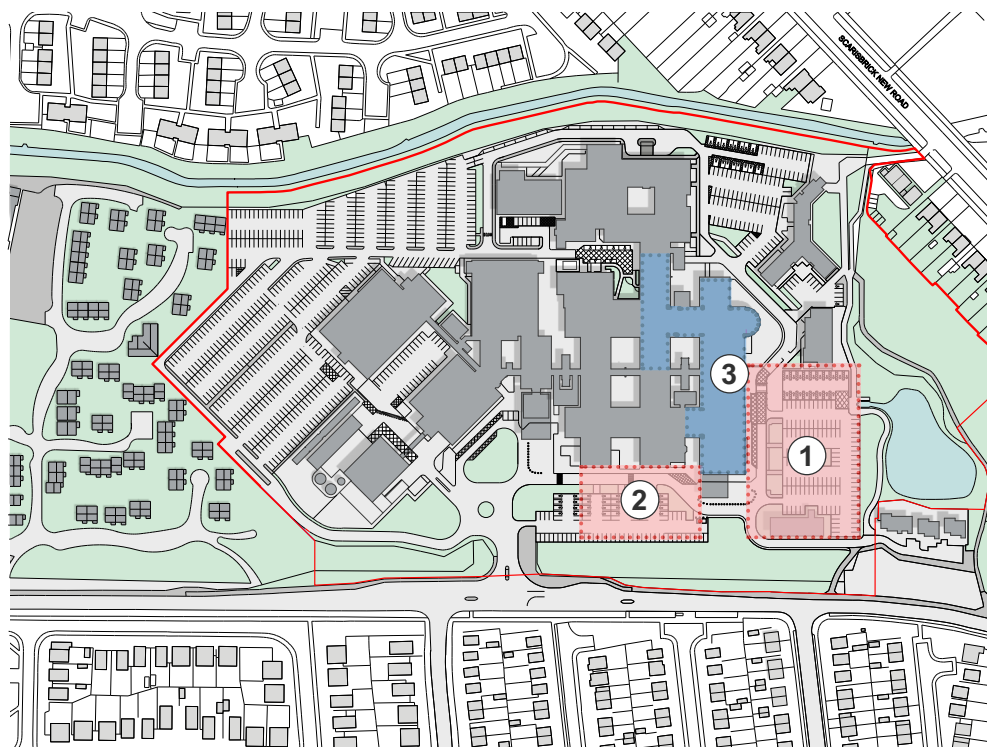


Figure 13

1.11 Southport Hospital Site Opportunities (1:1250)

NEW BUILD/REFURB OPPORTUNITIES

1. Development east site area
 - Predominantly at grade parking at present
 - Underutilised low level buildings with non-clinical function
 - Located close to existing ED
 - Substantial distance from residents with built precedent of existing buildings
 - Limited parking loss/to be replaced
2. Build on car park D
 - Prominent front site
 - Located adjacent to imaging and existing ED
 - Limited parking loss/to be replaced
3. Relocate existing outpatients and refurbish for UEC
 - Existing building
 - Direct road access
 - Within existing hospital
 - Located adjacent to imaging



- New Building Opportunities
- Refurbishment Opportunities

When evaluating the potential costs for new-build options, it became evident that, although preferable due to minimal disruption, the resources required to construct a new ED would be significantly greater than those needed to refurbish the existing estate. Consequently, the new-build option was discounted during the pre-hurdle criteria appraisal (see Section 5.3).

Refurbishing the existing estate aligns with the rationale and commitments outlined in the transaction business case to integrate Southport and Ormskirk District General Hospitals with St Helens and Knowsley Teaching Hospitals in the formation of MWL.

Should capital become available for a new-build option, the programme would reassess the available options.

6.2.2. Consideration of clinical co-dependencies

As outlined in section 4, several clinical services and departments would need to be relocated to support a co-located ED. The extent of these relocations varies significantly between the options. Based on the clinical co-dependency requirements from the national clinical senate recommendations, the table below details the number of services that are 'missing' from each site and would need to be either fully or partially relocated to support the ED. It also specifies the square meterage required on-site to provide the necessary ED support.

This information has been utilised in the subsequent sections to explore the total space required, estate configuration options, cost implications and time to deliver.

Table 7

Each of the codependencies have been categorised into the 4 categories:

Must be located with ED

Service should come to patient - patient transfer not appropriate

Ideally on the same site

Does not need to be on the same site

Codependencies for Emergency Departments	Missing from Southport	Missing from Ormskirk	Required Area - Southport (m2)	Required Area - Ormskirk (m2)
Acute and general medicine		x		514
Elderly medicine		x		514
Respiratory medicine		x		798
Medical Gastroenterology		x		475
General surgery				
Trauma and Orthopaedics (separate)				
Critical Care		x		515
General anaesthetics				
X-ray and diag US / CT & MRI Scan				
Urgent diag haem and biochem		x		980
Occupational therapy / Physio therapy				
Liaison psychiatry		x		See OPD*
Gynaecology				
Acute (non-specialised) Paediatrics and Paediatric Surgery	x		893	
Endoscopy				
Acute Cardiology		x		See OPD*
Acute Oncology		x		See OPD*
Palliative Care		x		1690
Clinical microbiology		x		721
Urology (in-patient)				
Interventional Radiology (not 24/7)		x		Not required on same site
ENT (Outpatient)				
Diabetes & endocrinology (inpatient)		x		
Ophthalmology (outpatient)				
SALT & Dietetics		x		See OPD*
Neurology (Outpatient & in-reach)		x		Not required on same site
Dermatology (outpatient & in-reach)		x		See OPD*
Total			893 m2	7,242m2

*Outpatient Department (OPD)

For smaller codependencies, these have been combined into a single new Outpatient Department (OPD) to reflect the current scenario at Southport. This is sized at 1035m2.

6.2.3. Parking

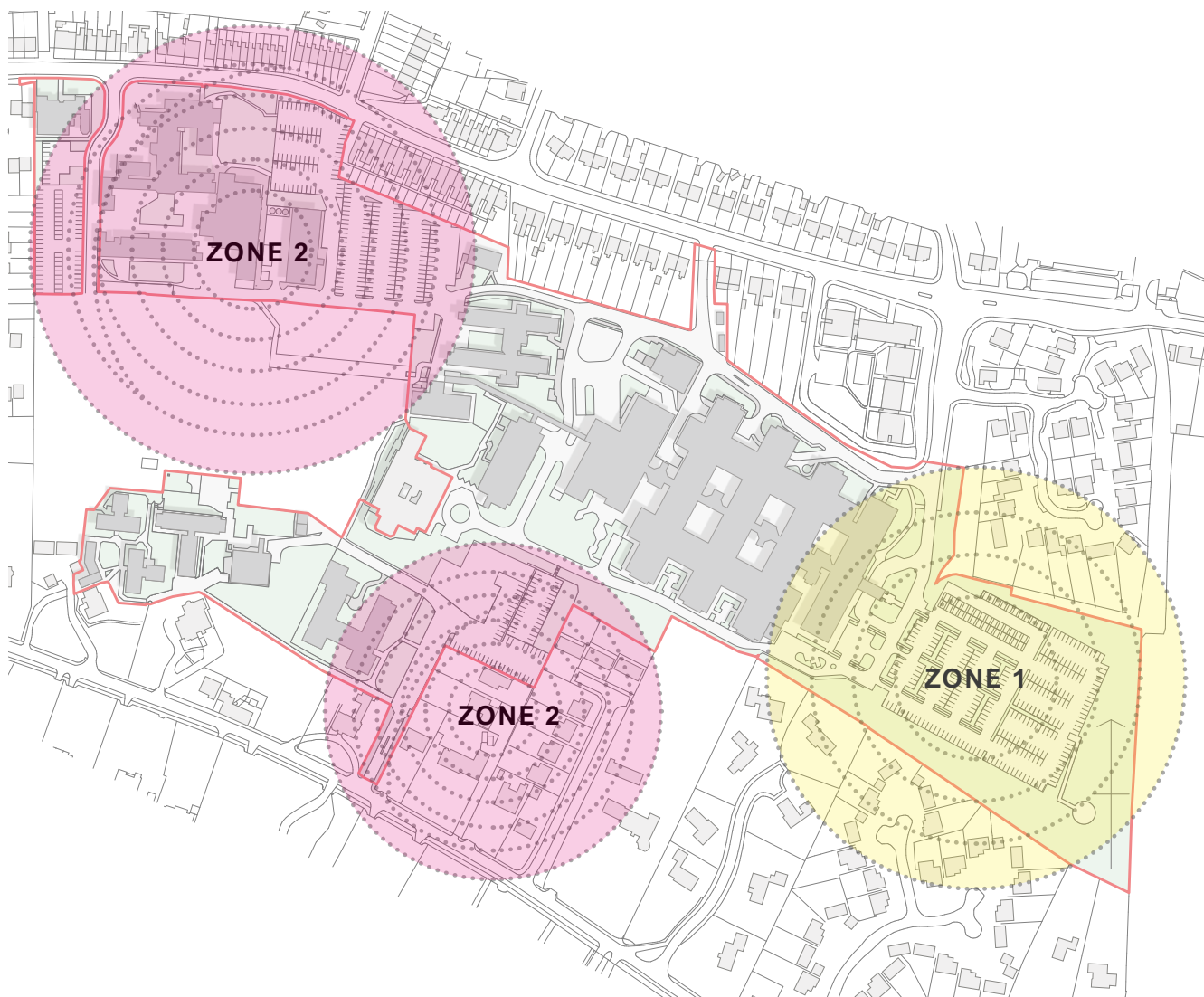
Following feedback from our pre-consultation engagement listening events, a comprehensive review of existing parking facilities and vehicle flow across both hospital sites has been conducted.

Ormskirk District General Hospital offers a total of 714 parking spaces across four car parks. Southport and Formby District General Hospital provides a total of 926 parking spaces across six parking areas. When evaluating parking configuration opportunities, consideration has been given to the different user groups through a zonal system to determine the optimal locations for additional parking capacity. Given that both hospitals are situated in residential areas, opportunities for expanding parking capacity are limited. Consequently, adding a decked car park is likely to be the most effective solution to provide sufficient parking capacity.

Ormskirk District General Hospital

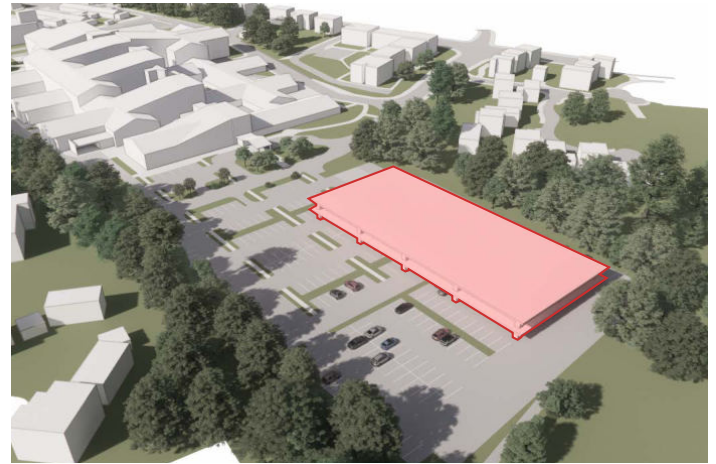
For Ormskirk District General Hospital, the majority of patients utilise parking facilities in zone 1 of the diagram below, with ambulances and staff requiring access to the parking facilities in zone 2.

Figure 14



Zone 1 could provide enough space for a double deck car park with approximately 100 spaces per level, with a visual of what this could look like in the image below.

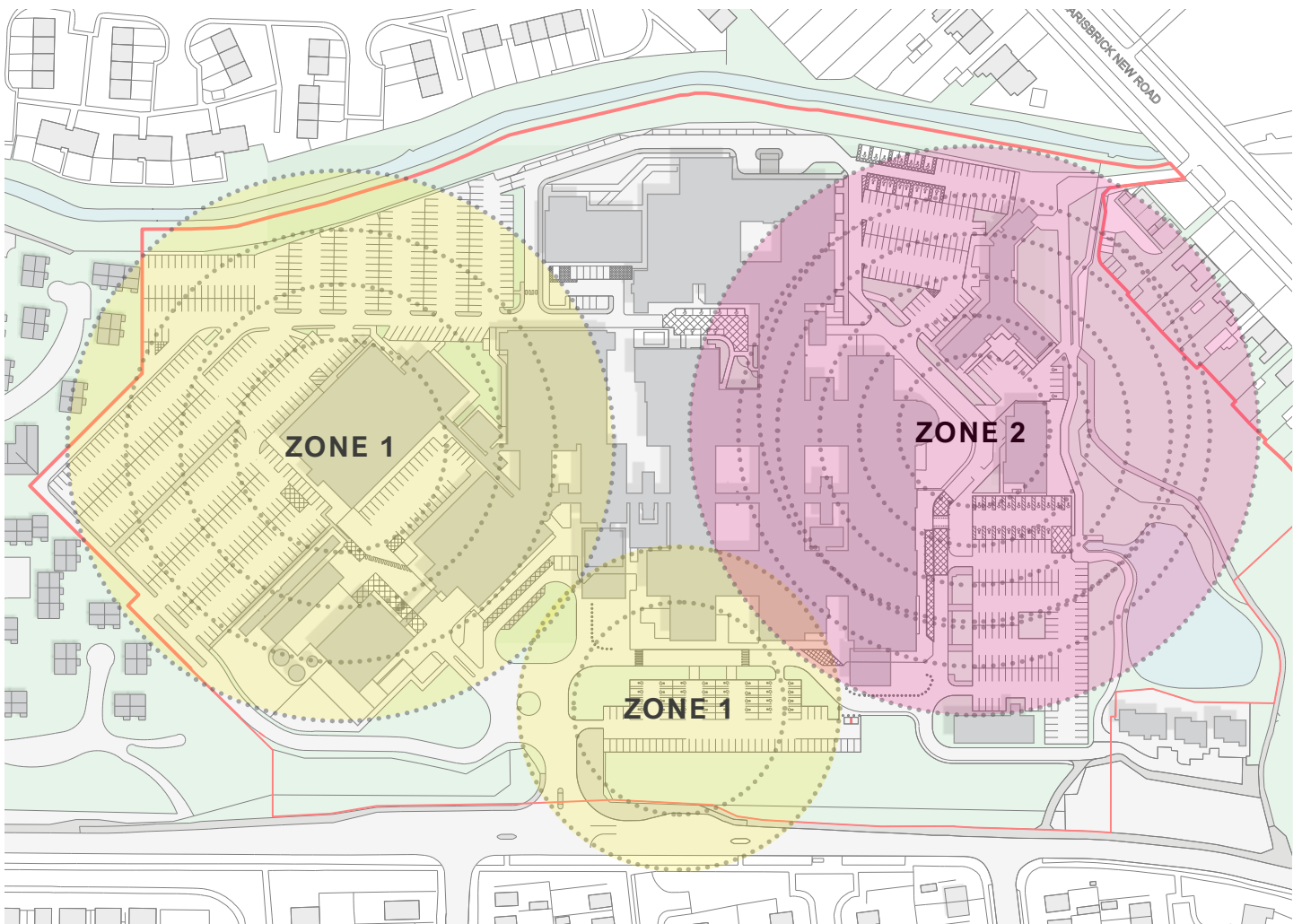
Figure 15



Southport and Formby District General Hospital

At Southport and Formby District General Hospital, patients currently utilise a variety of parking facilities. The diagram below illustrates a proposed change, focusing on directing patients to access parking exclusively in Zone 1.

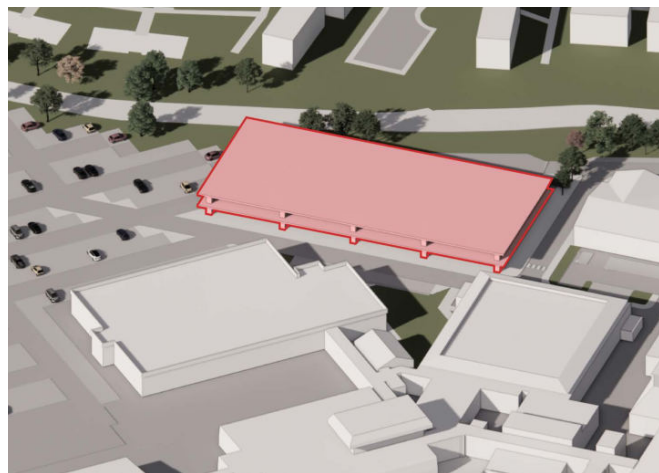
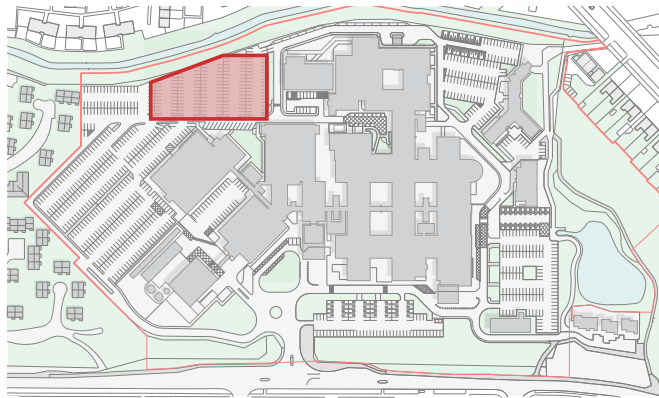
Figure 16



By focussing on zone 1, there would be two opportunities for additional decked car parking facilities as shown below with up to 266 additional parking spaces.

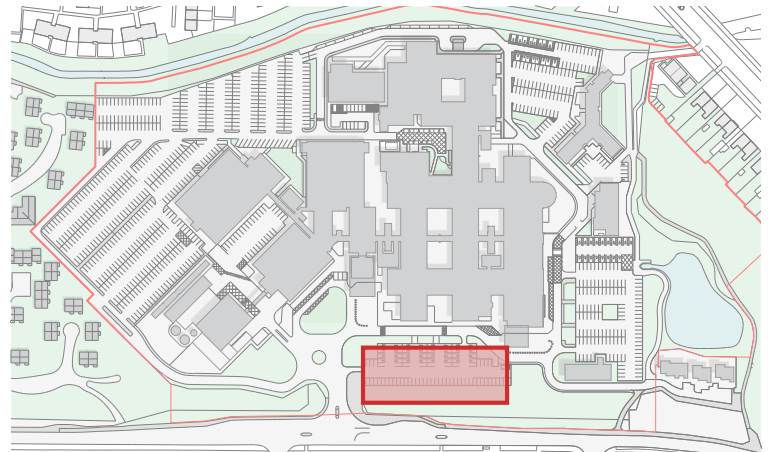
Figure 17

Scenario 2 MSCP - North Car Park Double Deck approx 100 spaces per level - 200 Total



Scenario 2 is to provide an additional 2 decks to the north car park to provide an additional 200 spaces of parking (approximately). This is located on the proposed public side of the site. This would be compatible with all proposed options for ED redevelopment/expansion.

Scenario 4 Surface Car Park - South Car Park - 153 spaces in total, 66 additional spaces from existing



Option 4 is to extend and replan the existing south car park that would provide additional 66 spaces. This is located on the front side of the site.

6.2.4. Estate configuration – Ormskirk District General Hospital option

To co-locate the ED and the aforementioned co-dependent clinical services (Section 6.2.2), a total clinical area of 8,757m² would need to be constructed or refurbished. This would significantly impact the existing clinical service delivery across the site, with 1,500m² required for the adult ED and an additional 7,242m² to accommodate the relocation of the co-dependent clinical services. The refurbishment costs associated with this project are detailed in the next section.



6.2.5. Estate configuration – Southport and Formby District General Hospital option

The co-location of the ED and additional codependent clinical services, as described in Section 6.2.2, requires a total clinical area of 1,789m² to be constructed or refurbished. Although still significant, the space required to support clinical dependencies is much lower than the Ormskirk option, resulting in less disruption to other clinical services.

6.2.6. Deliverability

The space required for refurbishment and the number of co-dependent clinical services needing relocation vary significantly between the two co-location options. This discrepancy in costs will lead to considerably more disruption in clinical service provision under a co-location of EDs at Ormskirk District General Hospital compared to Southport and Formby District General Hospital and will take considerably longer to deliver.

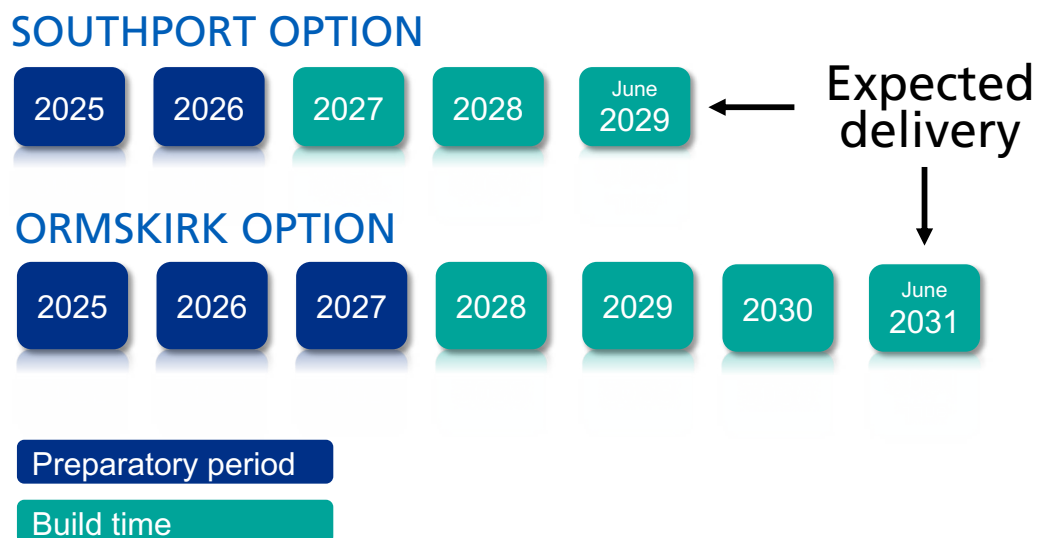
In addition to changes in estate configuration, with a minimum of seven services needing to move to Ormskirk if EDs are co-located there, increased workforce consultation will be required to support changes in staff working locations. This includes assessments of clinical configuration options (e.g., single site or across site configuration) and potential consultations with commissioners and the public on changes to clinical services.

Co-location at Southport and Formby District General Hospital, although still requiring changes in both estate and clinical provision, is significantly less disruptive than the option to co-locate at Ormskirk District General Hospital.

Figure 18 describes the differences between the deliverability timeframes between the two options. Please note that this is an indication of deliverability for estates planning. The implementation plans for co-dependent services will also need to be reviewed which could likely extend timescales for plans that require significant movement of co dependencies.

Figure 18

Deliverability: Timescale



6.2.7. Cost summary

The table below describes the cost of refurbishment of clinical areas and provision of additional parking facilities for the two options. They do not include costs to relocate displaced clinical services.

Table 8

Description	Ormskirk District General Hospital ED co-location (£'000)	Southport and Formby District General Hospital ED co-location (£'000)
Refurbishment providing co-located ED services	£19,351	£16,203
Refurbishment for clinical co-dependency requirements	£62,731	£7,140
Additional car parking	£9,247	£9,791
Total Cost	£91,329	£33,136

6.2.8. Finance summary

There are two key financial impacts from the co-location of ED services across the Southport & Formby and Ormskirk footprint.

Firstly, the consequential impact from this co-location and the resulting savings from improved workforce dynamics, as described in Section 6.1. Secondly, the capital implications from reconfiguring the hospital estate to support the co-location of adult and paediatric services.

Revenue cost savings

By co-locating services and enhancing the working environment (both physically and structurally), the improved retention of staff, coupled with reduced reliance on agency or expensive short-term locum doctors, will result in an annual saving of approximately £1.5 million in the running of the co-located EDs compared to the current expenditure rate.

Capital costs

The business case for the integration of Southport & Formby and Ormskirk District General Hospitals NHS Trust with St Helens and Knowsley Hospitals Teaching Hospitals NHS Trust into MWL included several key themes and assumptions that the options will support. Key drivers included optimising the use of existing facilities and improving the quality of estates across both hospital sites.

The business case committed to involving partners across the health economy in delivering sustainable services for the population and included the following:

'There is a need for robust agreements and resourcing by commissioners to establish adequate access to care for patients in the Southport, Formby and West Lancashire areas, compared to those in the Liverpool area. STHK have recognised that the new trust will need the support of key system stakeholders including the ICB and NHS England to deliver the reconfiguration changes that are required. There is also a recognition that capital investment will be required to deliver effective clinical reconfiguration for the new trust.'

The transaction business case had the full support of the system and outlined a vision for the reconfiguration of sustainable services. Providing co-located EDs will significantly contribute to ensuring that the clinical service model is sustainable from both a workforce and financial perspective.

It is clear from the analysis and commentary within this PCBC that the cost for co-located urgent care services that meet clinical requirements is significant. While the original SCT programme's circa £1 billion proposal for a new hospital development was not feasible, and the programme does require capital support to facilitate the changes across the footprint, the level of capital required to support the reconfiguration of clinical services, as described in this paper, is much lower than previous SCT programme proposals, at £33 million for co-location at Southport & Formby and £91 million for co-location at Ormskirk.

The route to funding will be through national funding via the SOC in line with national guidance. As described in NHS England²⁴ and HM Treasury²⁵ guidance, a SOC is the initial stage in the capital approval process. It establishes the need for change and the rationale behind the proposed intervention, before moving on to more detailed planning and analysis in subsequent stages of the business case development via the Outline Business Case (OBC) and Full Business Case (FBC).

Capital costs:

High Level Cost Plan Summary		
	Description	Total Out-Turn Cost
001 A&E Development Scenarios		
Southport Hospital - ED Relocation	Refurbish SDEC as Walk-in ED + relocate Paediatric ED and inpatients from Ormskirk Hospital	£16,203,454
	Refurbish areas for ED Codependencies	£7,140,000
	Scenario 2 MSCP - North Car Park Double Deck approx 100 spaces per level - 200 Total	£8,141,602
	Scenario 4 Surface Car Park - South Car Park - 153 spaces in total, 66 additional spaces from existing	£1,650,887
Grand Total		£33,135,943

High Level Cost Plan Summary		
	Description	Total Out-Turn Cost
001 A&E Development Scenarios		
Ormskirk Hospital - ED Relocation	Light refresh of Paeds ED + ED relocated from Southport with new entrance extensions	£19,350,719
	Refurbish areas for ED Codependencies	£62,731,022
	Scenario 1 MSCP - East Car Park - Double Deck approx 100 spaces per level - Total 200 spaces	£9,247,227
Grand Total		£91,328,968

Further information on key assumptions and exclusion, including percentage of risk and optimism bias can be found in Appendix 8.

²⁴ https://www.england.nhs.uk/wp-content/uploads/2018/03/B0595_addendum-to-planning-assuring-and-delivering-service-change-for-patients_may-2022.pdf

²⁵ https://assets.publishing.service.gov.uk/media/6645c709bd01f5ed32793cbc/Green_Book_2022_updated_links_.pdf

6.3. Activity models

Using 2023 activity data from Southport & Formby and Ormskirk District General Hospital EDs and ECDS data from patients registered with the five main CCG's covering the immediate area (Liverpool, Knowsley, South Sefton, Southport & Formby and West Lancashire) the anticipated activity levels at a co-located ED have been modelled in line with the options outlined in Section 5.

This section outlines the approach to the modelling and provides a high-level overview of the expected activity levels within co-located services at either Ormskirk or Southport and Formby Hospitals and impact on other local facilities.

6.3.1. Key modelling methodology and assumptions

Activity modelling has been completed based on profiling of market share data for Sefton and West Lancashire patients across Cheshire & Merseyside Emergency Care facilities. In addition, severity of injury/ illness (referred to as 'UTC rate') and Local Authority of residence have also been factored in.

In this context, market share refers to the proportion of total patients within a defined geographic area that a specific healthcare facility, such as an Accident & Emergency department, attracts relative to competing facilities. This concept adapts traditional business metrics to healthcare by treating emergency care demand as a 'market' and patient choices as analogous to consumer behaviour.

Market share models incorporate variables like proximity, hospital reputation, wait times, and service quality to predict patient distribution. These factors mirror consumer decision-making in commercial markets, enabling data-driven forecasts of patient flow.

The activity models were developed with reference to the clinical models of care (see Section 4) and the options appraisal process, incorporating support and input from colleagues across the health economy. Contributions from clinical teams at MWL and primary care, as well as colleagues from Alder Hey Children's Hospital NHS Trust, North West Ambulance Service NHS Trust and commissioners were invaluable in ensuring that the models received system-wide input.

Using current activity levels as the foundation, the initial review focused on modelling the additional activity likely within the paediatric service by

re-opening on a 24/7 basis. Subsequently, two scenarios were developed for co-located EDs at either Ormskirk or Southport and Formby District General Hospitals.

Within the modelling, several assumptions have been applied to both co-location scenarios to ensure consistency in the approach. Individual aspects have been tailored according to location and population demographics (full details of all assumptions and modelling guide are available in Appendix 9a and 9b):

- All modelling uses calendar year 2023 data as the baseline for projections.
- Although 24/7 services across both sites are not being considered (as referenced within Section 5), modelling the opening of paediatric services on a 24/7 basis at Ormskirk was undertaken to provide a baseline for paediatric attendances in a 24/7 service.
- The attendance rates for patients at urgent care facilities (urgent treatment centres (UTCs) and walk-in centres (WICs)) during 2023 were used to determine likely behaviours for future years. Both co-location scenarios assume 24/7 access to both adult and paediatric EDs..
- Both scenarios assume that the vacated location will cease to provide emergency care services.
- A review of patient acuity was conducted to determine the proportion of patients that could, in theory, be seen within an UTC. Patients with low acuity are able to be seen within a UTC, but not all choose to do so ("UTC rate" as described in Appendix 9a SCT Attendance Modelling Guide).

Following the initial site-agnostic assumptions, activity was forecasted based on expected patient behaviours in each geographical area. Activity for all urgent care services across the patient population of Southport, Formby and West Lancashire was used in the modelling, along with key patient groups that attend services within the legacy Southport and Ormskirk District General Hospital catchment area.

Growth in activity has been applied in line with historic Trust averages: 1.5% for adult ED attendances, 2.7% for paediatric ED attendances, and 1.5% for UTC attendances. ONS population growth to 2027 estimates Sefton to be 1.1% and West Lancashire 1.1%, with 2032 projection in Sefton 2.4% and West Lancashire 1.9% (SHAPE Atlas²⁶).

Consideration has been given to changes in populations across Sefton and West Lancashire with consultation of the Sefton Housing Strategy 2022-2027²⁷ and the West Lancashire Housing Strategy 2024-2029²⁸. Also recognising that the Ministry of Housing, Communities and Local Government published guidelines in December 2024²⁹ for significant increases to local housing targets with Sefton increasing from 578 per annum to 1,466 (154%) and West Lancashire from 166 to 605 (264%). Once local councils allocate land for developments then consideration will be given to the impact on local ED services.



²⁶ <https://shapeatlas.net/>

²⁷ [Sefton Housing Strategy 2022 to 2027](https://sefton.gov.uk/media/10000/Sefton-Housing-Strategy-2022-to-2027.pdf)

²⁸ <https://democracy.westlancs.gov.uk/documents/s36017/Appendix%20A%20-%20Housing%20Strategy%202024-2029%20MASTER%20-%20Draft%2011.1.24.pdf>

²⁹ [National Planning Policy Framework](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115442/National_Planning_Policy_Framework.pdf)

6.3.2. Activity profiles

When modelling the activity for the co-location of ED services at Ormskirk or Southport, several variables were considered to determine changes in patient behaviour regarding which ED they are likely to attend. The baseline for these models is 2023 and activity data with forecast growth rate is shown in the table below.

Table 9

Do nothing			
Month	Southport ED	Ormskirk ED	Total
Year 1	56980	31548	88528
Year 2	57835	32400	90235
Year 3	58703	33274	91977

From this data, key demographic indicators such as age, sex, electoral ward, deprivation levels, and ethnicity were reviewed.

6.3.2.1. Co-located ED at Ormskirk District General Hospital

Co-location at Ormskirk necessitates an adjustment from the do nothing/business as usual scenario to account for changes in patient preferences regarding which ED they may choose to attend. A key factor in this is the geographic location of the services provided. In this scenario, patients from Southport will not have the option to attend a local UTC, as the nearest one is at Ormskirk. Consequently, a reduction in adult attendances by approximately 25% has been modelled, resulting in 42,000 attendances per year. A significant proportion of patients are likely to seek treatment at either Aintree Hospital or Royal Albert Edward Infirmary EDs.

Conversely, there would be a slight increase in paediatric attendances due to the availability of services on a 24/7 basis, with attendances increasing by 3% compared to current activity levels.

Table 10

Option 1 – Co-location at Ormskirk breakdown			
Month	Ormskirk ED – adult	Ormskirk ED - paed	Ormskirk ED Total
Year 1	42,231	33,032	75,263
Year 2	42,864	33,924	76,788
Year 3	43,507	34,840	78,347

Table 10 shows modelled activity for Option 1 – co-location at Ormskirk over the next 3 years, split by adult and paediatric attendances.

6.3.2.2. Co-located ED at Southport and Formby District General Hospital

In this option provision for both adult and paediatric services would be co-located at Southport. Adult attendances remain broadly unchanged from the do nothing/business as usual scenario. However, with a change in the clinical setting for paediatric services, paediatric activity has been reviewed through two main lenses:

1. Geographic location of the patient population
2. Acuity levels of patients, to determine the proportion of paediatric patients that could still be seen in a UTC rather than traveling to Southport and Formby District General Hospital's ED.

Table 11

Option 2 - Co-location at Southport breakdown			
	Southport ED adult	Southport ED paed	Southport ED modelled
Year 1	55,907	19,490	75,298
Year 2	56,746	20,016	76,661
Year 3	57,597	20,557	78,052

Table 11 shows modelled activity for scenario 3 – co-location at Southport over the next 3 years, split by adult and paediatric attendances.

6.3.2.3. Impact

Impact on other trusts

As previously described, the location of the co-located ED will inevitably impact other EDs and urgent care facilities within the local health economy.

Co-location at Ormskirk will mean that patients living near Southport and Formby District General Hospital will not have access to urgent care services in their immediate vicinity. The two closest ED departments for these patients are likely to be Ormskirk District General Hospital or Aintree Hospital. The impact on other Trusts in this scenario will predominantly affect adult attendances, as the only change to paediatric services would be their accessibility on a 24/7 basis.

The location of the co-located services will also affect North West Ambulance Service (NWAS) NHS Trust services and the resources required to support patient transfers. The programme is collaborating with the ambulance trust to determine the likely impact of future service configurations.

NWAS provided a detailed report using their own bespoke modelling tool (Optima) to analyse the impact on the ambulance service for co-location at Ormskirk (Option 1) and co-location at Southport (Option 2). The following results were noted in Appendix 10 'NWAS Optima Simulation Report.'

In Option 1 (Ormskirk) an additional 2 hours 9 minutes per day is predicted to be spent on incidents which were altered for this scenario which translates to 2 hours and 54 minutes when looking at the impact on CM North and South Lancashire together.

Vehicles from Southport station are expected to be impacted the most in terms of additional travel distances which are predicted to travel an additional 116.8 miles per day with Formby and Preston doing an additional 45.2 and 37 miles respectively.

For Option 2 (Southport) an additional 42 minutes 14 seconds per day is expected to be spent on the altered activity by vehicles in this scenario. A minimal impact on travel distances is predicted in this scenario with South Lancs vehicles expected to travel an additional 15.4 miles per day when compared to the baseline

Impact on primary care

Following engagement and input from primary care leads across Sefton and West Lancashire, there was a recognition that there would be an impact on primary care. Whilst efforts were made to understand this impact, due to the limited available primary care data, this impact could not be fully quantified at this stage. It was agreed with primary care partners and commissioning leads that an unknown and unintended impact to primary care would be acknowledged as part of the impact assessments (see Section 9).

Co-location at Ormskirk District General Hospital impact

By extending the opening hours of the paediatric service at Ormskirk it will gain a small amount of paediatric activity from neighbouring ED departments which currently provide paediatric services out of hours, notably Alder Hey and Royal Albert Edward Infirmary.

The co-located ED may experience a significant decrease in adult attendances though as patients will need to travel to a different location than current. For some patients, alternative care settings could be more accessible. Consequently, there could be an increase in adult patients attending UTCs, WICs, and alternative ED departments – predominantly at Aintree Hospital, but also at the Royal Albert Edward Infirmary.

The adjacent map shows all emergency care facilities in the area, with a 5km radius of local catchment population.

With Southport removed it demonstrates the immediate competition Ormskirk has from services to the South and East (overlapping circles on the map). This is where competition from UTC's, WIC's and other ED's will come from.

It also shows how isolated the coastal population of South Sefton will become who could be drawn to Aintree.

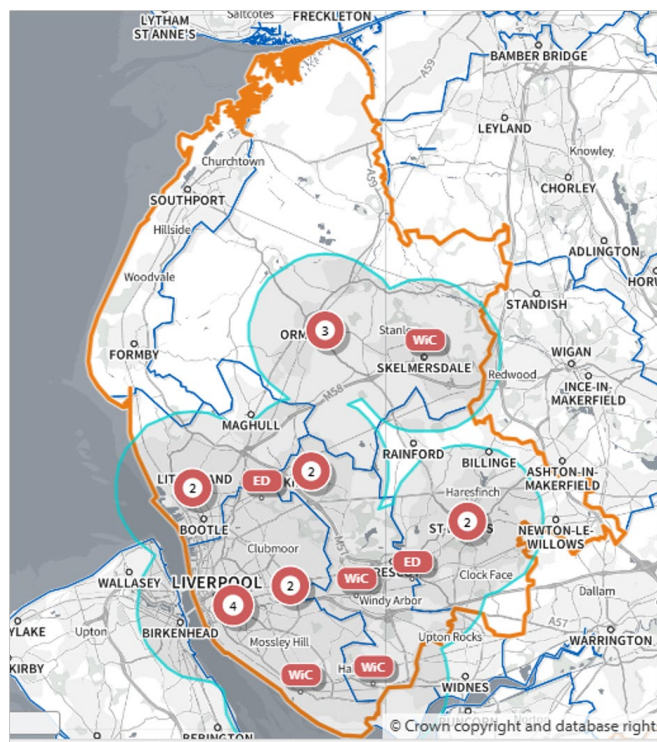


Table 12

	Alder Hey 2023	Alder Hey impact	Alder Hey impact (%)
Total	61,099	-1,193	-2%

Table 12 shows actual ED attendances at Alder Hey (2023) from patients in our five core CCG's data set, with modelled reduction from patients switching to Ormskirk. This is approximately 2 patients per day. This activity is all from the current Ormskirk out of hours period (midnight to 8am), the impact on Alder Hey during this period is 21% of their overnight activity from our patient cohort.

Table 13

	Royal Albert Edward Infirmary current	Royal Albert Edward Infirmary impact	Royal Albert Edward Infirmary impact (%)
Total	4,858	2,846	59%

Table 13 shows actual ED attendances at the Royal Albert Edward Infirmary (2023) from patients in our five core CCG's data set, with impact for overall adult and paediatric patients modelled to attend there rather than Ormskirk. There would be a 67% increase in adult attendances (2,964 attendances or 8 per day), and a 29% decrease in paediatric attendances (-119 attendances or < 1 per day). Overall net increase of 2,846 attendances or 8 per day.

Table 14

	Aintree 2023	Aintree impact	Aintree impact (%)
Total	89,570	6,450	7%

Table 14 shows actual ED attendances at Aintree (2023) from patients in our five core CCG's data set, with the modelled increase from patients who are assumed to choose to attend Aintree rather than travel to Ormskirk. This is approximately 18 patients per day.

Co-location at Southport and Formby District General Hospital impact

The impact on attendances at neighbouring trusts due to co-location at Southport and Formby District General Hospital will be limited to paediatric activity, as there will be no change to the adult service provision.

Given the location and demographics of the population, co-locating services at Southport is expected to alter patient behaviours for a number of paediatric patients. As indicated in the tables above, while a proportion of patients are expected to attend the UTC at Ormskirk, there will be an underlying increase in patients choosing to attend the ED at Alder Hey Children’s Hospital and Royal Albert Edward Infirmary in Wigan.

The adjacent map, again showing all local emergency care facilities with 5km radius catchment area shows how Southport is distinct in the region as it has no immediate competition (no overlapping circles).

It also demonstrates how isolated Southport is which means it is unable to draw in new markets of activity from the West.

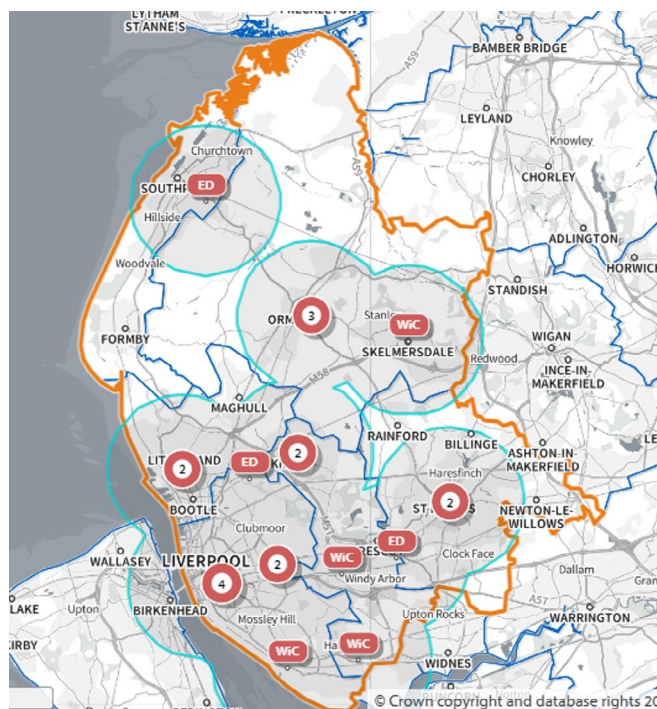


Table 15

	Alder Hey current	Alder Hey additions	Alder Hey impact
Total	61,099	594	0.97%

Table 15 shows actual Paediatric ED attendances at Alder Hey (2023) from patients in our five core CCG’s data set, and the additional number modelled to attend Alder Hey rather than travel to Southport. This is approximately 1-2 patients per day.

Table 16

	Royal Albert Edward current	Additional Royal Albert Edward Infirmary additions	Royal Albert Edward Infirmary impact (paeds)
Total	4,858	448	0.7%

Table 16 shows actual ED attendances at Wigan (2023) from patients in our five core CCG’s data set, and the additional number modelled to attend rather than travel to Southport. This is approximately 1-2 patients per day.

Table 17

	Ormskirk UTC current	Ormskirk UTC additions	Ormskirk UTC impact
Total	32,170	4,974	15.5%

Table 17 shows actual attendances at Ormskirk UTC (2023) from patients in our five core CCG's data set, and the additional number modelled to attend the UTC rather than travel to Southport. This is approximately 13-14 patients per day.

Table 18

	Skelmersdale WIC current	Skelmersdale WIC additions	Skelmersdale WIC impact
Total	18,143	2,269	12.5%

Table 18 shows actual attendances at Skelmersdale WIC (2023) from patients in our five core CCG's data set, and the additional number modelled to attend the WIC rather than travel to Southport. This is approximately 6 patients per day.

An area with potential positive impact, which has not yet been modelled, is the benefit of co-locating acute surgical services with a paediatric ED. This is likely to enhance the patient experience within the paediatric service, as patients can be treated on the same site where they are admitted, eliminating the need for relocation to a surgical site. This is expected to alleviate some inpatient burden from patients currently transferred to Alder Hey Children's Hospital.



Key summary:

The modelling shows that the impact of co-locating services at Ormskirk District General Hospital would be more disruptive to both patients and the local health system than a co-located service at Southport and Formby District General Hospital due to a number of key factors:

- Patient population and activity for adult ED is predominantly from the Southport Coastal area
- Adult ED activity is significantly higher than paediatric activity

7. Stakeholder engagement

7.1. Stakeholders

Table 19 provides a list of key stakeholders from which the communications and engagement was planned; which was reviewed continuously and added to as and when new stakeholders were identified.

Table 19

Type	Stakeholders
Primary Care	<ul style="list-style-type: none"> • Sefton GP Group • West Lancashire GP Leadership
Clinical	<ul style="list-style-type: none"> • Primary care clinicians • Secondary care clinicians • Allied Health Professionals
Councillors and local authority	<ul style="list-style-type: none"> • Sefton Council • Lancashire County Council • West Lancashire Borough Council
Media	<ul style="list-style-type: none"> • Local and regional media outlets
MPs	<ul style="list-style-type: none"> • MPs representing constituents in Southport, Formby and West Lancashire
Overview and scrutiny committees (local authority)	<ul style="list-style-type: none"> • Lancashire HOSC • Sefton HOSC
Public	<ul style="list-style-type: none"> • General public in Southport, Formby and West Lancashire • Registered patients with GP Practices in Southport, Formby and West Lancashire
PALS, Complaints and FOIs	<ul style="list-style-type: none"> • NHS Cheshire and Merseyside ICB • NHS Lancashire and South Cumbria ICB • Mersey and West Lancashire Teaching Hospitals NHS Trust
Regulators	<ul style="list-style-type: none"> • NHS England
Service users and carers	<ul style="list-style-type: none"> • People accessing health and care services and their carers
Staff	<ul style="list-style-type: none"> • MWL and ICBs
Trusts and other healthcare providers	<ul style="list-style-type: none"> • MWL NHS Trust • Mersey Care NHS Foundation Trust • University Hospitals of Liverpool Group • Alder Hey Children's NHS Foundation Trust • North West Ambulance Service NHS Trust • HCRG Care Group (provide UTC/ WIC provision as well as community service provider in West Lancashire) • Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Voluntary and third sector	<ul style="list-style-type: none"> • Healthwatch • ICB patient groups • Local charity groups • Community groups • Campaign groups • Local interest groups • Sefton CVS • West Lancashire CVS

7.2. Approach

Stakeholder engagement is essential and one of the four tests set out by government guidance for service change. To ensure the programme met this requirement, a robust communications and engagement strategy was developed to support the programme. This can be found in Appendix 11. The pre-consultation engagement was carried out collaboratively by NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, and Mersey and West Lancashire Teaching Hospitals NHS Trust. All participating organisations gave full and conscientious consideration to the responses received.

7.3. Engagement: staff, local authorities, providers, patients and public

Staff:

The MWL staff possess an intrinsic understanding of the NHS, frequently interacting with patients and shaping their experiences. This unique insight is further enriched by the fact that staff members are also part of the communities we serve and sometimes become patients themselves. The engagement provided invaluable perspectives on how we enhance urgent and emergency care services. Staff engagement activities included:

- **Trust Brief Live:** Regular all-staff briefing sessions with programme updates.
- **Online workshop:** A dedicated hour-long session for staff to ask questions and share their views.
- **Staff drop-in sessions:** Informal events held during lunch hours at the restaurant entrances of our Southport and Ormskirk sites, similar to our public roadshows, to raise awareness and engage staff in conversation.

Local authorities:

The programme consistently engages with and provides updates to local Members of Parliament, councillors, and local authority officers. Additionally, the programme has periodically attended the HOSCs of both Sefton

and Lancashire Councils providing an update of the programme, as well as agreeing that the proposed options constitute as substantial change. Maintaining these strategic relationships with elected representatives and appointed officials was crucial to the programme's success. See Section 10 for further information around engagement with HOSCs.

Providers:

Given the potential impact on surrounding healthcare providers, the programme has maintained ongoing engagement with partner NHS organisations. These included:

- MWL clinicians
- MWL nursing leads
- MWL A&E staff
- MWL operational leads
- MWL executives
- NHS Cheshire and Merseyside ICB clinical leads (inc. primary care)
- NHS Cheshire and Merseyside ICB commissioning and operational leads
- NHS Cheshire and Merseyside ICB executives
- NHS Lancashire and South Cumbria ICB clinical leads
- NHS Lancashire and South Cumbria ICB commissioning and operational leads
- NHS Lancashire and South Cumbria ICB executives
- HCRG Care Group Ltd (Ormskirk UTC and Skelmersdale WIC provider)
- MerseyCare NHS Foundation Trust
- Alder Hey Children's Hospital NHS Trust
- North West Ambulance Service NHS Trust
- University Hospitals of Liverpool Group
- NHS England Specialised Commissioning
- Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust

This included participation in the SCT Clinical UEC sub-group, involvement in the appraisal of options through hurdle and evaluation criteria workshops, and ad-hoc meetings with provider leads to update on programme progress.

Primary care:

General practitioners (GPs) across primary care in Sefton and West Lancashire have been engaged throughout the programme. This engagement has included involvement in programme workstreams, participation in the pre-consultation engagement and options appraisal process, as well as regular updates through GP bulletins, GP forums, and place urgent care boards where primary care is represented.

Patients and public:

A comprehensive plan of public engagement events was developed to ensure that any future redesign of services aligns with the needs of the communities we serve. This plan was designed to:

- **Listen** to concerns, views, perspectives, and ideas.
- **Inform** the public about the programme's scope, objectives, phasing, and ways to get involved.
- **Engage** through question and answer (Q&A) sessions, surveys, suggestion cards, and live conversations.
- **Record** views, suggestions, and lived experiences.

Recognising that different people engage in different ways, we tailored our events to include public meetings, online webinars, public roadshows, and focus groups to accommodate various preferences. Public events were held in various locations, including Ormskirk, Southport, Skelmersdale, Formby and Banks, and online through webinars. Specific events included:

- **Public meetings:** we hosted a series of four in-person public events in local community settings, offering attendees the chance to hear from, and put questions to, senior NHS leaders about the programme. These took place in Ormskirk, Southport, Formby and Banks.
- **Public roadshows:** we organised two drop-in sessions in busy public shopping centre areas in Skelmersdale and Southport, helping to inform, raise public awareness, gather views

and encourage further participation. Events were publicised in advance, however, most conversations at these events were with people in-passing.

- **Online webinars:** We offered two online public meetings, catering for people who were unable to attend one of our in-person events.
- **Focus groups:** Targeted focus group discussions were arranged by invitation with staff, public and patients, and with community and voluntary sector groups.

We aimed to ensure not only the provision of engagement opportunities but also the facilitation of meaningful conversations. This required an effective and widespread communications campaign designed to reach all audiences. The engagement programme was promoted through local radio and newspaper advertising, social media, email marketing, and on posters, leaflets, and screens across Southport and Ormskirk District General Hospital sites.

Our network of voluntary and community groups played a crucial role in raising awareness and driving participation. Offline promotion included:

- Advertising screens and posters on hospital sites
- Local newspaper advertising
- Pharmacy bag advertising
- Leaflets available in main public areas across hospital sites.

Digital promotion included:

- Programme website
- Targeted social media advertising
- Newsletter updates
- Staff magazine and intranet
- Local media reporting

The key engagement metrics can be seen below:

Digital	Offline	In-person
Survey 2,930 responses	Radio ads Smooth NW 800,000 reach	Staff & public roadshows 600+ live conversations
Website 11,000+ visitors	Printed Case for Change 1,000 distributed	Public meetings 5 meetings 200+ attending
Social media ads 101,600 reach 3,413 clicks	Pharmacy bag ads 54,000 bags	Focus groups 5 sessions with patients, staff and voluntary, community, faith and social enterprise groups
Digital documents 1,200+ downloads	Newspaper ads Liverpool Echo & Ormskirk Advertiser	

In addition to this, Healthwatch Sefton, Healthwatch Lancashire, Sefton CVS and West Lancashire CVS have been engaged throughout the programme via the SCT Communication and Engagement Steering Group and SCT EPAG, as well as invitations to the public and online events and the options appraisal workshops.

A full report of the programmes engagement can be found in Appendix 12.

7.4. Key themes

Following the 10-week period of pre-consultation engagement, the following key themes were identified:

- Transport links are a barrier to access, especially in low car owning and more deprived areas.
- Future services needs to consider population change / new housing developments.
- People want A&E services close to where they live.
- Some people asked for a (24/7) walk-in-centre/ urgent treatment centre in their area.
- People said they often go to A&E because they can't get a GP appointment, and that primary care could do more to reduce the burden on A&E.
- Children's A&E should be 24 hours – Alder Hey should not be the closest overnight service.
- The programme must consider how to increase and retain the NHS workforce.
- People suggested that GPs may be referring non-emergency patients to A&E.
- The programme needs to communicate better and more widely (digitally and offline).
- Many people suggested collocating urgent and emergency services together on hospital sites.
- We need better provision of community services.
- Technology and artificial intelligence (AI) can harness improvements / efficiency gains.
- More joined up records and better systems integration would help improve efficiency and reduce waste.
- Ambulance services need further investment - current waiting times are putting patients at risk.
- Care for rural communities must be considered.



7.5. “You said, we did” table

All stakeholder feedback received, with the exception of survey responses, was recorded in our engagement log (see Appendix 13). This includes points noted, or submitted by comment cards, at our roadshows, public meetings and staff events, and all direct contact received either by post, email, phone or via the programme website.

We sometimes refer to the engagement log as our You said, we did tracker, because it not only shows the inputs received, but also indicates how the programme responded, and how contributions fed into the process of developing a long list of service options for appraisal. The types of input received can broadly be categorised as follows:

- Points relating to the engagement and pre-consultation process and in particular the extent to which the programme had been advertised in a way that allowed for broad participation. The log shows how, in many cases, the programme’s communications activity was adapted to address stakeholder input received.

- Points relating to the current provision of UEC services, many of which will provide insight and guidance during the implementation phase. A number of these offered views on how services are managed and where improvements could be secured.
- Points regarding the accessibility of services and in particular the importance of considering transport when assessing the impact of possible service change on local populations.
- Points relating to the provision of NHS services other than UEC, which were responded to as ‘out of programme scope’ enquiries.

However, the greatest number of log entries offered views on how and where future UEC services should be offered. These were analysed alongside our qualitative survey response data. This analysis underpinned the development of the full list of possible service options which was subsequently appraised using agreed criteria at two workshop sessions in November 2024, as outlined in Section 5.

8. Government and NHS England five tests

NHS England's service configuration guidance outlines the Government's four tests for service change, along with an additional fifth test from NHS England, that all must be met to ensure that changes are in the best interests of patients and the public. These tests are:

1. **Strong public and patient engagement:** Proposals must demonstrate that there has been meaningful engagement with patients, the public, and local stakeholders. This ensures that the voices of those affected by the changes are heard and considered.
2. **Consistency with current and prospective need for patient choice:** The proposed changes should align with the need to offer patients choices about their care. This includes ensuring that any reconfiguration does not limit the options available to patients.
3. **Clear clinical evidence base:** Any proposed changes must be underpinned by a robust clinical evidence base. This means that the changes should be supported by clinical research and data demonstrating that they will improve patient outcomes.
4. **Support for proposals from clinical commissioners:** The proposals must have the backing of clinical commissioners, such as ICBs. This support is crucial as it indicates that those responsible for commissioning services believe the changes will benefit patients.
5. **Significant reduction in bed numbers:** The NHS England fifth test for major service change requires that any significant reduction in hospital beds must be justified by evidence of sufficient alternative services, reduced demand through new treatments, or improved bed efficiency.

These tests are designed to ensure that service reconfigurations are well-planned, evidence-based, and have the support of both the public and healthcare professionals.

8.1. Strong public and patient engagement

Under the NHS Act 2006³⁰, we are obligated to ensure the involvement of individuals who use, or may use, our services in the following areas:

- **Planning the Provision of Services:** Engaging with service users in the planning stages to ensure their needs and preferences are considered.
- **Developing and Considering Proposals for Service Changes:** Involving service users in the development and evaluation of proposals for changes to service delivery, particularly when such changes would impact the manner or range of services provided.
- **Decision-Making on Commissioning Arrangements:** Ensuring that decisions affecting commissioning arrangements, which may impact service delivery or the range of available services, involve input from service users.

Throughout the programme, robust public and patient engagement has been a priority. This engagement has included comprehensive pre-consultation engagement, supporting the development of hurdle and evaluation criteria, via by the SCT EPAG, and participation in options appraisal workshops. Further details on public and patient engagement can be found in Sections 5 and 7.

³⁰ Legislation.gov.uk (footnote 10)

8.2. Consistency with current and prospective need for patient choice

When a range of clinically appropriate and evidence-based treatments are available on the NHS, we have a duty to ensure that individuals can choose the care that best suits their needs, supported by information about the benefits and risks. For instance, patients can select any NHS organisation within England for their first outpatient appointment with a consultant or specialist. Additionally, in urgent and emergency care, patients have options such as choosing to visit an urgent care centre, walk-in centre or minor injuries unit for less severe issues, or an emergency department for life-threatening illnesses or accidents, and using the NHS 111 service to get advice on the most appropriate care. These requirements are outlined in the NHS Choice Framework³¹.

In developing our potential options and proposed preferred option, we have consistently aimed to ensure that individuals will continue to have access to the right treatments, at the right place, and at the right time, with treatment choices offered as a standard practice, except where clinically inappropriate or unfeasible. However, choices may need to be constrained based on clinical safety or value for money or affordability, within the resources available to clinical commissioners in Southport, Formby, and West Lancashire. The SCT programme is committed to ensuring that residents in these areas have access to high-quality care within a financially sustainable healthcare system.

8.3. Clear, clinical evidence base

Clear, clinical evidence has been at the centre of the programme and is further detailed in Section 4. The reconfiguration is grounded in independent reviews (Deloitte, KPMG, and Clinical Senates) that identified workforce, safety, and financial challenges. The clinical models, developed in line with NHS England Emergency Care guidance, RCEM and RCPCH standards, NICE guidance, and CQC frameworks, align with national best practice. Through collaboration with ICBs and urgent care providers, the programme has established a clinically robust model, approved by key oversight groups to ensure evidence-based, high-quality emergency care.

To demonstrate compliance, the programme has conducted an evidence-based analysis in developing its models, has incorporated input from clinicians across primary care, secondary care, mental health, and community services in Southport, Formby, and West Lancashire. The PCBC highlights strong clinical leadership and engagement, outlining the impact of proposed changes on typical patients while identifying associated risks and benefits. The clinical models address critical service gaps, particularly the absence of 24/7 paediatric emergency care, by integrating adult and paediatric services. This enhances workforce resilience, reduces reliance on temporary staffing, and improves patient outcomes.

Oversight was provided by the SCT Clinical UEC Sub-group, which rigorously tested and validated the proposed clinical models. This group advises, informs, and approves clinical deliverables, offering guidance and direction to the programme. Further information on the clinical evidence base can be found in Section 4.4.

³¹ <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>

8.4. Support for proposals from clinical commissioners

NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB, as the clinical commissioners for Southport, Formby, and West Lancashire, have been actively involved throughout the SCT programme; with NHS Cheshire and Merseyside ICB as the lead commissioner. Their engagement has encompassed the development and review of clinical models and the Case for Change, support and participation in pre-consultation engagement, development of hurdle and evaluation criteria and collaboration in the development of the supporting information for the options appraisal process. Additionally, they have contributed to the development of the Quality Impact Assessment and Integrated Impact Assessment, and the review of the PCBC. Furthermore, a Joint Committee of NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB has been established for both ICBs to collectively make decisions relating to the SCT programme.

The ICBs for Cheshire and Merseyside and Lancashire & South Cumbria have been consistently engaged through regular updates, approval of key documentation, and representation at all levels of the SCT programme governance. Letters of support from NHS Cheshire and Merseyside ICB and Lancashire and South Cumbria ICB can be found in Appendix 14 and 15.

As the commissioners of the North West Spinal Cord Injuries Centre, currently located at Southport and Formby District General Hospital, NHS England North West Specialised Commissioning have also been engaged throughout the programme. This includes membership at the SCT Programme Board and participation as appraisers at the options appraisal evaluation criteria application workshop. Please see letter of support to the programme in Appendix 16.

8.4.1. Support from other providers

It is recognised that decisions made as part of the SCT programme may impact on neighbouring provider organisations; namely Alder Hey Children's Hospital NHS Trust, North West Ambulance Service NHS Trust, Mersey and West Lancashire Trust (including Whiston and St Helen's Knowsley Hospitals), Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust, University Hospitals of Liverpool Group, Merseycare NHS Foundation Trust and HCRG Care Group. In addition to the support received from the clinical commissioners, the programme has also sought support from these partner provider organisations. The providers have been engaged throughout the programme and more information can be found in Section 7.3.

Letters of support from providers that will be impacted from the changes can be found in Appendix 17, 18, 19, 20 and 21.

8.5. Bed closures

Effective from April 1, 2017, NHS England introduced a fifth test for proposals involving significant reductions in hospital bed numbers. Commissioners must provide evidence that they can meet one of the following conditions: ensuring sufficient alternative provisions, such as enhanced GP or community services, are in place alongside or ahead of bed closures with the necessary workforce to deliver them; demonstrating that new treatments or therapies, such as anti-coagulation drugs for stroke treatment, will reduce specific categories of admissions; or presenting a credible plan to improve hospital bed efficiency without compromising patient care, in line with the Getting it Right First Time programme. The SCT programme confirms that it does not plan to close any beds as part of the service reconfiguration, therefore this test is not applicable.

²³ <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>

9. Impact assessments

9.1. Quality Impact Assessment

The Quality Impact Assessment (QIA) was produced with the SCT Clinical UEC sub-group, which consists of clinical, operational and commissioning leads across MWL, NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB; as well as partner provider organisations.

The assessment highlights the potential benefits of improved patient safety, clinical effectiveness, and patient experience, while also noting the risks associated with increased travel times for some patients. Mitigations include providing a shuttle bus service and optimising urgent care centres.

The full detailed QIA can be found in Appendix 22.

9.2. Equalities and Inequalities Impact Assessment

The Equalities Impact Assessment (EIA) was completed in stages. Prior to the commencement of the pre-consultation engagement, a pre-EIA was completed to identify consultation issues linked with protected characteristics and identifies any potential indirect indiscriminate that decision makers need to be aware of. This can be found in Appendix 23.

An Equality and Inequality Impact Assessment (EIIA), derived from comprehensive research and analysis, is designed to ensure the SCT programme gives due consideration to risks affecting individuals with protected characteristics and localities. It also serves to inform the public, service users, staff, and stakeholders about our understanding of these risks. Additionally, it provides a reference point for any party to offer information and guidance if they believe our risk assessment is inadequate or incorrect.

In the context of service reconfiguration, the EIIA aims to identify existing inequalities, incorporate these findings into the design of new solutions, test these solutions to ensure they address any inequalities, and adapt them to mitigate potential risks. Decision-makers are required to give due regard to these risks and ensure, where possible, that they are mitigated.

The analysis process is continuous and begins once a change is deemed necessary. It involves several stages: evaluating the current service for inequalities, gathering insights from service users, staff, and stakeholders to avoid risks, testing and adapting solutions, consulting affected parties on potential risks, and post-implementation testing to ensure no unexpected negative impacts arise that require re-evaluation.

An interim EIIA analysis has been completed which outlines the ongoing EIIA for the SCT programme. Two potential reconfiguration options are under review to ensure equitable, sustainable, and integrated services. Key findings indicate accessibility challenges, particularly for deprived and rural communities, and concerns about travel, transport. The full interim report can be found in Appendix 24.

Furthermore, a full EIIA has been completed to assess the potential impacts of reconfiguring UEC services in Southport, Formby, and West Lancashire. This analysis ensures legal compliance, addresses health inequalities, and incorporates feedback from public, staff, and stakeholder engagements to guide future decision-making.

The EIIA identifies both opportunities and risks associated with the proposed reconfiguration, which involves co-locating both adult's and children's EDs at either Southport or Ormskirk Hospital, with the ED at the other site being closed.

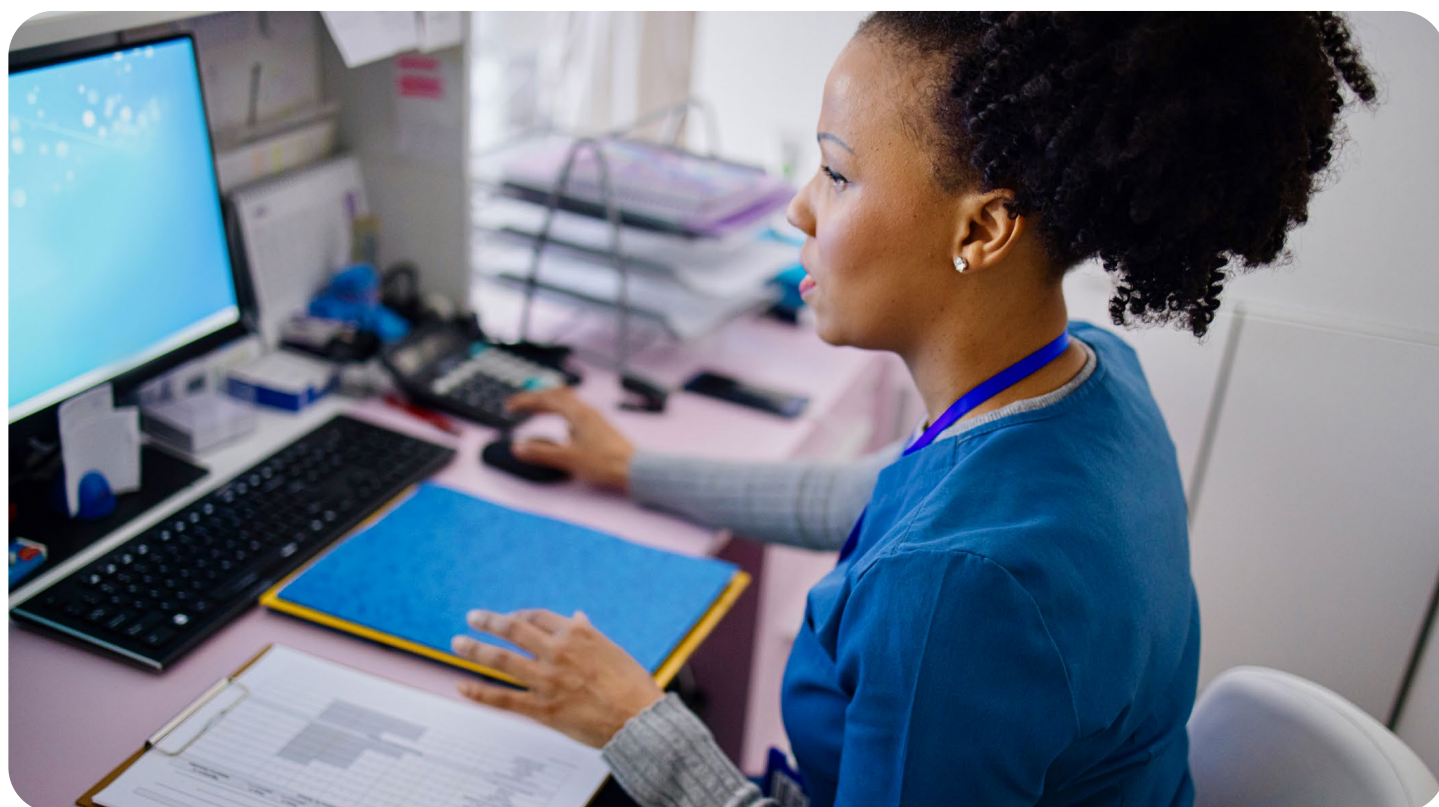
For patients, the most pressing concerns relate to accessibility and equity. Vulnerable groups—including the elderly, disabled individuals, carers, low-income households, and those without private transport—could face increased travel distances and financial burdens depending on the final location. These risks are especially pronounced in Skelmersdale and rural areas with limited public transport. There are also serious concerns about safety and wellbeing, particularly if children are required to share ED waiting areas with adults experiencing mental health crises or substance misuse. Issues such as congested facilities, inadequate parking, and site capacity limitations were frequently raised in engagement feedback.

On the other hand, the reconfiguration could bring positive impacts. Co-locating services has the potential to improve the integration, efficiency, and effectiveness of care, provided that infrastructure is upgraded accordingly. For either option, some patients and carers living closer to the selected site may benefit from reduced travel times and costs. The consistent availability of services for both adults and children could also support improved equity of access.

For staff, co-location could streamline operations by reducing the need to work across multiple sites, enhancing efficiency, and supporting professional development across both adult and paediatric emergency care. However, staff also flagged concerns about parking shortages, commuting difficulties, and site readiness, particularly if the transition is not supported by investment in facilities and transport infrastructure.

Overall, the EIA underscores that while the proposed changes offer a route to more sustainable, integrated care, they also carry a risk of deepening existing inequalities unless mitigations—such as improved transport options, parking capacity, and accessible infrastructure—are defined and implemented. The full EIA report can be found in Appendix 25.

This assessment is iterative and will continue to be reviewed and updated throughout the consultation and decision-making process. This approach ensures we meet our legal duties under the Equality Act 2010 and remain responsive to any new information or impacts identified through engagement with patients, carers, staff, and communities.



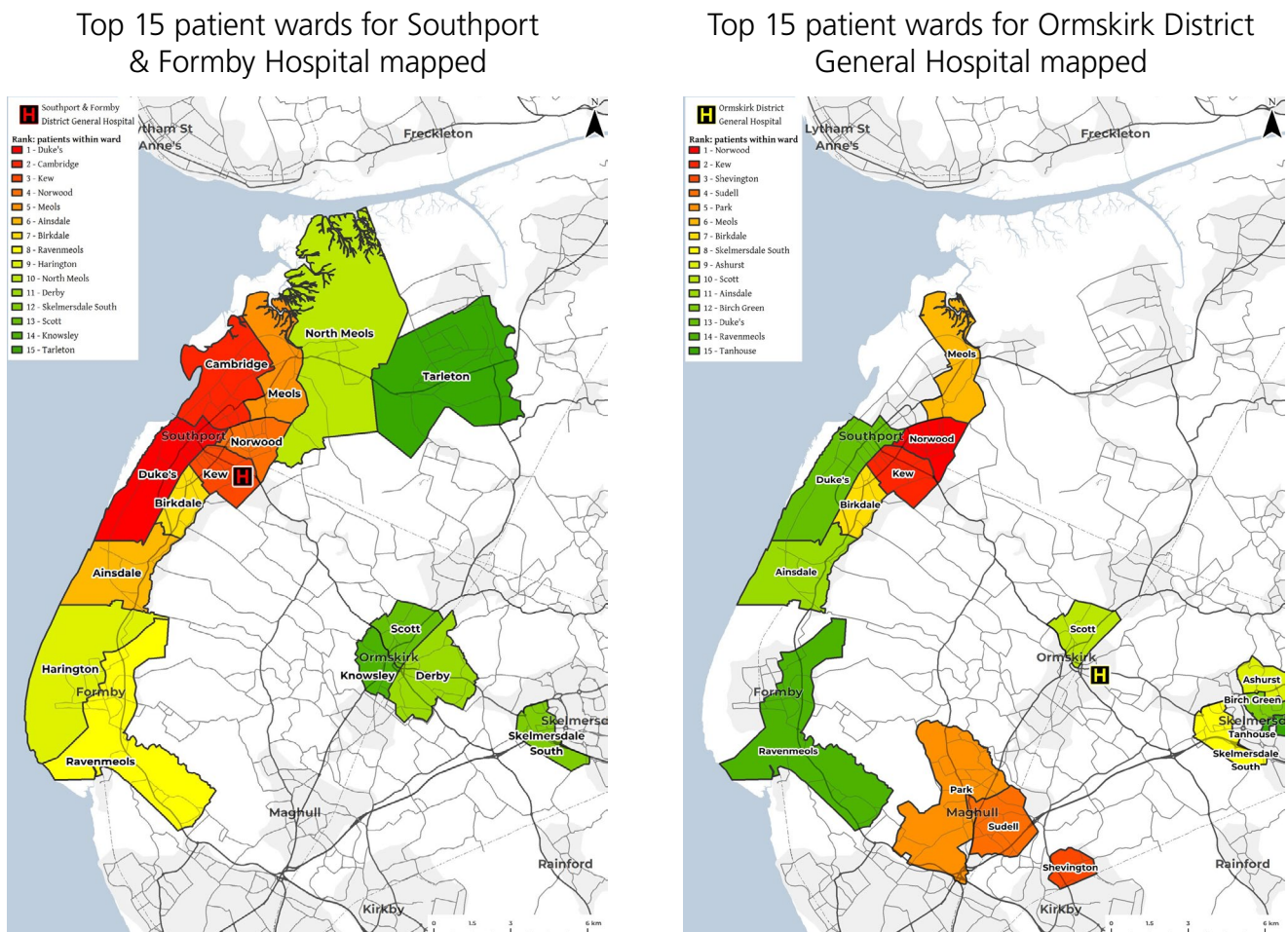
9.3. Travel Impact Assessment

Analysis indicates that patients and staff generally live closer to Southport and Formby District General Hospital compared to Ormskirk District General Hospital. Although Ormskirk District General Hospital is better connected by road and public transport within an hour, connectivity from the Sefton Coast to Ormskirk is poor, lacking direct bus routes. With an ageing population on the Sefton Coast, investment in shuttle bus services will be essential if additional care services are located in Ormskirk.

Further analysis shows that many top patient wards are not served by another hospital within an hour's public transport journey, though drive time accessibility is better.

Detailed car journey analysis reveals shorter travel times to Southport and Formby District General Hospital, with significant increases if traveling to Ormskirk District General Hospital. The highest users of Southport and Formby District General Hospital's adult ED were from Dukes and Cambridge, both located within the Sefton area. Similarly, the highest users of Ormskirk District General Hospital's paediatric ED were from Norwood and Kew, which are also situated within the Sefton area (see Figure 19).

Figure 19



Source: MWL ED data January 2023 to December 2023

Cost analysis highlights that bus travel is the cheapest per mile due to the £2 fare cap, but bus journeys are often 2-3 times longer than car or taxi trips. Time and cost are crucial factors in travel decisions for patients and staff. Improvements in public transport services and investment in new roads and junctions are needed to enhance access to both hospital sites.

The full travel impact assessment can be found in Appendix 26.



9.4. Environmental Impact Assessment

With national guidance outlining the NHS' duties in relation to climate change, an Environmental Impact Assessment was completed against the proposed options.

The impact assessment revealed that there is a greater opportunity to improve carbon impact with new materials, while there is little difference in terms of health and wellbeing impact, energy impact, transport, water, waste, and land use and ecology for both options.

The full detailed report can be found in Appendix 27.

9.5. Integrated Impact Assessment

An Integrated Impact Assessment was completed with the SCT Clinical UEC sub-group to understand the impact of the two options.

The Integrated Impact Assessment for the SCT programme evaluates the two options; co-location of adult and paediatric A&E services at Ormskirk District General Hospital or Southport and Formby District General Hospital.

Option 1: Ormskirk District General Hospital co-location Relocating adult A&E from Southport to Ormskirk would consolidate support services, potentially improving workforce flexibility, waiting times, and patient accessibility. However, it would require significant investment in infrastructure and co-dependent services, and could disrupt current service delivery. There are concerns about increased travel times and costs for patients from Southport and Formby, and the potential loss of the North West Spinal Cord Injuries Centre service.

Option 2: Southport and Formby District General Hospital co-location Relocating paediatric A&E to Southport would also consolidate services, improving clinical outcomes and workforce efficiency. However, it would necessitate relocating acute paediatrics, and could negatively impact patients from West Lancashire due to increased travel times. The assessment highlights the impact with other regional programmes, i.e. the maternity and regional neonatal programmes.

Both options aim to improve patient safety, clinical effectiveness, and patient experience, but each has its own set of challenges and potential impacts on health equity, workforce, and other providers.

The full impact assessment can be found in Appendix 28.

10. Assurance

10.1. NHSE assurance process

The NHS England major service change assurance process is a structured framework designed to guide and support commissioners and providers through substantial service changes. It ensures that proposals for service reconfiguration are evidence-based, align with national standards, and consider the government's four tests of service change. The process involves thorough planning, stakeholder engagement, and evaluation to ensure that changes are in the best interests of patients and can be implemented effectively.

The gateway assurance stages with NHS England include:

1. **Strategic sense check:** Initial review to ensure the proposal aligns with strategic priorities.
2. **Pre-Consultation Business Case:** Detailed case for change, including options appraisal and stakeholder engagement.
3. **Consultation:** Public consultation to gather feedback on the proposed changes.
4. **Decision-Making Business Case:** Final business case incorporating consultation feedback and detailed implementation plans.
5. **Implementation:** Monitoring and evaluation of the implementation process to ensure it meets the intended outcomes.

These stages ensure a rigorous and transparent process for major service changes, supporting the delivery of high-quality, sustainable healthcare services.

For the purpose of this document, the following assurance is provided:

- NHS England Stage 1 strategic sense check; the meeting took place on 3rd June 2024 with approval to proceed to stage. The letter can be found in Appendix 29.
- NHS England Stage 2 assurance checkpoint; the meeting took place on 18th March 2025.

10.2. Health Overview and Scrutiny Committee (HOSC)

HOSCs play a crucial role in NHS major service change by ensuring that proposed changes are in the best interests of the local population. They review and scrutinise the planning, development, and implementation of health services, providing a platform for public and patient engagement. HOSCs assess the impact of service changes on health outcomes and inequalities.

The programme has engaged both formally and informally with the Sefton HOSC and Lancashire HOSC since the programme was rescoped in October 2023 (see dates in Table 20).

Table 20

Sefton HOSC	Lancashire HOSC
January 2024	November 2023
April 2024	April 2024
September 2024	September 2024
January 2025	December 2024

The programme sought agreement of substantial variation with the Lancashire HOSC on 13th December 2024 and the Sefton HOSC on 7th January 2025. Minutes of these meetings can be found in Appendix 30 and Appendix 31. This agreement triggered the legal duties of HOSCs to form a Joint HOSC, as the programme covered two HOSC areas. The programme continues to engage with both HOSCs.



11. Plans for consultation

11.1. Consultation process

NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria ICBs are committed to ensuring that the proposed options outlined in the PCBC are subject to an open and transparent public consultation process in order to harness local people's views on the most appropriate way to address the challenges outlined.

The consultation will be informed by and reflect learning from the pre-consultation engagement process conducted in 2024.

A 13-week long public consultation process will therefore be held to:

- Ensure people in and around Southport, Formby and West Lancashire are aware of and understand the need to change and the proposed options for change
- Hear people's views on the proposed changes to the way urgent and emergency care is organised in Southport, Formby and West Lancashire
- Ensure the ICBs are made aware of any additional information which may help to inform the proposals and the decision-making process

During this period, commissioners will listen carefully to the views of all communities and local stakeholders who have an interest in health and social care. The consultation will also invite views on the criteria and considerations used to inform the ICBs' final decision to establish the importance of proposed evaluation domains to local people.

The consultation will be anchored in best practice, drawing upon the guidance below and informed by external critical advice

- Cabinet Office - Consultation Principles (revised January 2018)³²
- NHS England – Planning, assuring and delivering service change for patients³³
- NHS England – Planning for Participation³⁴

No final decisions will be taken until after the consultation has closed and results have been collated and independently analysed.

³² <https://www.gov.uk/government/publications/consultation-principles-guidance>

³³ NHS England (footnote 3)

³⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-princ-part.pdf>

11.2. Stakeholders

The stakeholders identified for the consultation can be found in the table below.

Table 21

Type	Stakeholders
Primary care	<ul style="list-style-type: none"> Sefton GP Group West Lancashire GP Leadership
Clinical	<ul style="list-style-type: none"> Primary care clinicians Secondary care clinicians Allied Health Professionals
Councillors and local authority	<ul style="list-style-type: none"> Sefton Council Lancashire County Council West Lancashire Borough Council Maghull Town Council
Health and wellbeing board	<ul style="list-style-type: none"> Sefton Health and Wellbeing Board Lancashire Health and Wellbeing Board
Media	<ul style="list-style-type: none"> Local and regional media outlets
MPs	<ul style="list-style-type: none"> MPs representing constituents in Southport, Formby and West Lancashire
Overview and scrutiny committees (local authority)	<ul style="list-style-type: none"> Lancashire HOSC Sefton HOSC
Public	<ul style="list-style-type: none"> General public in Southport, Formby and West Lancashire Registered patients with GP Practices in Southport, Formby and West Lancashire
PALS, Complaints and FOIs	<ul style="list-style-type: none"> NHS Cheshire and Merseyside ICB NHS Lancashire and South Cumbria ICB Mersey and West Lancashire Teaching Hospitals NHS Trust
Regulators	<ul style="list-style-type: none"> NHS England
Service users and carers	<ul style="list-style-type: none"> People accessing health and care services and their carers
Staff	<ul style="list-style-type: none"> MWL and ICBs Sefton Metropolitan Borough Council Lancashire County Council West Lancashire Borough Council
Trusts and other healthcare providers	<ul style="list-style-type: none"> MWL NHS Trust Mersey Care NHS Foundation Trust University Hospitals of Liverpool Group Alder Hey Children's NHS Foundation Trust North West Ambulance Service NHS Trust HCRG Care Group Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust NHS Lancashire and South Cumbria Foundation Trust (LSCft)
Voluntary and third sector	<ul style="list-style-type: none"> Healthwatch ICB patient groups Local charity groups Community groups Campaign groups Local interest groups Sefton CVS West Lancashire CVS

11.3. Decision-making process

The NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria ICBs plan to make final decisions regarding the proposed changes in early 2026. These decisions will be presented to the Joint Committee of the ICBs, planned for Spring 2026.

The ICBs' decisions will consider the consultation outcomes, any variations arising from the consultation process, further clinical assurances, and the final accessibility and equalities impact assessment.

Before the ICBs finalise their decisions on the future of urgent and emergency care services in Southport, Formby, and West Lancashire, several key activities must be completed:

- **Consultation analysis:** Responses to the consultation will be independently analysed, and a report summarising the findings will be produced. This report will be provided to the Joint HOSC and made available to the public.
- **Updating the impact assessments:** The ICBs will continue to review and update the impact assessments in parallel with the consultation process, in line with their statutory responsibilities to ensure equality across protected characteristic groups, promote health, and reduce health inequalities. Input from local individuals, groups, and organisations will be crucial in identifying all potential impacts of the proposed service changes.

- **Ongoing business case development:** Elements of the PCBC will be further developed to ensure a comprehensive clinical and financial evaluation of the options, confirming workforce availability, affordability, and assessing relevant risks. This will involve additional clinical and non-clinical reviews of the proposed options, with external advice as necessary. Further clinical review will be particularly important for any alternative service models suggested. All additional information will be included in the final DMBC.
- **High-Level implementation and evaluation planning:** Although no changes will occur until the ICBs make their decision, preliminary implementation planning will take place. This planning will enable the program to mobilise the new service promptly and realise the anticipated health and efficiency benefits. Given the uncertainty of the consultation outcomes and the ICBs' final decisions, planning will accommodate the potential options, focusing on common features and measurable outcomes necessary to evaluate the success of the changes. Detailed implementation and evaluation planning will be completed once the consultation outcome is known and a decision is made.



11.4. Consultation timeline

A proposed* for the consultation period and subsequent DMBC and SOC development can be found below:

*subject to factors arising from the assurance process and approval by the ICB joint committee

Table 22

Type	Stakeholders
NHSE Stage 2 Clinical Senate Assurance	27th January 2025
Submission of NHSE Stage 2 assurance paper	13th February 2025
NHS England Stage 2 Assurance Check	18th March 2025
Local election pre-election period	21st March to 1st May 2025
PCBC to ICB Joint Committee for approval	July 2025
Notification of consultation launch to Joint HOSC	July 2025
Public consultation (13-week period)	July to October 2025
Analysis of insights from the public consultation	October to November 2025
Update to ICB Joint Committee with consultation insights and next steps	November 2025
Engage with Joint HOSC (outcome of consultation and next steps)	Winter 2025/26
Develop Decision-Making Business Case (DMBC) and Strategic Outline Case (SOC)	Winter 2025/26
NHS England approval of the DMBC and SOC	February 2026
JHOSC engagement (inform)	Winter/Spring 2026
DMBC and SOC to Joint Committee for approval	Spring 2026
Potential engagement with JHOSC	Spring 2026

Please note: all the above milestones and dates align with SCT Programme Board governance.

12. Glossary of terms and abbreviations

A&E	Accident and Emergency department
AHCH	Alder Hey Children's Hospital
AI	Artificial Intelligence
AMAU	Acute Medical Assessment Unit
AVS	Acute Visiting Service
CAMHS	Children and Adolescence Mental Health Service
CUES	Community Urgent Eyecare Services
DMBC	Decision-Making Business Case
ECDS	Emergency Care Data Set
ED	Emergency Department
EIA	Equality Impact Assessment
EIIA	Equality and Inequality Impact Assessment
ENT	Ear, Nose and Throat
GP	General Practitioner
GP OOH	GP Out of Hours
HOSC	Health Overview and Scrutiny Committee
ICB	Integrated Care Board
IUC	Integrated Urgent Care
IMD	Index of Multiple Deprivation
MWL	Mersey and West Lancashire Teaching Hospitals NHS Trust
NHS	National Health Service
NIV	Non-invasive ventilation
OPD	Outpatient Department
OT	Occupational Therapy
PCBC	Pre-Consultation Business Case
QIA	Quality Impact Assessment
SALT	Speech and Language Therapy
SAU	Surgical Assessment Unit
SCT	Shaping Care Together
SDEC	Same-day Emergency Care
UCR	Urgent Community Response
UEC	Urgent and Emergency Care
US	Ultrasound
UTC	Urgent Treatment Centre
WIC	Walk-in Centre

13. Appendices

Appendix 1 - Strategic alignment

Appendix 2 - LSC Urgent and emergency care five-year strategy 2024 –2029

Appendix 3 - Case for Change

Appendix 4 - Clinical data and benchmarking analysis

Appendix 5 - SCT Hurdle criteria

Appendix 6 - SCT Evaluation criteria

Appendix 7 - SCT full list of options and SWOT analysis

Appendix 8 - Estates feasibility study

Appendix 9a - Activity modelling assumptions

Appendix 9b – SCT Activity Modelling guide

Appendix 10 - NWAS Optima Simulation Report

Appendix 11 - Communications and engagement strategy

Appendix 12 - Pre-consultation engagement final report

Appendix 13 - You Said, We Did log

Appendix 14 – NHS Cheshire and Merseyside ICB letter of support

Appendix 15 – NHS Lancashire and South Cumbria letter of support

Appendix 16 - NHS England North West Specialised Commissioning letter of support

Appendix 17 - Alder Hey Children’s Hospital NHS Foundation Trust letter of support

Appendix 18 - North West Ambulance Service NHS Trust letter of support

Appendix 19 – Mersey and West Lancashire Teaching Hospitals NHS Trust letter of support

Appendix 20 - University Hospitals of Liverpool Group letter of support

Appendix 21 - Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust letter of support

Appendix 22 - Quality Impact Assessment

Appendix 23 - Equalities Impact Assessment – pre-engagement report

Appendix 24 - Interim EIA analysis

Appendix 25 – SCT full EIA report

Appendix 26 - Travel Impact Assessment

Appendix 27 - Environmental Impact Assessment

Appendix 28 - Integrated Impact Assessment

Appendix 29 - NHS England North West strategic sense check outcome letter

Appendix 30 - Lancashire Health and Adult Services Scrutiny Committee - mins 13.12.24

Appendix 31 - Sefton HOSC mins